SECTION 1: OVERVIEW: BOTH WAYS OR NOT BOTH WAYS, THAT IS THE QUESTION

FIRST STEPS

In 1986, approaching the age of 30, I was working as a nurse and totally oblivious to what lay ahead of me. I was content with my lot in life, only occasionally longing for something different. This longing usually crept in after watching an interesting movie or documentary about some far off place, but deep down I felt that interesting experiences would never happen to me.

There is a type of complacency that can settle into our lives that leads us to be satisfied with what we have. It stops us from trying new and different experiences, allows us to avoid change, and encourages us to accept the status quo. Fate however, is a strange thing, it can pick you up, spin you around and set you on a completely new and different course. A particular twist of fate occurred when I was going through a restless phase. I was applying for almost every job in the paper, and although I knew there was little chance of getting the jobs, I was so unsettled in what I was doing I applied anyway.

One such application was really quite ridiculous. I had no relevant experience, and therefore no chance at all of obtaining the position. However as fate would have it mine was the only application, and although I had no experience working with Aboriginal people I was offered the position of Aboriginal Health Worker Educator in the East Arnhem region of the Northern Territory.

I found myself getting off a plane in Nhulunbuy, a small town on the north east tip of the Northern Territory. It was the start of the wet season and the air was thick from the humidity. It felt as if an enormous weight was tearing me apart. I felt extremely vulnerable. This was to be a metaphor for my experiences over the next 10 years as all my comfortable assumptions about what was teaching and what was healing were to be continually challenged. I felt like an earthquake victim must feel when their very foundations are thrown about like a cork in a bathtub. I did not know what I was letting myself in for, I thought I knew how to teach. If I only knew then how much there was to learn.

Even though several other people had worked as the Aboriginal Health Worker Educator there was very little documented that could be used to give me direction, I felt extremely isolated. I had a lot of ideas about what teaching was and how best to do it, but after a very short time I came to realise how limited my prior experience was in this new and to me, totally alien environment.
THE PARADOX

Soon after my arrival the great paradox that most of us non-Aboriginal health professionals face when working with Aboriginal people became frighteningly apparent. People around me were dying of illnesses that should have been completely curable. Western medicine, which was so very successful for the non-Aboriginal population, was failing Aboriginal people miserably. I had never seen anybody actually die of asthma, yet within months of arriving two close friends had died from this disease. I did not believe that leprosy or TB still existed in Australia yet here, treating these conditions was an every day duty (see section 4.2).

Why does the highly developed Western medical system, that works so well for non-Aboriginal Australians and has given us one of the longest life expectancies in the Western world, so clearly fail with Aboriginal people? This is the great paradox that faces Australia today (see section 4.2).

This is often attributed to the remoteness of Aboriginal people from mainstream health services, and the appalling environmental conditions that Aboriginal people are forced to live in.

There was however another issue that appeared to me to be only referred to fleetingly by authors in the 1980s, and this was the conflict that occurred when the culture of non-Indigenous Australians and the culture of Aboriginal people came into contact, no matter where that contact occurred. I began to sense that this friction seemed to contribute to the all too frequent medical failures that were happening around me.

As non-Aboriginal people we were failing to recognise that Aboriginal health practices were firmly embedded in their everyday lives. 'Health' was every aspect of a living culture and functioned without doctors and hospitals. Because we could not find any recognisable health care system in Aboriginal culture that was similar to and compatible with our own, we saw this as a negative thing that needed to be remedied (see section 4.3).

An experience which led me to look for a new approach to the way health care was being practised in this area was the admission to hospital of underweight children. This was a common problem at the hospital in Nhulunbuy. Babies as young as 3 months would be referred by community health centres as they were dangerously below standard weight. The treatment was usually aggressive and 'high-tech', with highly skilled doctors and nurses using tubes, monitors and special tinned food to 'fatten' the child up. In most cases, within two or three weeks the child gained significant weight and was returned home.

For many children this began a cycle of being sent to hospital every 6 months to be fattened up, with the cycle continuing for the first five years of the child's life. The attitude at the hospital was usually anger towards the mother who was accused of being
"slack" by the staff. On one occasion I heard the nurses accuse a mother of starving her child to get a free trip to Nhulunbuy. There was no thought within the hospital that staff could in some way be contributing to the problem.

Through my work I was able to spend time with Aboriginal people in their communities while many of the hospital nurses did not get this opportunity. In my experience the Aboriginal people were not "slack" as many hospital staff were suggesting, but why was this problem so common? A possible reason came to me when the Aboriginal Health Workers came around to my place for a meal. On this particular occasion my daughter was refusing to eat her food and I was strict with her and, as my mother had done with me when I was a child, forced her to eat. The health workers were visibly horrified at the pressure that I placed on my daughter and told me so.

This illustrates a real cultural dissonance between the non-Aboriginal priority of keeping the child fat and healthy, and the Aboriginal priority of keeping the child happy and healthy (Stacey, 1978). The non-Aboriginal world refused to accept that a happy child was necessarily a healthy child, which was the Aboriginal priority and therefore deemed it necessary to change that attitude. As the mothers behaviour was not understood she was labelled 'slack'. This cultural confusion may have led to repeated failures in the ability to treat that child and the child would return to the health centre in two to three months having lost all the weight the doctors had worked so hard to put on. (See Palmer & Brady, 1991 and Harrison, 1986 for a more detailed discussion of this problem.)

There were two opposite ways for me to react in this environment as both an educator and health professional. The approach that a number of people around me seemed to adopt, and which has been the dominant approach of the last 200 years was to blame the client or the student for such ‘failures’. The solution using this approach is to attempt to force the client to fit the model as defined by our Western framework. Assimilation was inherent in this approach, and was based on finding the difference and then working to rectify what was usually viewed as a deficit in the Aboriginal way of doing things (see section 4.5).

According to Smallwood (1991) one important factor of Western medicine is that the doctor's management regime tends to be based on an average person from a Western cultural background without taking into account any cultural differences. Everything within the medical system seems to be culturally laden from one particular world view, it is constructed to cure people in a particular culture. It does not take into account that, in my experience even people from a Western society may require different approaches, and that people from other cultures may need to construct medical systems differently, to fit within their own world view (MacDonald, J. 1993, p17).

I began to feel I was getting nowhere. I was dedicated to empowering Aboriginal Health Workers but at every turn my friends and students were frustrated in their efforts to
achieve self determination in the health services they were employed to deliver. Even though the rhetoric to support this concept was really strong, it was just not happening (see section 2).

Why was I not being successful in what I was putting an enormous effort into? I thought the answer to this must lie in the conflict when the Western medical system, based on a deficit model, was adopted to solve the Aboriginal health problem. This model was based on finding all the negative things about Aboriginal culture and then trying to supply medical remedies for them (see section 4.5).

An example of this negative approach can be found in a discussion paper by the Menzies School of Health Research (1995) on the use of a new antibiotic, Azithromycin. Researchers see the drug as meeting the particular needs of the Aboriginal community. It is taken in one single dose thereby remedying the perceived 'non-compliance' of Aboriginal people to take full courses of medication, that had been a problem for doctors when using other antibiotics requiring ten day compliance. Th medical researchers here are accepting a particular different social construct and have attempted to find a valuable and effective technical solution to the problem.

I believed that if the Aboriginal Health Workers could find a method of working that actually validated Aboriginal knowledge and experience instead of treating it at worst as inferior, and at best as a novelty, then Aboriginal people could become involved collaboratively in a research process that was based on validating Aboriginal culture rather than rectifying it.

This is what the role of Aboriginal Health Workers should be. It also appears to be consistent with the National Aboriginal Health Strategy. Teaching health workers to value Aboriginal knowledge as essential to any Aboriginal health problem does not deny that the antibiotics kill bacteria, nor does it infer that Aboriginal people should not learn about and have access to these things. I wanted to examine the proposition that they should learn to function as social scientists, developing ways in which medical knowledge that has been tested through the biological sciences and shown to be of value could be implemented effectively in Aboriginal culture. In addition to technical manipulation such as that done by the Menzies School of Health Research, Aboriginal Health Workers should be prepared in their education to attempt social reconstruction of medical procedures based on the mutual validation of both Aboriginal and non-Aboriginal knowledge (see Section 5.1).

I did not want to align myself with a process of Government protectionism and assimilation that had been failing for the last two hundred years. Thus began my search for a means by which the two systems could enter into a win/win situation.

This search required me to do two things; firstly to lay all my prior assumptions on the table and enter into a critique of these assumptions; and secondly, and probably most
importantly, this critique needed to take place with the students as active participants in the process.

It was during this time of sharing with Aboriginal people that I first came into contact with ideas such as “Both Ways”, “Action Research”, “Critical Theory” and “Collaborative Inquiry” (see section 3).

**BOTH WAYS**

Both Ways would come to be the dominant theory which guided my practice. Both Ways had originated in teacher education and offered an approach which sought a balance between Western and Aboriginal knowledge. I had seen enough dissonance and negativity in both health and education to know that to continue in this assimilationist way would taint me as one of the assimilators. Both Ways on the other hand would give the students and myself the opportunity to search for the common ground between two unique and mutually valuable cultures (see section 5.2).

This common ground found by implementing Both Ways in the classroom and hopefully later in the clinic seemed to me to be a true process of reconciliation. Up until now, when our two cultures came into contact, there seemed always to be conflict with Western culture imposing its values on the other. Both Ways was based on respect through a process of mutual validation of knowledge, culture, language and experience. As stated by The National Aboriginal Health Strategy, their comments support the notion of Both Ways.

"This will require changes in medical education systems and other sectors to recognise and enhance the role of traditional practitioners and practices."


Many people have been informally experimenting with methods of introducing Both Ways into their health teaching practice. This is evidenced by Johnny Briscoe's comments presented at the 1980 Northern Territory Aboriginal Health Worker Conference.

*I was unable to attend the Aboriginal Health Workers Conference in Darwin last year. I sent them this message: I said that the training program should be fifty/fifty. Half Western medicine and half Aboriginal medicine. We need the wisdom of our old tradition and the strength from our law and our land to carry us into the future. Luckily for us the training program encourages two way medicine. I have been able to collect and teach about various bush medicines. I have also been able to talk about spirits and sickness at the training centre. Last year I did a painting of Anumarra - the Caterpillar Spirit. The training centre used this as their symbol and made T-shirts which said "Anumarra - working for health".*

Johnny Briscoe (1980)

By 1994 after my early clumsy steps, I had come to believe that Both Ways was an educational pedagogy that dealt with many of the issues that had confronted me since 1986 (see Section 2). I was also ready to put this belief to the test. Could Both Ways be
successfully transferred from the teaching discipline, where it had its most significant successes, to the health care setting?

This research tests the use of Both Ways as a paradigm for Aboriginal Health Worker education, and uses the following descriptions of Both Ways as its framework.

**BOTH WAYS EXPLAINED**

Both Ways education is a process in which the students are asked to bring together Aboriginal and non-Aboriginal domains into something that combines the best of the two worlds into something that is new and very useful.

The students are encouraged to engage in a process of critical reflection of current practices in order to propose ways of improving that activity. Through studying and participating in this process of critical reflection and hypothesising methods to improve the situation, the students become empowered to take control of their personal and professional futures.

Yunupingu (1993) emphasises the importance for him as an Aboriginal person of finding a balance between the knowledge and heritage gained from his elders and the knowledge gleaned from his non-Aboriginal teachers. He wishes to retain his Aboriginality whilst functioning successfully in the non-Aboriginal world (see Section 4.2).

The definition of Both Ways cannot be rigid. It is constantly being developed through dialogue and research. It is important that this development continues so that educators do not become locked into dogma, which is the antipathy of the Both Ways philosophy.

This research has been undertaken in the field of medicine, which is continually being improved by science. For health workers to achieve fundamental improvement in Aboriginal health an important consideration of this thesis is the relationship that health workers need to have to scientific process (see Section 4.4).

Several sections of this thesis attempt to describe the complexity of the environment in which the research is undertaken. There is an attempt to outline the mind-set of the researcher as this self description is important in understanding the reactions of the students to the teacher in the case studies (see Section 2). The many unique histories of Aboriginal people in this region are described to provide an understanding of the background of the students when they entered the program (see Section 4.1). There is also an attempt to describe the physical and social circumstances that confront the students in their communities (see Section 6).
RESEARCH QUESTIONS

This research began as an attempt to answer the primary question:

1. **Is Both Ways the best method to educate Aboriginal Health Workers?**

Two other questions were explored:

2. **What was best educational practice to facilitate the implementation of Both Ways with Aboriginal Health Workers?** (All educators should explore ways of improving their practice. This exploration is present throughout the thesis.)

3. **Can Aboriginal Health Workers practise Both Ways in their clinics?** (This question is explored but not definitively answered as it is not the central theme of the thesis.)

While the fundamental interest of this thesis is Both Ways as educational theory and practice many other issues will be discussed. These include the emerging role of the Indigenous health worker and the role that Both Ways plays in developing health workers as autonomous critical thinkers; the health of Indigenous people and the potential role Indigenous health workers play as participants in improving this situation; and in the final stages of this thesis there is a discussion about the survival of Indigenous culture. All these questions will be explored in relation to the positive or negative effect that Both Ways has on achieving valuable outcomes for issues of concern for Indigenous people.

METHODOLOGY

The idea of writing a thesis was quite abhorrent to me as, not being comfortable with writing, my chosen communication method had always been the spoken word. But again chance led me to Hawkesbury and Social Ecology, who were experimenting with many new ideas that appealed to me. I enrolled in the Masters by Course Work and found that with the freedom of expression accepted by the academics in the course I was performing at an acceptable standard. This freedom, together with the academic rigour of study allowed me to find a voice, thus enabling me to document a very exciting part of my life.

To be true to Both Ways and Social Ecology a collaborative process with the students was essential. They needed to know what I was doing and would have to be equal, active participants in the process of criticising my actions and the results of Both Ways activities in the classroom. The research continued through 1995 and 1996 as new ideas that were developed collaboratively were tested with new groups of students collaboratively.

The research process involved Aboriginal Health Worker students from Batchelor College in the Northern Territory. The students would bring their experiences, knowledge and ideas from the Aboriginal world into the workshop, while I would contribute non-Aboriginal
ideas, knowledge and experience. Once these concepts were introduced we would collaborate on a critique of the concepts to find the common ground between the two, with the utopian intention of creating something exciting and new.

Anything from the western medical system could be challenged in Both Ways education. For example, when studying the well established diagnostic process we first looked at what was considered to be good diagnostic process in the medical framework, then considered what was good process from the Aboriginal medical perspective. After discussion we looked for the common ground. The group’s thematic concern was, “What is an Aboriginal Health Worker’s way of making a diagnosis?” With this shared thematic concern we reconstructed the two diagnostic processes into something new and unique to Aboriginal Health Workers. We were attempting to value both Aboriginal and non-Aboriginal perspectives.

On completion of this process we participated in a shared critique of the facilitation method that had been used for this particular subject. The fact that I was in a teacher/student relationship with the group was in itself problematic, in that I had the power to fail or pass the students. There needed to be several clear guarantees made to the students to ensure ethical standards and research trustworthiness (see Section 3).

The reflections made, the concepts developed and the actions put into practice under the guidance of a Both Ways philosophy are all presented as case studies (see Section 7). The data for these case studies was collected from diaries written as a participant observer, comments by students recorded in action group discussions, and formal evaluations collected at various times throughout the research. This is one of the few occasions that a detailed implementation of Both Ways practice has been examined critically in this way.

Although various authors have undertaken descriptions and critiques of Both Ways in pedagogical discussions about education (see Section 4.2) this thesis is unique in that it describes and critiques Both Ways in health education.

**BEYOND BOTH WAYS**

By 1997 I realised that there was something missing from the descriptions of Both Ways I had used in my research. The students made me aware that Both Ways was not giving enough emphasis to a crucial element, that of the ongoing colonisation of Aboriginal people. Although I had carefully considered authors such as Tim Rowse and others who describe welfare colonialism and the problems associated with being an educator from the dominant culture working with an oppressed group, there was naivety in my belief that Both Ways could overcome the continuing colonisation of Aboriginal people (see Section 7).
In the next stage of my development of educational theory and practice for Aboriginal Health Workers I searched for a way to introduce reflection about the continuing colonisation of Aboriginal health into the classroom (see Section 8).

These strategies were tested at Yooroang Garang at the University of Sydney 1998 (see Section 9). Conducting this new stage of the research with Aboriginal students from separate locations adds considerably to the proposition that the strategies developed are transferable to health worker education in other locations around Australia.

This research provides extensive supporting data for the critiques of Both Ways by Sykes (1986) and Arbon (1996). It is unique in that it takes the critique one step further by describing and testing alternative approaches based on reflections on students' critical comments.

This thesis has provided an opportunity to document my own work in this area as well as validate the work of peers such as Dr D. Devanesan, Barbara Tynan, Michele Spiers, Robyn Williams, Emma Collins and Julie Tye (to name just a few of the prominent names in the field at this time), and to stimulate other people to continue developing their own personal ideas based on more than just experience and using trial and error.

The purpose of this account is not to provide particular insights into medical anthropology or Aboriginal history or even descriptions of Aboriginal learning styles. These are present throughout the document but only to provide a context for this research. As a non-Aboriginal educator it is not my right to divulge certain information pertaining to this research and everything recorded has been done so with the permission of my co-learners.

My research highlights that there is a long way to go. There were successes in my early work but there were also failures. My hope is that this document will be useful for others in encouraging them to undertake their own personal journeys of discovery, chaotic as they might seem.
SECTION 2: A PERSONAL HISTORY OF CHANGE

At the beginning of my formal research I was convinced that Both Ways provided a solution to the many pedagogical problems I had experienced working with Aboriginal Health Workers between 1986 and 1995. Experiences which underpinned this conviction and early attempts to implement Both Ways in my teaching practice are described in this section.

PRE TEACHING EXPERIENCE

Before my arrival in Arnhemland I had spent two years learning and practising adult education. I had begun to develop an understanding of teaching methodology and practices. My personal praxis, as it was when I started to work with Aboriginal students, was the praxis that I tried to implement with these students. My first contacts with them and their reactions motivated me to take on this research. These early experiences stimulated me to reflect on the problems of using mainstream teaching styles and to set about developing a more appropriate and effective teaching approach for the Aboriginal environment.

I did not set out to be a teacher, spending the first ten years of my working life as a nurse. In my experience, nurses are a fairly technically correct group of people with little flexibility for change and an attitude that there is a right way to do things. It was commonly believed that nurses were dealing with people’s lives and this left no room for experimentation.

The early stages of my career coincided with the emergence of a small but growing, and certainly vocal climate for change. The pressure was for nurses to find ways of implementing the technological changes that were occurring in the medical profession.

Nurses wanted to be seen as equal members amongst other health professionals and to achieve this would need to become decision makers and problem solvers, thinking critically about their practice, rather than simply working to clearly defined guidelines and directives set by other professionals, most commonly doctors.

There was also a constant erosion of the nurses’ role by other professional groups, such as physiotherapists and occupational therapists, whose development of their own professional integrity was gradually diminishing nurses’ responsibilities.

Nurses realised that to counter this they would need to develop, improve and clearly redefine aspects of their profession, such as clinical practice, education and management in order to prevent other professionals from encroaching on their responsibilities.

I commenced in the profession in this changing climate, a climate of conflict between traditional practitioners who wanted a clearly defined field of operation, competing with an
ever increasing number of professional nurses making efforts to experiment with new methods of practice. This was an extremely confusing time for a young individual.

However, I gained an insight into a fundamental struggle for professional recognition by nurses and this time helped prepare me to face the challenges in my later career.

I also learnt that there was a time to be confident and exact, and a time for flexibility and searching for different ways of doing things. It was a beginning that allowed me to understand that there could be many valid ways in which to do one thing.

**EARLY TEACHING EXPERIENCE**

Prior to arriving in Arnhemland I had spent two years teaching adult nurses at the New South Wales College of Nursing. This is a brief account of some thoughts about teaching at that time. It gives an image of my beliefs and attitudes to teaching that went with me to Arnhemland.

**STUDENTS**

I believed (and still do) that the most important skill that needed to be learned in order to work successfully with adult learners was that of respect for the learner as an equal in the learning/teaching experience.

My experience with adults has been that they know what they want to learn and can at times be very forceful in demanding this. I remember on several early occasions entering a class with my set agenda, very soon discovering that this was not what the students wanted and being pressured by the students to change what was being done in the classroom. Respect for the learner requires important consideration of the students when preparing the teaching situation, taking time to find out what they want and not what you think they need.

Boomer (1992) describes an essential part of the teaching process as finding out where the students are coming from and where they would like to go. This process can include informal discussions and formal methods such as questionnaires. This process of Curriculum Negotiation, even though there would be a few non negotiable topics or points that the students may have thought were unnecessary, allows the students an ownership of both the learning process and its content. This method of negotiating was to become a vital part of my praxis in later years.

Knowles (1972) describes the importance of prior learning to the adult learner. Adult learners may have many years of learning from the ‘university of life’, learning from experience. As individuals they have experiences that have developed their attitudes, beliefs and practices. In my own experience the effectiveness of experiential learning is almost unbeatable compared to the vicarious and abstract learning techniques that can be
fabricated experience through lessons in the classroom. The adult learner in most cases will enter the classroom with a fairly well structured system of beliefs and practices.

My students often found themselves in what they felt was a very vulnerable situation, they had their own system of beliefs which they were comfortable with and did not want this new educational experience to threaten this in any way. This vulnerability could make students defensive, and on occasions they may have an aversion to new ideas that threatened their old established way of doing things. On these occasions respect for students was a vital part of my teaching experience.

Adult learners are not usually forced into education, as are children, but voluntarily place themselves in the learning environment for a variety of reasons. Motivation for learning includes re-entry into the work force, seeking promotion, or simply the desire to learn something new. These motivations were not always conducive to accepting new information that might conflict with previous beliefs and understanding. This sometimes led to dissonance and resistance to new ideas. There were however students at the other end of the spectrum who were eager to soak up everything new and rejected all prior learning as invalid, this too presented problems.

Gagne (1988) describes many information giving teaching methods in his book “Principles of Instructional Design”, and Freire (1974) gives a very in-depth critique of this particular passive method which he terms the Banking method of teaching. When adults re-enter the learning environment they often have an understanding of what they feel they need to know and how they want to be taught as well as an aversion to new unwanted knowledge. In many cases they have only experienced the more passive forms of learning, and new educational practices may at times conflict with their ideas about how learning occurs.

Several of my students wanted to continue as passive learners, the teacher handing the knowledge to them on a silver platter. Flexibility in these situations was vital and a slow and gradual introduction to alternative methods was important to ensure results. Angry or mistrusting students find it difficult to learn.

Respect is intangible, it is not something you can grab onto, but something that takes close and continuous reflection to perfect as a teacher. I spent a great deal of time learning to respect people, and in the process of doing this I was forced to listen with interest to things that in the past I may have considered wrong or irrelevant. Being forced to think about new ideas that may have conflicted with my own beliefs was good preparation for subsequent events.

**TEACHING**

In my experience teaching adult students required more than respect for the learner, another essential element was flexibility, the ability to use a variety of teaching approaches to
achieve a single goal; to use them interchangeably; and more importantly to be able to change at a moment's notice.

My early experiences provided me with an excellent opportunity to learn and experience a variety of teaching techniques. I was able to experiment and expand the use of these skills.

As a beginning teacher I used didactic practices to teach objectives set in concrete (Gagne, 1988). During this time I set the objectives and constructed lessons aimed at getting the message across. Later, I learned to use this didactic style to force the students to think about an issue by introducing a particular topic in such a way as to create dissonance with their attitudes and beliefs. The objective in the first type of chalk and talk is concrete, absolute and clearly understood; the objective in the second experience is unclear in that there is no guarantee the students will not reject what is being said and remain comfortable with their own prior attitudes and behaviours.

I developed skills in questioning to ascertain students' understanding of a particular situation. This skill could be used for a variety of purposes. On the one hand I would use a question/answer technique to find out something I already knew. This exercise has the advantage of raising students' self esteem; if a student feels that he/she knows the right answer this can help to build self confidence. My primary objective however, was usually to check that the students had learnt what I was trying to teach.

I also used questioning techniques to find out something that I did not know, to discover attitudes and beliefs that I felt were important and that should be shared amongst the group. The group could be used as a stimulus to change these attitudes and beliefs if necessary. The advantage with this type of questioning is to develop the students' self esteem; to build up the students' belief that they can create or discover something new which is valued and respected.

Group Facilitation is another skill developed during this early teaching period, and has now become one of the most important skills in my repertoire. In theory, facilitating a group involves relinquishing control of the group's product. To succeed with a group it is essential to have process rather than outcome as your objective (Jaques, 1992 and Schmuck, 1988).

In essence the group becomes the teacher, combining the skills of the members to create a product that could not be produced by individuals. The skills required for effective group facilitation include a clear understanding of the roles played by group members; asking the right questions to facilitate participant involvement; and providing a reflective focus for the performance of the group.

Process should become the objective of these learning groups. Through it, the students learn important skills such as effective communication; negotiation of content and process;
and sharing of learning outcomes, which will expand the overall amount of information available to the individual. In my experience this type of education provides excellent learning outcomes.

Experiential learning (Evens, 1992, Weil & McGill, 1989 and Mulligan, 1992) is something we all do as it is a form of education that does not rely on a teacher. The teacher’s role in experiential learning is to set up appropriate experiences and facilitate reflection on what is learned from these experiences. It is important to work with students to discover what experiences will work best for them. If a teacher does this well, the students are able to develop learning styles allowing them to become continuous learners, even after they leave the learning institution.

*The importance of experiential learning has now become universally recognised as legitimate knowledge, to the extent that processes known as recognition of prior learning are standard policy in all universities.*

Australian Vice-Chancellor’s Committee Credit Transfer Project (1994)

**PROCESS AND CONTENT**

During this time I was able to gain experience in two popular teaching styles. My Diploma of Education had prepared me for teaching content by setting learning objectives; preparing lessons to achieve these objectives; and insuring successful transfer of the content through assessment. All the skills described earlier can be used to teach these objectives.

For example, if you want students to be able to treat asthma you teach the knowledge and skills required to successfully manage this condition. The knowledge and skills may be in no specific order and the student synthesises it in a real life situation. The benefit of this type of education is that the teacher has strict control over what is taught, and can record competence at each step as evidence of the student’s ability.

At the other end of the spectrum lies the educational approach which has process as its primary objective. This has been described by Kemmis & McTaggart (1988) in teacher education; Bawden (1989) in the agricultural education; and Little & Ryan (1988) in nursing studies. All the previously mentioned skills can be used in this style, but the teaching of process involves facilitating students to learn methods and approaches of dealing with issues and problems in a variety of situations. I was later to discover that there are many approaches to dealing with problems, all of them have merit and all have difficulties.

On one hand people were discussing which approach to education was more effective (content or process focused), while others were still discussing approaches to dealing with individual problems in the classroom.

For me, seeing the benefits of process focused education was easy but making the step to actually doing it in the classroom was far more difficult. Firstly there were many barriers
with students wanting information handed to them on a silver platter; with teaching institutions loath to relinquish their perceived control of student performance; and employer groups demanding that students be taught clearly and precisely the skills required for the job. People taught to think through problems and issues will often take longer to achieve learning objectives in the early stages. Graduates may well oppose long accepted practices when in the work force, such behaviour can be difficult for employers to accept.

As well as overcoming these barriers there were my own difficulties with trying to learn the skills of a facilitator rather than those of a teacher. This for me proved to be a slow and gradual process, relinquishing the old and relearning new skills was often difficult as old habits die hard.

Before moving to Arnhemland I had only been teaching for a short time. I had not had enough time to become set in my ways as a teacher. I was still new enough to be ready and eager to learn new things and I was still searching for the best way to teach. I had brief experiences of many varied teaching practices, enough experience to be able to experiment with new ways of doing things but not so much that I was committed to one way or the other.

EARLY EXPERIENCES IN ARNHEM LAND

THE IMPORTANCE OF RELATIONSHIPS

My orientation to Arnhemland began from day one of my arrival. The person orientating me had been working for the last year or so doing the job I was to take over, as well as several other jobs. This should have been an ominous sign for me. I should have seen from the very beginning how I would be expected to be a jack of all trades and carry the workload of two or three people. But as I was new it was not so easy to react quickly to this experience.

After a day of introduction to the management we took to the road (or more exactly to the air) and began meeting people. The closest Aboriginal community to our base at Nhulunbuy (Gove) was Yirrkala, a community of about 400 people, only about 20 kilometres away by road. It was the first community we visited.
Figure 1: Map of the Northern Territory

From NT DOHCS Annual Report
I remember quite clearly meeting the four Aboriginal Health Workers working in the clinic at the time. On being introduced to the first person on impulse I reached out to shake hands. I suddenly realised with a rush of blood to the face that this was probably not the right thing to do. The health worker looked at me and seeing my discomfort took my hand and shook it. My guide looked at me and I saw her face, it said, “You poor thing, what a lot to learn!” Well I was stuck, and as each health worker was introduced they put their hands out and we shook. It seemed to me that these people understood more about what I was thinking than I knew about them.

As we made the small talk usual at a meeting like this the Aboriginal Health Workers suddenly seemed to be getting into a detailed and complex debate amongst themselves in their own language, and as the four of them talked my guide and I were left watching, not knowing what to say. Then suddenly consensus was reached, the discussion was over and one of the older health workers looked at me and said, “We’ve decided to give you a skin name, ‘Burralang’.” Another continued with, “Now this girl she is your sister, you call her ‘yapa’, she calls you ‘wawa’, and this girl here is your grandmother, you call her ‘mart’ and she calls you...” and so the conversation went on. The health workers finally made a special request that I was not to forget the skin name, so I asked them to write it down which they promptly did.

I remember feeling at the time somewhat confused by it all, but also having a deep sense that this event was very important. My guide, with her years of experience explained to me that the Aboriginal people here need to give you a skin name before they can communicate with you successfully, she also explained to me that in her opinion they had acted very quickly and that usually it took a little time for this to occur (or more to the point for you to be told).

Skin names and people’s relationships became a recurring theme throughout my time in the top end (Williams, 1981 describes the Arnhemland kinship system in detail). It affects every thing you do. (I would later have to learn how to cope with the different implications of this in my role as a teacher.) As the orientation continued, and I met more and more Aboriginal people I was inevitably asked if I had a skin name, and when I told it to them they would explain, “You’re my brother/uncle” and so on. Every Aboriginal person in this area has a skin name and it was a special feeling to know you were related to everybody you met.

Skin names use a special classification to define each person’s relationship to another. When you tell an individual your skin name they are able to tell you how you were related. I was never really able to learn beyond the skin names for sister and daughter, the other skin names and their classifications were too complicated and I preferred to let the students work it out for me. I know this may seem shallow to some but regardless of the great deal
of time and effort I put into learning the classifications I never seemed to get it right. Learning this system has been compared by Watson (1989) to learning a new numerical system.

I soon learned that having relationships demanded certain behaviours towards the different members of the family. For example, my auntie on the father’s side was introduced to me as ‘poison auntie’, and rules regarding this relationship applied to both the ‘auntie’ and the ‘nephew’. In my context, as a non-Aboriginal person, it was accepted that rules were kept fairly leniently, but for Aboriginal people these rules had to be strictly observed. As an Aboriginal person you are not supposed to look eye to eye with a person in this relationship to you or address them in any way. A female breaking this rule to a senior man was likely to get a smack in the face. (Age does not necessarily come into this equation as an ‘auntie’ can be younger than her ‘nephew’.)

This was of great concern to me particularly in the classroom. In mainstream teaching the organisation or manipulation of the classroom can affect the performance of individual and groups of students, for example grouping a slow learner with high achievers to improve the slow learner’s progress. This organisation is fairly simple with primary school learners but is more difficult with adult students as they will usually choose a location within the room where they feel comfortable. You can however, in this situation manipulate the classroom layout to facilitate open discussions etc.

With Aboriginal adults however, very often there are people in the group who are not allowed to communicate with each other. This affected my classes in many ways. When a new group of students gets together the first thing they have to do is to ascertain how they are related to the people they had never met before. This often happened without my knowing, however I did know that until the students had established their kin connections to each other, especially in a mixed gender group, communication was difficult.

To facilitate communication within the group it was always important in the early stages to give the students a chance to work out their relationships. I tried this in several different ways. Firstly I attempted to get everybody in the room to introduce themselves, including telling their skin names. This activity was received very coldly.

My next and more successful effort was to first fabricate an informal introductory session with an activity that would not compromise students or put them in a situation of needing to speak out, for example having each student write the name of their own community on the map. This activity was then followed up with an extended tea break so that they could sort it all out in a more relaxed manner.

Aboriginal people themselves have worked out different ways of dealing with this. I remember the strange situation of having one student sitting outside the door for a whole lesson because he did not want to be seen in the same room as his poison auntie. There
was nothing I could do except to ensure that he had a clear view of everything that was going on.

In some communities it was agreed that, in the work/study environment, it was acceptable to be in the same room. It was however always obvious that, even though there was consensus that rules could be broken students remained uncomfortable; they would position themselves at opposite sides of a room and would refuse to speak when in this person’s hearing range. Again this was something I could not interfere with, but could only hope that they themselves would work out in time.

Relationships were also a contributing factor to the limitations on asking questions in the classroom as students would sometimes just refuse to answer. There were a number of reasons for this refusal which will be discussed later, suffice to say that many students were very uncomfortable breaking the rules by allowing themselves to be looked at or spoken to by people in an avoidance relationship of this type. Also affected by these complicated relationships was the use of small group discussions and the manipulation of groups to facilitate teamwork.

Some methods used to overcome problems arising from the issue of relationships in the classroom were:

- to stop interpreting ‘not answering’ of students as ‘not knowing’;
- to allow groups to form themselves;
- to focus questions at small groups rather than at the big group;
- to firstly ask questions; then allow time for reflection; to circulate quietly to gather answers and opinions; finally share the answers and opinions with the group.

The above experiences showed me the importance of the students’ relationships among themselves, that Aboriginal people have a different way of interacting with the world, and that to be successful in this environment it was essential to try and understand this. In my experience Aboriginal people will, given time, accommodate to the teacher’s behaviour. It could be said therefore that it is unnecessary to attempt to learn or understand their ways and that the students need to learn and practice what is the normal (to the non-Aboriginal) classroom behaviour. On the other hand it can be accepted that the student does indeed interact differently with the world, and adopt teaching methods that meet both the teachers and the students needs, I chose the latter option.

**EARLY EXPERIENCES WITH BOTH WAYS**

After working with Aboriginal people for several years I began to realise that I needed to step back and critically reflect on what I was doing. I had been playing with the borders of
my teaching practice, my guiding paradigm of education remaining essentially Western in construct with only minor attention to making particular lessons or techniques more appropriate to the context. I needed to examine what I was doing and I needed a model that would guide the whole of my practice, not just particular elements of it.

By the early 1990s I was beginning to think about and explore ways of practicing Both Ways education. This was the beginning of a major philosophical decision of whether to force the student to participate in a Western model of education (and some students did appear to survive and thrive in such a model) or, on the other hand, to seek a new educational model that would be acceptable and appropriate to Aboriginal tradition.

One of the major influences on my decision to take the latter option was that despite the successes, there were too many apparent failures. The word apparent is used because at that time Western assessment methods were being used that showed several students as total failures. And even though on a standard bell curve of student results some students do fail, in my opinion the drop out and failure rates were far too high. Only 25% of Aboriginal children entered year twelve compared to 75% of non-Aboriginal children (National Review of Education 1994).

Aboriginal Health Worker training at the time was very skill based in that students were taught skills that would allow them to function in the clinics, to perform procedures and carry out basic medical treatments on patients with a variety of conditions. There were very clear guidelines on what skills the student needed to perform in the clinic and, even though the term was not yet in general use, this was a form of Competency Base Training (CBT). It was in the performance of these skills that one of the more complicated conflicts between the Western way of doing things and the relationship obligations of traditional Aboriginal culture first became evident to me, as the following incident shows:

A community nursing sister contacted me by phone saying that I would have to fail a particular student because she had given a young child a bicillin injection unnecessarily. To her, this showed that the student could not be taught and should therefore be excluded from graduation. This distressed me as I had previously recorded that this student had performed this skill satisfactorily under supervision and had passed assessment on this topic. What was I doing wrong?

I talked to several senior health workers about this matter, some of whom were able to explain that although there were many possible reasons it was most likely that someone had ordered her to do it, someone in a senior relationship to her. To the Western medical profession this appears to be a blatant abuse of duty but as I was to become aware it was not an uncommon occurrence. The role of the health worker, as defined by Western medicine is in some circumstances in direct conflict with cultural expectations.

I was at the beginning of experiencing the basic philosophical dilemma between continuing within a mainstream teaching model or seeking something new. The events in the story above seemed to place the two cultures in direct conflict, and as I continued there were many more examples of such conflict, including total refusal by students to treat some
people; and later, and more importantly, refusal by students to resuscitate a person for fear of being blamed for that person's sickness or death. These experiences added support to the already obvious need to find a teaching method that could accommodate the complexities of this cultural conflict.

How to deal with this conflict between the medical professional's ethical responsibility and the strict laws of Aboriginal tradition? I began with trying to promote discussions on the matter by directly confronting the students with the issue, usually getting very little response as a result. There were several reasons for this lack of response, the major one being that in this early period my relationship with the students was not yet strong enough for them to be sure I would not abuse their trust. Historically, non-Aboriginals have held little respect for reasoning by Aboriginal people and were in fact, on occasion still attempting to force their traditional perspectives into the background. The students did not want to be shamed by attacks on their practices, so felt it was best to just keep quiet about it (Christie, 1985).

Students appeared to already know what the non-Aboriginal staff expected of them in their jobs and, even though I only intended to open a discussion on the matter, the students' refusal to enter into the debate resulted in a one way conversation resembling a preacher chiding his congregation.

In my next attempt to deal with this cultural conflict of responsibilities I fabricated a story about a distant health worker who had done what her uncle told her to do in treating a young child, and how her actions had led to serious injury to the child which caused trouble from all sides. The benefit of using a story in this way was that the people and events were in no way connected to the students. Therefore there was no shame involved to themselves in discussing this health worker's behaviour, why she did it; what else she could have done; how the community would react if she had disobeyed tradition? In this way we were able to discuss many issues and discover some alternative approaches for Aboriginal Health Workers to deal with this issue. As my relationship with the students developed, they became more open with me and we were able to look at this particular matter again more closely.

The next important step was to give the students the right to decide how they would deal with a similar situation. Again, by using the story telling method, we were able to devise culturally appropriate methods of dealing with such matters. An example of this was displayed in a men only group when we were discussing the male Aboriginal Health Worker's involvement in birth. A discussion such as this would normally be taboo as birth is identified very strongly as women's business with no male involvement (Morris & Turner, 1988). However, by using a story about an unknown male a long way away, who had to become involved in the delivery of a child, I was able to describe what this person
did and extend the discussion to look at ways we ourselves could cope in a similar situation. This was a prime example showing how Aboriginal people can deal with issues confronting their culture from within a cultural framework without causing conflict.

LEARNING FROM MY MISTAKES

For Aboriginal people the earth is their mother. Understood through a Western cultural perspective, this belief could mean many things. My own understanding of this, before arriving in Arnhem land, was that Aboriginal people have a deep respect for the land. As I continued to collect a myriad of experiences my understanding of this statement and how it affected my teaching gradually grew.

When learning to work in a culture so very different to my own mistakes were inevitable. I ended up red in the face, wishing I was somewhere else. Usually students were very tolerant of my mistakes, I would understand from a wry look that I had done something wrong and usually, during a quiet time later on, and away from the large group, someone would approach me and explain how I should act or what I should say the next time.

One such ‘growing up’ event occurred when I was out fishing with some students. I had a hand line thrown in off the beach and the Aboriginal Health Workers were scouring the rocks for oysters. I had been sitting on the beach for several hours and caught nothing, but as the students were coming off the rocks suddenly the line was taken. It wasn’t heavy, I pulled it in easily and as it came to the shore I saw it was a small shark about two feet long. I had caught these before and knew they were good eating, lovely sweet meat. So I called out to them, “Do you want to take this home?” Two of the students turned away and the other simply said, quietly but firmly, “Put it back”, which I did promptly.

Their response shocked me somewhat, because I had never known these people give up a tasty meal before. There was silence on the way home and after I dropped most of them off I asked the last person what was wrong with the shark. I was simply told that we were not allowed to eat shark. I’d known that some foods were taboo but did not know exactly which.

It was not until several months later that I understood a little more clearly the connection between the shark and the people. I was able to learn just how important the shark, as their totem was for these particular people.

This connection between person and totem is very powerful with the totemic animal, in this instance the shark being treated as a direct relative. Gularrwuy Yunupingu explains this relationship of an Aboriginal person to his totem.

*The relationship between the crocodile and myself and all my clansmen is a very special relationship. Because we believe that where the Gumajf people came from is represented by a crocodile. We believe that we came as a crocodile, and we believe that every one of the tribal lands that we own from our forefathers were*
created and given to us once by a crocodile, and therefore that relationship is very special even today.

I see a crocodile as an animal that is part of me and I belong to him, he belongs to me. It's a commonness of land ownership. Everything that I have comes from the crocodile, he's the creator and the land giver to the Gumatj people. In my group of people, and in the forefathers, we have always treated crocodile in a way that it is part of our family.

We consider ourselves, even name ourselves, as crocodile and we come back as crocodile. When our body's dead, gone, our spirit becomes crocodile. Men, human beings, all races, must respect other animals because they want to live in the same way as we do and there should not be any dominating approach to other living creatures.


Different clan groups have different totems, and if a clan member harms his totem then it will lead to sickness in the family. This connection with nature also extends to the land itself, which is seen to be the mother, the life giver to all things. Life itself is given to Aboriginal people by the earth. This is a very complex relationship which should really be experienced first hand to be fully understood. Christie (1990, p23) explains the earth/mother relationship in more detail.

For me, the important learning from these events was that the Aboriginal person has complicated connections to everything in the environment. The ‘whole’ to Aboriginal people includes all things in the environment, and there is a need for the ‘whole’ to be in harmony for an individual to be in a state of well being. At this point I had no clear idea of how to use this new knowledge in my teaching except for one particular cheeky story.

In the book “Where There Is No Doctor” Werner (1979) produced for the training of Indigenous health workers in South America there is a diagram explaining how to resuscitate a lizard. It is a light hearted cartoon used to give students an example of not believing everything you hear, an important lesson.

I photocopied the diagram and mustering the sternest face I could, I explained that this was an important lesson, especially for those who had a special totemic connection to goannas. I handed out the copies and waited for the students’ reactions, silence and questioning looks. I stopped them and said, “Who believes everything I say?” It was a good way to introduce discussions on and around the topic of standing up for your beliefs and not accepting everything you hear as fact. Fortunately the students were not offended by my humour and we often talked about this lesson later.

These were shallow efforts at using Aboriginal people’s connection to the land, I wanted to explore how this connection could be used more effectively in the classroom.
LIFE AND CULTURAL SURVIVAL: KATHY ABBOTT’S MODEL

Kathy Abbott, a senior and well respected Aboriginal Health Worker gave me a valuable insight into how to use knowledge about Aboriginal connection to land in a my teaching, at a meeting in Darwin in 1990 with a group of educators and health personnel discussing the future of Aboriginal Health Worker education in the Northern Territory. A momentous debate had begun, essentially to consider the transfer of Aboriginal Health Worker training in its entirety to an education institution completely outside the jurisdiction of the Health Department. The purpose of this was to allow access to higher education for health workers so that they could gain educational and professional equity with the other health professionals working in their communities. Aboriginal Health Workers had not been able to achieve educational parity with other non-Aboriginal people working in their communities, this increased the difficulty they were experiencing in controlling their own health care services which generally were controlled by non-Aboriginal people.

These were dizzy times for me, being a part of such momentous discussions about the future of Aboriginal health. But something else happened that opened the door for me by showing how to use my new knowledge about Aboriginal connectedness to the world in the classroom. This was in the form of the ‘Life and Cultural Survival Model’ (Figure 2, Abbott, 1988). In the past my own learning experiences had locked me into seeing health education as related to body systems, that is diseases that affect different parts of the body such as the nervous system or renal system. As well as this I was focusing on disease process as understood by Western medicine. I was using my own past experiences of learning and teaching to model what I was doing now, it was the only way I knew.

![Figure 2 Life & Cultural Survival Model (Kathy Abbott, 1988)](Reprinted with permission of Kathy Abbott)
This insight gave myself and others a chance to refocus my thoughts and actions. The medical process that I had been taught to use concentrated on internal body systems with only a peripheral concern for the outside world. The medical concern with the outside world was merely to study its impact on a particular disease process. With this new insight I was able to look at the connections in the outside world, and how disharmony in this environment impacts on the individual.

Dealing with a problem through this new structure became a matter of promoting harmony in the environment. The medical system on the other hand focuses on treating the individual's physical imbalance by withdrawing or minimising the environmental hazards. The success of Abbott’s model is that it emphasises the web of connections between the environment and the individual and so removes the individual from being the centre of the medical universe.

The use of Abbott’s model provides a much stronger connection between the environment and the individual. It is a well defined model for studying harmony in the community, including a structure for the essential elements that need to be in complete accord. The Western model provides only a tentative connection because it studies the positive and negative elements of the system, and it is the impact of these individual elements that are of central importance. With the Aboriginal system harmony is the essential element.

The Western medical system often tends to focus on the easily quantifiable. In most cases the most easily quantifiable changes are physiological while sociological influences are less easily quantifiable and hence appear to have less importance. In the Aboriginal model it is far more difficult to give any one element greater value than another.

Using Abbott’s model in the classroom was, for me, a delight, and the students accepted its approach to health with ease. Even the physical environment of the classroom seemed to benefit from its use by taking on many different interesting shapes and sizes, depending on the topic and the individual teaching style of the lecturer. What follows is a description of one such class that was developed with a colleague using the model in Figure 3 as a basis. (The use of this model is detailed further in Section 7.7.)

The topic was ‘Old People’. We placed at the centre of a wall the thematic concern of “How can Aboriginal Health Workers care for old people?” We had one week of workshop time (around 35 hours) to discuss this central theme. We used Abbott’s model to form a research cartwheel and commenced the workshop by allowing the students to work in small groups to discuss and clarify the problems that old people have. This was done using the six aspects of community as described in the model, i.e. family, shelter, hygiene, food, education, and medical services. They then went on to discuss what the Western medical system was doing about these problems, and finally what Aboriginal Health Workers themselves could do.
The results of their discussion were made into the shape of a cartwheel that grew bigger and bigger as the students added more problems and more solutions. The students heard about a variety of possible solutions through a series of lectures from myself and guest speakers on different topics relevant to the health of old people, and as they learned of a new idea they added it to the appropriate spoke of the wheel. Gradually the wheel became a mass...
of ideas which when looked at in total provided a clear picture of the health status of old people in three stages, what the problems were; what the Western medical system was doing to help them; and what Aboriginal Health Workers could do.

The clinical skills and medical conditions which used to be the focus of my teaching were still present as an important part of the whole, but were no longer the centre. The information on any one spoke was no more important than that on any other.

Use of this model also allows elements of significance to Aboriginal people to regain importance. For example, Aboriginal people have great respect for the elderly in the role they play in the teaching of sacred knowledge to the young people. This role gives old people an essential place in the Aboriginal world. The students were able to identify problems associated with early death of these people, as well as ways they as health workers could help facilitate the important role of old people in the community.

This process is Both Ways because in talking about the past we introduce Aboriginal knowledge; in discussing the present we introduce Western knowledge; and in discussing the future we explore how these two knowledge systems can be brought together.

The process, as we used it, put the students in a very creative mode, providing a chance for them to design their own roles as health workers. In the old teaching style we taught the students how to treat certain diseases which, in most cases, was clearly defined by outsiders leaving no room for student creativity. In this new way the student and the teacher become collaborative learners.

A reason for the students’ comfort with this process is discussed by Christie and Watson:

*That is to say, the Yolngu start with the view that the world is related whole, and when constructing sentences they focus on particular relations.*


*To me the most fundamental principle taught by the Aboriginal elders is that our subject matter is to be examined and interpreted only as it is found embedded within its context. This is in contrast to the Western science where environmental influences are considered confounding, and scientists do their most serious work in the laboratory.*


Both of these authors are describing how Aboriginal language itself has a grammatical structure that emphasises the connections between objects. Conversely our own language emphasises the objects themselves. The relationship of one thing to another is a central element of Aboriginal languages. In Christie’s quote a real context for the learning experiences is seen as fundamental for a good learning experience. The method of teaching which is described here attempts to adapt the students learning experience to an essential element of the Aboriginal world view, which is the relationship that Aboriginal people have to the environment.
This workshop was an example of one attempt to include the importance of the "whole" in working with Aboriginal people. We need to continue to reflect on what occurred and attempt to develop new ways of using these ‘relationships’ in the classroom.

ROLE REVERSAL

I regularly tried to put myself in the role of the student, partly because of my intense interest in the culture, and partly to show my respect for the students’ knowledge by learning from them. These learning experiences, as well as being enjoyable and useful for building rapport and mutual respect, were very useful for getting a first hand, in depth look at Aboriginal learning and teaching styles. The Aboriginal Health Workers were my teachers, as described in the following story:-

Many of the Senior Aboriginal Health Workers made pandanus baskets in their spare time. They were either used traditionally, sometimes given as presents, or often sold to the art world as they were considered to be prized pieces of traditional Aboriginal art. Many of the younger health workers did not make baskets and, like many observers of the Aboriginal world, I believed, in my naivety, that this complicated process was being gradually lost to Aboriginal culture.

I would often take the students out for drives or picnics while they were away from home, and on many occasions I observed the women collecting, preparing and dying the materials required for weaving. I quickly decided to join in and try my hand at basket making. When I started I made many mistakes and the women corrected me with a great deal of humour and showed me how to do it properly. Each step was complicated and required incredible dexterity to perform correctly, but despite this I kept trying, making mistakes and being corrected and within a relatively short time I had reached a stage where I could work independently and manage to complete a basket. This was treated with great hilarity by the women and the younger students who told me later that it was unseemly for men to do this work, but once again my non-Aboriginality saved me and I was allowed to continue.

I was able to sit and work with the women as they produced great works of art, whilst helping me to complete my mediocre pieces. During these happy times I was able to observe many of the younger students learning this skill from the more senior women in the group. This was very insightful as the young people simply watched for hours and when I suggested they try themselves they would refuse, and no amount of prompting would entice them to give it a go. Only after many, many hours of watching would they eventually start a basket themselves and any mistakes made would be corrected by the senior women by commenting only on the technique itself without any critique of the performer.

My comical efforts at trial and error with the baskets are still reminiscend on today when I am with these students. I was not deterred by the shame of making mistakes and used this emotion to facilitate quicker learning. My fellow learners, on the other hand, tried as much as possible to avoid making any mistake which might embarrass them in some way. My haphazard trial and error method, and the potential shame it could cause a young learner was simply not acceptable for the younger students.

LEARNING ABORIGINAL LANGUAGE

Gradually I was learning some Aboriginal language although at first I was quite unconscious of the process by which this learning was taking place. From almost day one of our meeting the Aboriginal Health Workers started to teach me two or three words at a time. Once it was noticed that I was willing to use the words in general conversation there was a
gradual and subtle increase in their expectations of my new skills. A word would either be formally introduced and its meaning explained, or people would introduce a word into their own conversation expecting me to recognise the meaning through its context.

A student pointed to a baby and said in language, "Nice child", I already recognised 'nice', leaving no other option for the second word than 'child'. My assumptions were later validated through repeated experiences, and my attempts to use the word in conversation would often be met with correction, until eventually I gained correct usage of the word.

There were many words that I used incorrectly at first because I was using meanings for the words from what I thought were English language equivalents.

On one occasion when we were driving around the community I was introduced to a person who promptly asked me a question in language. My company then explained to me that he was asking where my home was. I answered using the word 'wanga' for home. It was not until a long time later that I realised this word had a much broader meaning. I would think of the word 'wanga' as home but translated into the Aboriginal language it meant a great deal more, it meant the person's 'home land'; the place that the person was responsible for; his ancestral land. It was an example of my own cultural world view interfering with an accurate understanding of the meaning of the word.

My interest in the language, and my efforts to incorporate words into classes and general conversation provided the stimulation for the students to teach me more. Towards the end of my two year stay it was not uncommon for students to ring me up and give me instructions entirely in language. In this way I was gradually being forced to learn more and more.

**KINSHIP**

The students also began gradually to teach me my kinship obligations and traditional cultural practices. Each time I was introduced to someone new my skin name invariably came first then my reason for being there, and almost as an after thought my name was given.

For me, the kinship network was one of the hardest things to obtain a functional grasp of, not so much the names, but how they were all interlinked. On occasions I would make mistakes in attempting to fit in, I would say, "Hello Auntie" to my mother or call my brother 'uncle', and, although nothing was said, it was always obvious when I had made a mistake.

Eventually I was expected to respect and observe some of the cultural norms. This was difficult as many everyday actions that I would do spontaneously in my own culture were quite inconsistent with Aboriginal culture, as detailed in the following story:-

My Aboriginal mentor, who was sister to me became totally distracted when I excused myself and walked straight off to the toilet. On my return her discomfort was apparent and she explained precisely that in order to avoid offending her I must never discuss anything personal. This included never seeing or knowing about each other's personal
hygiene; never doing anything to harm her in any way; and only ever discussing non-offensive things. After this simple event I was expected to lie about where I was going when attending to personal matters, and to find a place to go in secret.

Occasions when I always placed myself in the learning situation were those that might involve bush skills, where I might get to learn how to find bush medicines or how to cook goanna. What interested me particularly about this knowledge was the clear indication of who was allowed to know, and who was allowed to teach certain information. These classifications were never revealed to me but were always part of negotiations when preparing for outings.

The hour or so before a trip was usually very confusing, I just stood back and let the experts do the organising. For any decision to be made consensus was essential, and long, tedious discussions were often necessary in order to reach this consensus.

From all of these experiences I learnt:

- The student will avoid being shamed and would rather not do something than be shamed.
- People liked art and craft to be done properly and would not do them unless they were certain they could.
- There was a progressive and ordered pattern to Aboriginal learning.
- Progress through the system seemed to be based more on human qualities such as respect, caring, and effort rather than performance.
- Learning seemed to be on a need to know basis.
- Learning always took place in context, there were seldom contrived learning situations.

I expanded and clarified these experiences by reading Stephen Harris (1980). It was possible to incorporate some of these ideas into my teaching but not others.

**THE ROLE OF CULTURALLY APPROPRIATE CORRECTING**

Correcting any student in a way that does not cause shame is a basic but important aspect of any teaching style. It is not good practice to correct students in front of a large group of people. Corrections should also be aimed at the level of skill and any connotation of personal attack should be avoided. "Can I show you how to do that?" sits better than, "You're doing that wrong!" Such adages are common knowledge, even to beginning teachers. An important step for me in Arnhemland was when I began to reflect on the way assessment was done, correcting people in private; corrections of practice were also done in private whenever possible; and mistakes or problems were depersonalised.
Asking a question puts a student in a situation where there is a chance of making an error. In the majority of cases Aboriginal students did not answer when asked questions in the open class. My experience in the non-Aboriginal class however, was that most students will attempt the answer if they are almost sure of the answer or if other students are answering incorrectly.

This process of questioning helps to provide a picture of knowledge, allowing the teacher to build on prior learning and expand that with a common understanding. My early experiences with this in the Aboriginal context were distressing and my first impression was that the students simply did not know the answer. Deeper reflection revealed this first impression to be untrue.

Asking and answering questions for Aboriginal students is complicated by the right to know. The younger students, no matter how much they knew, if they did not feel they had the right to know an answer they would not answer questions publicly. The group had a clearly defined hierarchy and breaching this was unacceptable, students preferred to keep quiet rather than make a mistake.

Questions with the purpose of discovering a shared understanding or an unknown solution to a problem were treated very differently by these students. An early example of this was when we looked at problems of health worker status. Answers to questions regarding this issue flowed quite freely, with students describing why they felt they had low status. They showed that they had a clear understanding of the problem and could discuss and share ideas about how to improve the situation. It was interesting, and somewhat gratifying, to be involved in this free flowing conversation compared to the restricted passage of answers to other types of questions.

I was trying to develop a fundamental shift in my practice, from giving all the answers to being a partner in discovery. McCay (1988) supports this aim in his fifth statement on Aboriginal education.

5. Shall involve any non-Aboriginal people on a mutually cooperative and mutually educative basis.


USING CASE STUDIES

Using case studies in the classroom was generally very successful and had the benefit of relating the student’s learning to members of their families with similar problems, thus providing extra motivation. Case studies provided a connection between the students and a real contextual situation, so that the experience was as real as possible even though it was in the classroom. (Neame, 1981 describes the use of case studies in the education of medical students at Newcastle University.)
Problems with the use of case studies included the need for confidentiality and the risk that you might be using as subjects, people in the wrong relationship or who had passed away. It is very difficult to find a classic example of a case, especially in this environment, where multi-pathology (many sicknesses in one person) often caused confusion.

My next attempt involved bringing the students into a hospital, where the context could be controlled, providing them with an opportunity to learn from controlled experiences. I was able to facilitate the students’ learning by studying patient case studies; performing patient interviews; and having discussions with doctors, pathologists and other health professionals.

Generally the students needed to be away from home to be involved in this activity, and the hospital environment was sometimes hostile and unwelcoming as it was dominated by strict codes that the students were neither used to nor comfortable with. Both of these issues caused problems, and on some occasions made the environment unpleasant and learning difficult.

Another method used to put learning into context was to work alongside students in their clinics and slowly work through the issues related to the cases they were dealing with. In the ideal situation the student would be left to commence the case, take the history and observations and carry out the examination etc., then come back and discuss the implications of what they had found. They would return and complete the consultation and carry out any treatment required using knowledge and understanding gained through our discussion. In essence, these were excellent learning experiences, but in practice they could happen only rarely as there were too many students to work with all of them in their own clinics.

I desperately needed a way for the students to continue this learning when I was not there. In an attempt to do this I introduced the use of diaries or journals in which the students could record daily activities, problems or reflections and later bring to workshops for discussion. White (1988) describes the use of journals with Aboriginal student teachers.

The journals worked well with some students who documented interesting cases on a daily basis while helping them with their writing skills. Of equal importance the journals allowed me to introduce the use of Action Research to the students’ learning in that they were not only recording their activities but were also trying to think of ways of improving their practice. This proved to be a difficult step for the students to take as they were still expecting to be told how to do things and not to have to tell me how things should be done. (This issue is discussed later when talking about empowerment.)
ASSESSING COMPETENCE

As well as learning new alternative concepts in teaching, I experienced difficulty in implementing various teaching methods which were popular in the mainstream. One such method was the teaching of competencies. My problems were compounded by employer group pressure, a major driving force behind the use of Competency Based Training (CBT). Accreditation of any new course and re-accreditation of the old ones had to be carried out following CBT principles taking into account the new national standards. Kirkby (1993) describes some problems with CBT in the Aboriginal context which are detailed below as they relate to Aboriginal Health Workers.

Once a student is judged competent in a skill it is implied that he/she is able to perform that particular skill. There are however many circumstances where Aboriginal people will not or cannot perform particular skills. For example Cardio Pulmonary Resuscitation (CPR) is very difficult for Aboriginal people to perform since in the Aboriginal domain placing yourself in proximity to a dead person is done at extreme personal risk of either being blamed by relatives for the death of the person, or from danger caused by vengeance from the dead person's spirit.

There are also the kinship obligations described previously. Some Aboriginal Health Workers are willing to do CPR, despite the cultural barriers, but it is more important for the student/teacher group to be investigating why some will and others won't rather than developing standards that seem to be culturally offensive.

The above example shows that the notion of competence is defined differently by Aboriginal and non-Aboriginal people and this is the cause of much conflict. If competence is based on the Western domain then Aboriginal Health Workers will be judged by their educators to be competent to perform a particular skill. Competence within Aboriginal domain seems, at times, to be unrelated to performance in the classroom, this difference has caused many concerns for educators.

Harris (1980) and Christie (1985) suggest that Aboriginal learning may be achieved best in real-life activities rather than practising in contrived settings. Much of the skills training in CBT takes place in contrived situations because of the expense and impracticality of alternatives. The student is then expected to transfer this knowledge to real life practice.

Concerns about competence are outlined in the following example. When we teach administration of Intra Muscular (I.M.) injections with demonstration models we teach the principles and practice of performing this skill safely. We may later assess the person as competent in this skill after we observe them perform in a real life situation. There are however many variations on giving I.M. injections, yet our Western domain considers the student competent because they have been seen to perform the skill safely in one particular situation. In the Aboriginal context there is no guarantee that the ability to perform this
skill will be transferred to all situations. In my experience this difficulty in transferring skills will commonly occur when the student is under severe stress as they may well be in emergency situations. I have experienced many occasions when community nursing staff have complained about students being unable or refusing to perform skills. These are students I have assessed as competent. I have since discovered that the students do know how to do the skill but cannot (for some reason) always perform it in varied circumstances.

The next potential hazard of CBT for educators working in the Aboriginal domain is most clearly described by Harris (1980):

*The unusually strong visual memory of Aboriginal people can be a trap in learning to read. It can make it easier for them to ‘perform’ for example, by being able to write all the letters of the alphabet without knowing well what their purpose is.*

Harris, S. (1980)

I myself have fallen into such a trap. In teaching students to take pulses we discussed the importance and implications of heartbeat and pulse taking and then proceeded to concentrate on the skill itself which the students learned without too much difficulty. After several weeks in the clinics I was able to learn that the students were mostly all performing this skill well. On returning to the classroom we were discussing infant diarrhoea and I asked the students whether the pulse would be faster or slower in children with fluid loss caused by the diarrhoea, a surprisingly large number answered incorrectly.

There are multiple reasons for this, possibly the lack of real experience with children but more likely the student felt that learning the skill was more important than the purpose of the skill. CBT lends itself to assessing skills and although it does not deny the importance of an understanding of purpose in performance of these skills, there is a great risk that the student operating in the Aboriginal learning domain will concentrate on skill and pay only secondary attention to purpose. This is because of the nature of CBT with its emphasis on measuring outcomes, and maintaining the *status quo*.

The dissonance between the Aboriginal and non-Aboriginal domains of CBT in Aboriginal Health Worker education means that, in my opinion, CBT will do one of two things. Either it will be ‘successful’ and force the Aboriginal Health Workers into an intolerable cultural conflict, or it will prepare students for a role which they will not and cannot fulfil, and eventually Aboriginal Health Workers will suffer through failure to perform to employer expectations.

**THE RIGHT TO KNOW AND THE RIGHT TO PRACTICE**

In the Aboriginal domain a large amount of knowledge is governed by the right to know particular knowledge. This right to know certain knowledge is described by many authors including Morphy (1991), Coombs et al. (1983) and Keen (1994) who states:
What of knowledge? Yolngu control of knowledge was structured according to the senses of their concept Marrnggi. This word can be translated 'know' or 'knowledgeable' but it had something of a sense of can or able as well. Thus, as with a similar Maori concept, knowledge was not separable conceptually from power. Knowledge, however implied a right: a person who could not in the circumstances legitimately claim to be old enough or of the right group or gender to say or do something, such as recount a certain myth, would deny knowledge, at least in contexts where his or her actions were monitored.

Keen, I. (1994) p2

Marrnggi has a significant impact on a young health worker’s performance.

On occasions students I knew could perform skills were not being allowed to by the community. The reasons for this are varied and are at times legitimately concealed by the secrecy of Aboriginal law. On several occasions Aboriginal people have simply refused students the right to perform, and have demanded that a non-Aboriginal person be brought in to carry out the procedure.

It has been my experience that even though students may be assessed as competent at things such as suturing, in the clinic they may be refused the right to practice and perfect this skill by the community, and as with all new skills if not practised they will be lost. The community has its own code for deciding what students can perform and this code may be unrelated to the students’ ability to perform the skill. There is no way that we, as non-Aboriginals, can understand what in the Aboriginal domain gives a student the right to perform certain tasks. We cannot demand that our ‘white fella’ qualifications will guarantee status but we can only recognise and accept that this code exists. Solutions to problems stemming from such codes can only come through consultation and negotiation with the students and their communities.

This is a very personal description of my beginnings as a wide eyed, extremely interested newcomer to Arnhemland who moved on to learn respect for the Aboriginal way of doings things. It became obvious as time went on that as an educator I needed to be more than just interested and respectful. There was an urgent need to find a way of teaching which would allow the teacher to value the Aboriginal way of doing things. Education needed to find a way of making the Aboriginal way of doing things a pivotal part of the solution to issues facing Aboriginal people.
SECTION 3: RESEARCH METHOD

GENERAL METHODOLOGICAL CONSIDERATIONS

SOCIAL ECOLOGY

This research has been undertaken using a Social Ecological framework as developed by The University of Western Sydney, Hawkesbury (Checkland, 1991, Russel, 1991 and McCutcheon, 1994). Social Ecology advocates research which attempts to achieve social change in a complex and ever changing human environment. The important features of Social Ecology which have guided this research are as follows.

- Cultural Safety and Social Ecology

The guiding principles of Social Ecology suggest that research should be culturally safe (Papps & Ramsden, 1996). This research acknowledges the social, political and historical position of Indigenous people in Australian society as a colonised group (Hunter, 1993). Research using Social Ecology attempts to avoid a continuation of the process of colonisation by endeavouring to empower the co-researchers to resist such a process.

- Social Ecology Embeds the Researcher in the Context

In Social Ecology it is important for the researcher to embed themselves in the issue being explored. In this research I have expressed my connection to the research by using a narrative thread throughout the thesis which describes my connections to the issues being raised.

Throughout the thesis I have attempted to describe my own personal, emotional connection to the topic, and the connection between my personal passion for the topic and the results of the research.

Social Ecology requires the researcher to reveal their embeddedness. This honesty increases the trustworthiness of the findings. The concept of Trustworthiness is discussed on p 54.

- A Social Ecology Researcher is an Agent of Change

Social Ecology researchers cannot be passive observers, in fact the Social Ecological approach advocates active participation in the process of social change (Rahman, 1991). This is brought about in this research by the active collaboration and participation of those being researched as co-learners and co-researchers (Reason, 1988).
• Knowledge in Social Ecology is Reliable

The knowledge produced in these descriptions is reliable in that the reader knows how the ideas were constructed; the environment or context in which the ideas were constructed; and the impact of those ideas on that environment.

This research attempts to inform the reader about Aboriginal and Torres Strait Islander Education. It recognises that no circumstances will be completely identical to those experienced in this research and as such does not advocate a dogmatic transfer of ideas from this to other situations. The thesis uses narrative to create a rich description of events in and around this research so that readers can utilise this information in their own circumstances.

• Social Ecology is Trustworthy

The information in this research endeavours to be Trustworthy. This is another important feature of Social Ecology inquiry. Triangulation is used as a tool to ensure the trustworthiness of descriptions (Lincoln & Guba 1985). All the information in the narratives were validated using Action Group comments; observations of both classroom and non-classroom situations; and quantitative formal evaluations. Also once the data was transcribed into the case studies it was again checked by the students, peers and other professional educators for its congruence with their own understanding of the these events and similar circumstances.

• Social Ecology is Trans Disciplinary

Social Ecology advocates the researcher drawing from a broad range of research methods.

This research draws from many fields including:

- it is predominantly qualitative, however it regularly draws on quantitative data;

- it uses Critical theory in the form of Action Research;

- it draws on Anthropology in its use of participant observation;

- it utilises Historicism as developed by Foucault (1980).

As this research has endeavoured to respect and value Aboriginal knowledge it would be hypocrisy to deny the potential value of alternative research methods from the Western scientific tradition and as such has drawn from a wide range of sources as required.

**ACTION RESEARCH**

The general approach followed by this research was Action Research which has a number of models. Perspectives include those described by Grundy (1982); Kemmis & McTaggart (1981); Sanford (1981); and Bawden (1989).
While my research method adheres to basic Action Research principles as described below it also borrows from other research methodologies to become an eclectic combination of several models.

Action Research also provided me with the flexibility to incorporate both positivist research methods and constructivist methods. When working in the medical field there is a constant need to validate data by using pure empirical research. On the other hand when working with disempowered people there is also a need to incorporate research methods from social theory. Action Research allowed me to combine these two methods.

When Yunupingu (1993) describes the gurruthu process in his Boyer lectures he emphasises the importance of balance at each stage of any process. This has proved to be an important consideration as there have been many competing influences at each stage of my Action Research. These competing influences are illustrated in the Model of Research Process and Competing Influences (Figure 4).

**THE SPIRAL PROCESS**

The Action Research Spiral described by Kemmis & McTaggart (1981) has been selected as the most appropriate.

- **Concrete Experience** - experience or observe something new.

- **Reflective Observation** - think or reflect on the experience. (This could take minutes, weeks or even years before actually arriving at a plan to improve action.)

- **Abstract Conceptualisation** - plan a new approach.

- **Active Experimentation** - put the plan into action with close scrutiny of its progress.

- **Start all over again**

This cycle was selected after carrying out extensive research into a wide range of similar models. These included The Hawkesbury Spiral (Wilson 1988); Soft Systems Methodology (Checkland 1981); Naturalistic Inquiry (Lincoln & Guba 1985); Communicative Action (Habermas in Brand, 1990) and Anarchy as described by Feyerabend (1988).

Kemmis and McTaggart’s (1981) Action Research spiral however, had for me an affiliation with what I was already doing, an affiliation that was far stronger than with any of the other authors. This model seemed to duplicate my own personal learning style.
Model of Research Process and Competing Influences

ACTION RESEARCH AS GROUNDED THEORY

While undertaking this journey my hypothesis was continually being refined and did not become fully clear until late in the research. In general Action Research is a research method which allows for this evolution of the hypothesis over time.

Action Research advocates collaboration as a central tenet of the research process. Data collected from participant observation and action group reflections were used to explore common themes. Strauss and Corbin (1990) label this exploration of themes Coding or more specifically Axial Coding, where themes are brought together to guide theory development. The end product of the process in this research has led to new theory, which
has then been re-evaluated in collaboration with students. The new data collected will be used to further modify theory.

Action research imposes an ongoing process of reflection on the researcher. This constant reflection has forced me to consider going beyond the confines of Both Ways theory. I have gone on to develop new theory beyond Both Ways. This process of theory development facilitated by Action Research is a component of Grounded Theory.

The first two cycles of the research consisted of prolonged observation of student teacher interaction for the purpose of describing and critically analysing Both Ways theory in Aboriginal and Torres Strait Islander Health Worker education. In the third stage of the research I attempted to reconstruct theory according to the information that had been collected in the first and second cycles and continues to be collected. This process of theory development is one element of Grounded Theory and has been described by several authors such as Strauss and Corbin (1990, 1993), and Glasser (1992).

The data collected from records of action group meetings and participant observation along with a continuing collection of readings from Indigenous authors has allowed me to engage in a re-thinking of theory. Strauss and Corbin suggest that:

*Grounded theory is one that is inductively derived from the study of the phenomenon it represents.*

Strauss and Corbin (1990) p38

This is, in essence, what takes place during the reflective phases of the Action Research cycle.

Strauss and Corbin go on to suggest that:

*Grounded theory questions also tend to be oriented toward action and process.*

Strauss and Corbin (1990) p38

To this end Action Research has been adopted as the primary method for this research, the natural outcome of the critical reflection that took place in the first two cycles has led to reflection on and reconstruction of Both Ways.

An important part of Grounded Theory is to question, to what extent does the new modelling fit different situations. In other words, is the information transferable to other similar situations, and so the process goes on.

**COLLABORATION IN ACTION RESEARCH**

Action Research advocates collaboration as a central tenet of the research process. The students collaborated in this research and at no time did I consider myself to be the expert. Reason (1988) advocates collaboration in the process he calls Collaborative Inquiry.

*Pure Action Research as described by Grundy (1982) advocates an ongoing Action Group which engages the issues over an extended period of time. ...the project involves*
those responsible for the practice in each of the moments of activity, widening participation in the project gradually to include others affected by the practice, and maintaining collaborative control of the process...


This research involved three groups of students who formed distinct action groups. In addition many individuals, including many peer teachers, collaborated in the development of ideas, but at all times the students remained at the centre of the research with the thematic concern of all co-researchers being, “Improving education for Aboriginal Health Workers”.

ETHICAL CONSIDERATIONS IN THIS RESEARCH

In addition to the usual ethical considerations such as confidentiality of data, informed consent, and ensuring that no harm is done to participants. (Kimmel, 1988), there were specific considerations resulting from working with Indigenous people. Edward Said (1993) has described the concept of, “cultural imperialism” and explored the way race and identity are constructed in our society. Cultural imperialism describes the way one cultural group imposes its values on another. Said suggests:

*The power to narrate, or to block other narratives from forming and emerging, is very important to culture and imperialism, and constitutes one of the main connections between them.*


As much of this thesis uses narrative, my identity as a non-Aboriginal person makes it a narrative of the coloniser. Ethical considerations must consider the history of Aboriginal people.

In addition, power relationships exists between the student and educator. Anderson points out:

*Research occurs in the context of power relationships, both between the researcher and the subject and society at large.*


He goes on to make the claim that:

*Blacks have always been measured against an alien set of norms. As a result they have been considered to be a deviation from the ambiguous white middle-class model, which itself has not always been clearly defined.*


These comments describe the American context but they have strong validity for Australia’s Indigenous population. As researcher I needed to take this into account in order to avoid coercing the students to partake in the research. I had to ensure that they had the right to withdraw if they chose without any fear of retribution and that they had access to data and the thesis at all times in order to validate or contradict it as necessary.
Janet Miller (1992) describes an important feature of this research:

_Such inquiry could address and possibly transform, for example, unequal power relationships within the classroom._

Miller, J. (1992) p167

Miller’s comments have consistently been the objective of this research.

**FEEDBACK**

Aboriginal Health Workers have stated that:

_One of the most frequently heard criticisms [of research] relates to feedback._

Kimberley Aboriginal Health Workers (1996) p4

This is a criticism I have heard many times from Aboriginal people and in response I have made an ongoing commitment to keep the students informed about what is being written.

**WHO BENEFITS?**

_Another often repeated complaint has been that for too long Aboriginal people have been the subject of various academic research inquiries ... there was one common thread in all these investigations - to acquire knowledge for the benefit of non-Aboriginal people._


Clearly this work benefits the author, but the research was constantly referred back to the participants in an effort to provide the best quality of education available for the empowerment of individuals and the improvement of the Aboriginal and Torres Strait Islander Health Worker profession. My intent that this research should benefit Aboriginal Health Worker education is also reflected in the hope that it will motivate other educators to improve their performance and educational outcomes.


**Consider the informants first** - the informants in this instance are the students and their quality education must be the researcher’s priority.

**Safeguard the informants’ rights, interests, and sensitivities** - in this instance, participation in the research was a key element of inquiry.

**Communicate research objectives** - the students have been involved at all stages of the research and have assisted in framing the objectives.

**Protect the privacy of informants** - as the students have requested, anonymity has been maintained except were specific permission has been given for the use of particular information. In these instances the students are correctly referenced as informants.
Don’t exploit informants - Indigenous people have been frequently exploited by research (Johnstone, 1996). The students’ free and voluntary participation in this research is essential to its success.

Make reports available - this has been done repeatedly in various ways, such as the 1996 period of reflection when documents were sent to individual participants, and follow up by interviews with individuals.

In an attempt to meet these ethical standards certain guarantees were made to the students. These were an attempt to avoid potential problems arising from the inherent power of the student/teacher relationship, and to further develop the trustworthiness of the information collected.

- Students’ learning needs within the curriculum framework were of primary importance. At no time could my need to implement my research come into conflict with the students’ needs to complete the course. I always provided adequate reporting to School and Faculty moderators on teaching methods and student performance in order to maintain an assessment of my performance and the students’ performance, independently of the thesis.

- Negative opinions about my activities needed to be accepted and safe from threat of failure to the students. To achieve this I had to build a relationship of trust. At times during the course of this study students approached me and told me that what I was doing was simply not working and asked me to change it, which I did.

- The ownership of everything produced was of fundamental importance. Students were given free and open access to my documentation and recordings. Students/participants were given drafts of case studies in February 1995, April 1996 and December 1998. If there were any disagreement I guaranteed to change the text according to their directions. A final copy was made available to all students.

- This ownership extends to any future publications that may be written in relation to the research where again students’ consent will be gained prior to such publication.

- Students/participants had the opportunity to withdraw at any time.

- My writing is my interpretation of their comments and actions, defined by the fallible medium of words. Because of this, ongoing dialogue is essential to ensure joint ownership and collaboration.

- Students signed a plain language statement (Attachments 1, 2a, 2b).

- On occasions students/participants have been openly critical of my methods and on other occasions positively constructive. In all cases any changes to action have been
in response to their directions about our shared thematic concern, i.e. "Improving the practice of using Both Ways as a scientific approach to Aboriginal Health Worker education".

- Although the focus of the thematic concern was designated by the curriculum, the students/participants have been actively involved in directing the focus.

- One issue that has remained constantly open to dialogue is the relationship of student to teacher, researcher to co-researcher and oppressor to oppressed. The intended outcome of the thesis is the empowerment of Aboriginal Health Workers, and the possible contradictions that could occur in my attempt to build a collaborative relationship with students had to be continually clarified.

- Students chose to remain anonymous and will remain so unless I am otherwise instructed. No data was included which can link the participants to real people.

- No official academic records or records of achievement are included.

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**Plain Language Statement for Participants.**

For many years now I have been attempting to improve the way Aboriginal Health Workers are taught. After long consideration I believe that a teaching philosophy called Both Ways is the most appropriate method. At present I would like to work with you to test this method.

What I will be doing is teaching you using Both Ways. I will then seek your responses to this method in the form of formal evaluations, formal discussions and informal discussions. These comments may be recorded in a thesis I am writing for my study. This thesis defines Both Ways and comments on the way it is implemented, discussing ways of improving the quality of what is happening according to your reactions.

I make this commitment to you, that prior to submission or publication you will be given the opportunity to withdraw any statements, comments, reactions you consider inappropriate or not for publication for Aboriginal reasons. I will give each participant a copy to read prior to submission and any future publication.

I consider this information your information. If you do not wish to participate it will not affect your progress as a student in any way. I will continue recording as long as you remain a student.

No confidential data such as results or enrolment details will be used. All student names will remain anonymous.

I invite any further questions you may wish to ask me, John Grootjans, phone 397111 at Batchelor College.

I (the participant) have read the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time. I agree that the research data gathered for the study may be published, provided the above commitment is abided by.

Signed .................................... Date ..................................

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**Attachment 1 - Plain Language Statement 1**
**Subject Information**

**Plain Language Statement for Participants**

For many years now I have been attempting to improve the way Aboriginal and Torres Strait Islander Health Workers are taught. For a long time I believed that a teaching philosophy called Both Ways was the most appropriate method. Working in partnership with another group of Aboriginal and Torres Strait Islander people some major deficiencies in this method have been exposed. At present I would like to work with you to explore how this philosophy can be modified or changed to best suit Aboriginal and Torres Strait Islander health worker education.

While I undertake my role as an educator working with Aboriginal and Torres Strait Islander health workers I will seek your responses to the various teaching methods I utilise. I will collect data in the form of formal evaluations, formal discussion and informal discussions. These comments may be recorded in a thesis I am writing for my study. This thesis defines Both Ways and comments on the way it is implemented, discussing ways of improving or changing this philosophy with special attention to the quality of education is which is measured by your reactions.

I make this commitment to you, that prior to submission or publication you will be given the opportunity to withdraw any statements, comments, reactions you consider inappropriate or not for publication for whatever reason. Each participant will be given a copy of the thesis and subsequent publications to read prior to submission.

I consider this information your information.

If you do not wish to participate it will not affect your progress as a student in any way. If at any time you wish to withdraw your participation you may do so without penalty.

No confidential data such as results or enrolment details will be used. All student names will remain anonymous.

I invite any further questions you may wish to ask John Grootjans, phone 9351 9453 at Yooroang Garang.

Any person with concerns or complaints about the conduct of a research study can contact the Executive Officer of the IEC, University of Sydney on 02 9351 4811

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**Attachment 2a - Plain Language Statement 2**

**Participant Consent Form**

I, ______________________________ hereby voluntarily consent to participate in the research project on: ______________________________ conducted by: ______________________________

I have read the information above and any questions I have asked have been answered to my satisfaction. I agree that the research data gathered for the study may be published. However, my right to privacy will be retained and no personal details will be revealed.

The method of collecting data has been explained to me and I understand that ______________________________ will be observing student classroom reactions.

I acknowledge that I have the right to question any part of the procedure and can withdraw at any time without this being held against me.

Signed ______________________________ Date ______________________________

Researcher ______________________________ Date ______________________________

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**Attachment 2b - Student Consent Form**
DESCRIPTION OF RESEARCH ACTIVITIES IN THIS RESEARCH

Prior to commencing the formal research I had been through an extremely intense period of learning from my interactions with students both inside and outside the classroom. These experiences motivated deep reflection which often challenged my personal attitudes and beliefs, forcing me to reconsider things that had become standard practices in my daily life. This period of being challenged to reflect on my life started in 1986 and continues today. My research reflects the sense of malleability in my life from being constantly challenged by things from Aboriginal culture.

This thesis depicts three major action research cycles. While it is true to say that the four stages of the action research cycle were also taking place within each of the three phases, in retrospect this thesis describes three distinct research cycles that have stood out as significant phases in the overall research. Each cycle consists of the four stages described by Kemmis & McTaggart above.

Cycle one was the pre-formal research stage, shown on the time line as 1986 - 1994 and took place from when I first arrived up to the beginning of the formal stage. This cycle was an exploration of how the Aboriginal world view was different to my own. The Aboriginal students were at this time subjects of my hunger for knowledge.

After several years of experiencing Aboriginal people and Aboriginal Health Worker education I felt able to put together a testable model for educating Aboriginal Health Workers. The model (Both Ways) attempts to describe what is an optimum model for Aboriginal Health Worker education. This paradigm is the abstract conceptualisation component of the thesis. Both Ways is the title given to the model which is borrowed from several sources as discussed in Section 4.2. The thesis will describe Both Ways in detail later in the document and I will also explain where it was borrowed from.

The second phase of research consists of three years of trials between 1994 and 1996. This cycle involved detailed implementation and evaluation of Both Ways. The research was a collaboration with students in order to elicit new critical information about Both Ways education. The reflections from this collaboration are the backbone of the data collected during this cycle.

The third phase begins after the reflection in cycle 2 which occurred during the study leave in 1996 and continues up to this point. Abstract Conceptualisation, is the Action Research label given to the remodelling of Both Ways that took place after reflecting on the data I had collected. In this cycle, instead of making the students the subject of my research, I have attempted to make myself the subject of the students’ research. This is described in the context of ‘letting go’ and will be better understood after reading Sections 8, 9 and 10.
These ideas are put into practice in Sydney and a final reflection on these experiences discuss the problems and successes encountered, and consider the future of the paradigm as a model.

**DATA COLLECTION**

During 1994 1995 and 1996 I collected data from a variety of sources. The most important were the action research groups which occurred during each workshop in which students were invited to talk about the way they were being taught. These meetings were unstructured and most importantly unconnected to the teaching process. Students agreed, using consent forms, to participate and were given guarantees that any negative comments about the teaching would not reflect negatively on their marks. After a period of time students came to trust the guarantee and appeared to be quite free in their comments.

Another source of data was participant observation. Often students would make comments outside the action groups which included important informal information about my teaching. On many occasions students and I shared accommodation while undertaking workshops in remote locations and at these times, late night talks often developed into philosophical discussions about the progress of the course and the profession of health workers. I recorded these talks in diaries. As well as these conversations there were often significant experiences which were quite insightful to my thinking about the progress of the research. These experiences included things like hunting trips and non-verbal reactions to classroom activities.

Written evaluations collected after each workshops were used for reporting to supervisors and as a source of information from students who may have been reluctant to speak up in action research meetings. This information which was more quantitative in nature was very useful for checking validity of data that had been collected from action groups and through participant observation.

Triangulation occurred throughout the research with an intensive period of such occurring at the end of 1996. I was offered six months study leave by Batchelor College during which I completed a first draft of the thesis containing my interpretation of the data I had collected. I visited each of the students in their communities and sat down with them for a day or two to find out their reactions to what I had written, and to ascertain if the data, as far as they were concerned, was a fair representation of what they had experienced in the class. Students who had graduated were each sent a draft of the thesis and later interviewed in their communities.
Figure 5: Three Action Research Cycles in this Research
In addition to discussing my interpretations of the data I wanted to explore:

- the impact of Both Ways on their careers;
- whether they felt empowered by the process;
- their feelings in retrospect about Both Ways.

During this time I also visited several peers from Batchelor College as well as significant people within the health worker profession, such as Kathy Abbott.

It was the data collected during this time that forced me to sit up and rethink what I was doing and where I was going with my research. Students were generally comfortable with Both Ways as an idea, and saw themselves as professionals. However, when they went into the work force they were not being treated in the way that was expected. Barriers such as structural racism and professional jealousy seemed to create hurdles for the graduates at every step towards professional autonomy.

1997 was spent challenged by the sense of having in some way let the students down by not preparing them well enough to recognise and understand the barriers that would confront them when they graduated. This led to a major rethinking of Both Ways and was the stimulus for sections in the thesis such as the Vandal.

This time was also punctuated by a move to Sydney and Yooroong Garang, the centre for training Aboriginal and Torres Strait Islander Health Workers at Sydney University. New approvals were sought and gained from ethics committees and students, and the work has continued in Sydney in much the same manner as at Batchelor College. This new data is significant because it has tested the transferability of this idea out of the often cloistered environment of Batchelor College into new and previously untested circumstances.

**PARTICIPANT OBSERVATION**

Information was gathered from observations within a classroom situation and by being closely engaged with students over a long period of time outside the classroom. This method, known as participant observation is described in many texts (Jorgensen 1989, Atkinson & Hammersley 1994, and Spradley 1980). This method was developed in anthropology and has special use when working in contexts to explore complex social data. Jorgensen suggests that,

*Findings of participant observation research certainly are appropriate for critically examining theories and other claims to knowledge.*

1986: Arrive in Arnhemland and begin many years of new experiences. These experiences are collected and recorded in diaries.

1987: Begin to sense the dissonance causing problems for Aboriginal people.

1988:

1989: Position at Nursing Faculty of UWS where I begin to explore solutions to Indigenous education from a theoretical and philosophical perspective.

1990: Position at Batchelor College where I become committed to the theory of Both Ways and begin, through extensive reading, a search for how this pedagogy can be transferred to Aboriginal HealthWorker Education.

1991: There are also many conversations with people who are leaders in this field, this is made easy by the fact that Batchelor College, at this time, is the focus of the development of the theory of Both Ways.

1992: As well, I continue to attempt to incorporate Both Ways into my teaching practice.

1993: Studies at UWS help challenge and refine ideas being talked about and practised at Batchelor College. This period continues to be recorded in diaries and journals.

1994: Research begins with a rigorous program of trialing Both Ways education with action groups at Batchelor College. Data collection is formalised by keeping records of formal evaluations, recording comments from action groups, and records of participant observation experience kept in diaries.

1995: Triangulation of preliminary data. Experts, peers and students are interviewed to find out their acceptance of accuracy of data, students' current progress after graduation and their post-graduation views about Both Ways.

1996: I am confronted with the fact that data shows students are not accepted as capable professionals and have the possibility that the way I envisioned Both Ways may have contributed to this. I begin to search for a cause.

1997: Forced to look at discrimination against students as an important neglected factor in Both Ways, and begin to explore this idea as an important aspect of classroom activity collaboratively with students in my new position at Yooroang Garang.

Figure 6 Research Timeline
Participant observation is described by Whyte (in Worsley, 1978) as the building of a close relationship between the observer and the people being observed, with the observer becoming actively involved in all the activities of the subjects. The observer comes to sense the real emotions and feelings of the subjects. It is of course problematic in that I also have the dual role of researcher and teacher and that I am in a power relationship with the students. However, according to Both Ways a dominant role can not be adopted by the teacher or researcher because at least 50% of the knowledge is controlled by the students or co-researchers, and the pursuit of balance, which is the essential part of Both Ways requires a mutual validation of both knowledges. This issue was addressed directly in the plain language statement which was part of the consent form.

While much of the information was collected directly from the action group, data was also collected through prolonged engagement with the students as co-learners and friends.

Understanding and insight came at different times for different reasons and without diligent and constant recording of all types of interactions a great deal of information would have been lost.

As suggested by Jorgensen,

*Greater comprehension requires that you understand the words of a language as they are used in a particular situation.*


Action Research particularly lends itself to participant observation in that I became a member of an action group which shared a thematic concern of improving Aboriginal Health Worker education.

**CASE STUDIES**

The use of case studies is a common method for presenting data particularly in critical theory (Reason, 1988; Freire, 1982; and Kemmis & McTaggart 1981).

Use of the case study in my exploration of the Both Ways paradigm has allowed me to incorporate the many information gathering methods such as journals, interview records, questionnaires and document analysis. These techniques are described in detail by Kemmis & McTaggart (Ibid).

The case studies in this thesis describe a series of workshops with several groups of Aboriginal Health Worker students enrolled in the Diploma of Health Science (Primary Health Care) at Batchelor College, and in the Bachelor of Health Science (Aboriginal Health and Community Development) at the Yooroang Garang School of Indigenous Health Studies, University of Sydney. The case studies describe the preparation, implementation and reflection for each workshop. The case studies occurred during the implementation of the Both Ways paradigm with these groups, and record and analyse the reasons for the
successes and failures. Many types of data are incorporated in the case studies. The case studies do not specify where the data was taken from as this would interrupt the narrative flow, however the sources of data include the following.

- **Informal Conversations and Observations** with students and with co-workers (participant observation). These conversations were recorded in a field diary.

- **Formal presentations** of ideas to peers. These took place in various staff meetings, group discussions and professional conferences.

- **Formal Evaluations** after each workshop (quantitative data). This was standard formal reporting for all courses and was carried out after each workshop. These evaluations varied according to the particular workshop.

- **Unstructured In Depth Interviews** with students. Students were interviewed to determine their particular views on a topic, or to clarify a particular understanding.

- **Analysis** of student writings.

- **Diary/Journal.** During this period a professional diary/journal has been maintained in which events, feelings, conversations etc. are recorded.

Throughout the course of this study there have been many comments and ideas about practices that work, as well as about some that do not. Although these comments and ideas may well be of value, it is my belief that most value is to be gained from the account of the process that has been used to achieve change. This process itself changes and develops with experiences where it is important to be flexible, to change according to the needs of students, and to use a process which facilitates this flexibility and does not lock individuals into any type of educational dogma.

When events and happenings are described in this work, particularly those that have occurred with students, the reader interprets my descriptions of the students’ activities and insights. The number of potential distortions here concerns me, therefore I emphasise that I have described my impressions of events and these are not intended to be a precise account of the Aboriginal world. These experiences are described primarily because of their influence on me and the processes used during the research.

**QUANTITATIVE DATA**

Quantitative questionnaires were used regularly throughout my research, the data from which was used to ensure the trustworthiness of qualitative data. The qualitative data included my interpretation of student intuition and insight gained from their various
writings and narratives. This process of combining quantitative and qualitative data is advocated by Taylor (1979), Khee (1985), and Polkinghorne (1988). This qualitative data was not only my own personal intuition but more importantly that of the students about correctness and appropriateness (the right and wrong) of a particular process. Students were known on occasion to cease an activity seemingly without reason. Such intuitive action was respected.

Epidemiological and statistical data is used regularly throughout this document. Aboriginal mortality and morbidity figures are the empirical indicators of Aboriginal health and are used to construct an argument for the necessity of implementing a Both Ways paradigm.

**NARRATIVE**

The narrative mode of documentation was chosen as it is the story of the time of my research which facilitates understanding of the context. Use of this mode is advised by Donald Polkinghorne (1988) in his book "Narrative Knowing and the Human Sciences", and is supported by others such as Kamien (1978), and Kemmis & McTaggart (1981).

*Narrative expresses its work of configuration in linguistic productions, oral and written. These productions display the meaningfulness of events for human existence. One’s own actions, the actions of others and chance natural happenings will appear as meaningful contributions, positive as well as negative, toward the fulfilment of a personal or social aim.*


Several sections in this thesis tell a personal account of events which have had a significant impact on the outcome of this research. Writing these sections objectively would have meant that the information presented would appear as fact, which is not the intent of the research. This subjective method enabled me to present these events as they occurred, so that the reader can make up their own mind as to the validity of my interpretations. Social Ecology as a human science facilitates and promotes the disclosure of personal insights so that a level of honesty can enter into the research.

In addition, students’ writings provided a much stronger insight into what they were actually thinking and how they were progressing than most formal evaluations. These narratives were often invaluable as critical comment.

On the other hand the notion of separating the researcher from the researched is completely alien in my methodology, as is the expectation of a search for an absolute reality. The students have always been co-learners and co-researchers, therefore the data has always been subjective according to the groups’ views and attitudes. As well, the data is quite ephemeral and only holds as absolute truth at that time with that group of students. It is context specific.
As this thesis is written as a narrative it is necessarily a rich description of events that have taken place. For this reason it is longer than most as it attempts to accommodate this richness of description.

ENSURING TRUSTWORTHINESS OF RESEARCH FINDINGS

Guba and Lincoln (1990) argue that no ultimate reality exists, and that knowledge gained is the result of a process that creates itself as it proceeds. Knowledge is the consequence of human activity and is a human construction. In my circumstances this particular notion holds true. What we created in the classroom, the ideas and the descriptions hold true for a particular group at a particular time in a particular environment. Another student group would describe things differently and develop different rules, hence my emphasis on the importance of process; the journey not the map.

Lincoln and Guba (1985) describe three methods necessary for what they call “ensuring trustworthiness”. This is an auditing type process which introduces rigour into research. Rigour is the comprehensive and painstaking attention to detail in the implementation of method and the description of results, which enables the readers to judge the trustworthiness of research. The three methods involved in ensuring trustworthiness and rigour are as follows.

- **Prolonged engagement**
  In the context in which the paradigm is implemented the notion of prolonged engagement is well understood and accepted as extremely important. Aboriginal people particularly, as it will be explained later need to develop relationships beyond trust to kinship. With the students which requires time. For me, as that kinship with students has developed so has the openness and trust in the teaching context.

- **Persistent observation**
  The observation for this thesis has taken place over a ten year period with a ongoing intensity of report writing and journal keeping.

- **Triangulation**
  Triangulation ensures trustworthiness with three levels of auditing. The first audit is by the students; I have at regular intervals given the students the opportunity to read and critique my notes. As a result of this I (and they) regularly make corrections to mistaken assumptions. The second audit is a peer review; with professional colleagues. The third audit has been to present my thoughts for formal evaluation; in professional publications, in the workplace and with the University of Western Sydney supervisors.
All three of these methods need to come together to ensure the truthfulness of the overall report. They are illustrated as in the process for this study in the Model For Project Validation (Figure 7).

**Figure 7 Model for Project Validation**

**IN SUMMARY**

The research follows an Action Research model and borrows from various other research models during the research. During this time the research moves through a series of Action Research spirals. This eclectic method will help me either confirm or deny the value of Both Ways in Aboriginal Health Worker education.
SECTION 4: DESCRIBING THE CONTEXT: SHADOWS OVER PARADISE

This section examines some of the difficulties facing Aboriginal people and more importantly Aboriginal Health Workers. It describes some of the factors which have impacted negatively on the progress of Aboriginal people in education, health and well being.

The term paradise was adopted after listening to Tracker Tilmouth (then Chairman of the Central Land Council) speak at a reconciliation meeting in Alice Springs in 1995. His comments relating to the death of Burke and Wills in the Central Australian Desert suggested that these people starved in a paradise with food all around them because they refused to learn how to find what the local Aboriginal people were eating. This comment is a good metaphor for this section as it describes how non-Aboriginal people ignore Aboriginal knowledge at their peril.

4.1: CONTACT

These stories are presented to portray the complexity of contact between Aboriginal and non-Aboriginal culture. They highlight that contact between our two cultures has not always been a story of painful genocide but has, on occasions, been mutually beneficial. Students come into the course each with their own unique complex history.

The following story was told to me by a colleague:-

I was walking down the street of a small Aboriginal community with the nursing sister who was a Christian missionary. This sister had devoted several years of her life to working in the community clinic. I was just visiting to work with students and talk with the local people.

As we were walking down the street the nurse suddenly stopped our conversation and walked up to a young Aboriginal woman sitting in the shade. The nurse praised this woman, "You are a true Christian offering your time to look after this little child, who has been abandoned by her own mother. God will smile on you for what you are doing."

I thought this was a classic example of someone seeing what they wanted to see. The sister wanted to see the success of her missionary work, whereas in reality, this Aboriginal woman was doing what she was culturally obliged to do; she was simply fulfilling her family duty as an Aboriginal mother, and maybe the missionaries' preachings had nothing to do with it.

What has happened here occurs often in History, we see what we want to see and what we want to see becomes the truth for us and other like minded people.

If history is so tainted, can stories about the past really help us? This is an important question to consider before we begin to look at the impact of white contact on Aboriginal people.
Surely to change things in the future we must first understand how the present came to be. Understanding the past gives us a clearer understanding of how to influence the future. It gives us a deeper understanding of how our present world view developed; it should also provide a picture of what has worked and what has failed in efforts to change things in the past. It gives us an understanding of the powers that have worked to influence the way things are, and gives us insight into how these powers can be influenced. It is also the current Aboriginal view that reconciliation itself requires an acknowledgment of the past in order to move forward.

Philosophers such as Popper (1986) and Foucault (in Rabinow, 1984) argue strongly that when history is written it is impossible to isolate the words from the author’s world view. This suggests that historians are often influenced by the values of the prevailing social and political climate.

When society wanted to portray Aboriginals as ignorant savages with no claim to the land (Terra Nullius, 1992) the historians, such as those who wrote the history books I read in primary school in the 1960’s, told stories of the great epic adventures of the first explorers and their encounters with the interfering wandering natives. Reynolds’ (1987, 1989) has reinterpreted Australian history, especially in relation to contact between Aboriginal people and the colonisers.

Foucault (in Rabinow 1984, pp. 124-141) presented histories with radically different interpretations to those normally accepted. His descriptions of hospitals being part of a capitalistic scheme to maintain and increase productivity by treating incapacitated individuals, and so allowing the family to continue working, are completely contrary to their image of being benevolent institutions that cared for the sick!

Simple generalisations are inadequate to describe the history of Aboriginal contact. Too often historians have attempted to create a picture that all non-Aboriginal and Aboriginal people had the same intentions when they first met. The story of contact was enormously variable. Many things motivated the people on both sides of contact; motivations as variable as God, cattle and government mandate influenced the invaders.

Many academic texts and literary pieces, such as the work of the anthropologists Elkin (1971) and Rowley (1972) and the historical piece by Daisy Bates (date uncertain) depict a dying culture. Elkin states in the introduction to the book “Australian Aboriginal Anthropology:

> “Before it is too late” has been a recurrent challenge to Australian Aboriginal Anthropology. Faced by the sure and certain dying out of the tribes and of the even quicker breakdown of their culture.

Elkin, A. P. (1977)

It was not uncommon for some historians and anthropologists such as Elkin, to depict Aboriginal culture as a dying one, whilst more recent works appear to be changing their
direction. Why did they do this? Maybe because as we continue to destroy their sacred country, we need to excuse ourselves by telling ourselves their culture is dying anyway!

A recent example is the women's dreaming site holding up the construction of the Hindmarsh Island bridge in South Australia. The debate against the Aboriginal people of the area is underpinned by the claim that they have lost their culture and are “making up stories”. The opposition is supported by the fact that several Aboriginal people from the area do not know of the site's existence. It is quite common in Aboriginal culture for Aboriginal people to keep certain information secret from other groups (McIntosh, 1994 and Williams, 1987).

The myth of a dying culture is indeed just that, a myth. Aboriginal cultural beliefs and practices are alive and well amongst the Aboriginal people of Australia. You only need to spend a little time with Aboriginal people from Sydney to Darwin to recognise this.

The history of contact, particularly in the North of Australia, is a living history, with many people alive today who remember first contact (along with a few who would prefer to forget). This is not to say that the culture of urban Aboriginals is not valuable. Although urban Aboriginal culture may not be strictly 'traditional', in my experience it shows a strong continuity with the traditional. This is a tribute to these people's ability to resist the process of colonisation.

Some of the following stories I have been told, others I have read. Hopefully they will offer some insight into what type of social change practices might work.

I believe it is important for Aboriginal people to critically analyse the powers that have moulded and created current conditions in order to change them.

The students I work with, and who are my co-researchers in this study, have suffered from all forms of colonisation, and practitioners of such colonisation can still be seen imposing their beliefs today.

**UMBAKUMBA STORY**


The word Umbakumba is believed to be derived from a Sanskrit word meaning small waves. This place is the home of the Anindilyakwa people of Groote Eylandt. These people have the dubious reputation (according to the Guinness book of records) of having the language which is the most difficult in the world to learn. I have always found their story fascinating as it describes a unique experience of first contact with a unique people.

Their first contact with non-Aboriginal people was with the Macassans who came to the island to collect trepang and turtle shell. The story goes that even in these very early times the Anindilyakwa were extremely shy. It was said by the Macassans that there were no women on these Islands. The truth was that the women would be hidden on their arrival.
Groote Eylandt was occupied by several clans who had territorial rights over different parts of the Island. There is no doubt that the clans often fought each other for reasons such as stealing wives. It was also common for these people to travel in their small canoes to the mainland where they had many family connections with mainland clans.

As with other Aboriginal groups the Anindilyakwa have their own oral history in the form of what we call the Dreamtime. These stories are both mysterious and beautiful, they explain everything from the creation of the annual dry season winds to the creation of the land. I will not describe these stories in any detail out of respect to my Aboriginal co-researchers as they are not mine to tell.

During 1937 the Queensland and Northern Territory Air Service (Qantas) set up its first flights to Batavia (Java) and the rest of the world. The planes used were sea planes that needed a landing base between Cairns and Batavia. Umbakumba on Groote Eylandt was selected as the ideal spot. The Government, because of past experiences, realised the consequences to Aboriginal people of this form of contact. They did not wish to create another fringe camp on the outskirts of a white settlement. So they decided to employ a protector for the Aboriginals.

The man chosen was Fred Gray. Fred had already had contact with these people during his time as a trepang collector in the early 1930's. The air base was set up and Gray worked hard to assist the local people to fulfil contractual needs at the air base. The Anindilyakwa, with the help of Fred, contracted labour for repairs; set up farms to provide food for the passengers; and made artefacts to sell to the passengers.

As was common in those times many of the surrounding clans came into the camp to share the bounty of the air base. The work was hard but the people prospered during this time by supplying Qantas, and later the military bases, with essential services. During the war years many of the men also served in the first Coast Watch and others were employed in road building to assist the war effort.

At the end of the war Qantas no longer needed the air base as Darwin had come within range. The Government wanted the people to return to the bush, to the lives they had previously enjoyed. Fred Gray, now without an income, could have left but he decided to stay. The gardens grew and a subsistence lifestyle was established. The men either farmed or hunted. Fred's law was if you didn't work you didn't eat, these people never had something for nothing.

There was great opposition to Fred and his camp from the religious ministers at Emerald River Mission which was also on Groote Eylandt. This mission had been set up as a half caste training centre for the people from Roper River. The mission thought that by moving the half castes (their words) from the influence of their full blood relatives they could teach them to live as whites who would be able to work and survive in the white man's world.

A fringe camp soon developed around the mission compound and later, because of the fringe camp, Emerald River became established as a fully fledged mission community. The missionaries' gardens never prospered as Fred's did, the people never became self sufficient and they relied on mission handouts for survival.

The Government continued to put pressure on Fred to leave Umbakumba, and the Anindilyakwa to return to their old lifestyle.

One extreme example of this was the refusal by the Government to pay people at Umbakumba the child endowment subsidy which was the mainstay of income for most other communities at that time. Monthly checks were also sent to the missions to provide financial support for the people who chose to spend their time training Aboriginal people to live in the white man's world, this subsidy was never sent to Umbakumba.

The people of Umbakumba managed to survive without any help maintaining their subsistence lifestyle. The community prospered and continued to grow, much to the disgust of the mission staff who found it impossible to develop any form of self sufficiency with people who were related to and lived not 50 miles away from the Anindilyakwa at Umbakumba.
Fred finally succumbed to pressure from the so-called protector of Aborigines as he was seen as a bad influence and left the Island in the late 1950’s, but the community still continues to this day. It is a community full of anomalies. The people who deliver health have never done things quite the way the Government officials would like and yet the community is healthy; it does not suffer from many of the problems that plague other communities such as petrol sniffing and low weight children; and the local council is disorganised and a sham and yet ceremonial life continues at a highly sophisticated level.

LAKE NASH STORY


This is the story of the Alyawarra.

Here is a story of life on a cattle station, it tells of good times and bad times. It tells a story of many Aboriginal people who look back in great admiration to the times when they worked for no wages, times when the old cattle barons who owned land as big as Tasmania had the power over life and death of these people.

I myself have been lucky enough to sit down with some old people of the Alyawarra tribe and listen to them talk of these times. One old man sat in the shade and explained to me how he had once come to be flogged. He had wanted to move off the station before the annual walkabout time without permission; the cattlemen sent the police after him and the old man was returned in neck chains and flogged with a heavy mustering rope. As a listener, I was horrified. The old man must have seen my horror and he later explained, “I deserved that flogging for running off. If you did the right thing the boss man would look after you and your family”.

This was the way at Lake Nash. When the land was first opened up the farmers could not have survived without Aboriginal labour. After training, Aboriginal people became excellent stock men who knew a great deal about the country. This relatively harmonious relationship continued for many years. The Aborigines would work when needed in exchange for clothing, tea, flour and sugar; a synergy that suited both parties.

The Aboriginals were able to stay on or at least near their sacred land to protect it, and they received things their forefathers could not even have imagined. Their lifestyles had always been disciplined and extremely harsh, the new life was no worse. The cattlemen benefited as they grew rich on the cheap labour of the Aboriginals.

During the war things began to change all over the Northern Territory. Many Aboriginal people received good wages and improved housing whilst working on the roads for the army. They also saw and met the Negro soldiers who were black men living a white man’s lifestyle. Once the workers had tasted equal wages and better conditions things would never be the same.

Cattlemen avoided continuing these changes for many years after the war. The Wave Hill walk out in 1966 and the 1967 referendum made equal wages law but still the cattlemen resisted for as long as they could. Almost immediately after the referendum Aboriginal workers in many places were sacked, and efforts were commenced to kick these people off their land. They were no longer of use as cheap labour and they were in the way of the cattle. The Aboriginals refused to go. This was their land, they had lived here all their lives and their grandparents before them. Only they knew how to look after the land, only they knew how to sing the land to help it prosper. It was the cattlemen who were the intruders.

The people of Lake Nash fought for many years to get their land back and were unable to finalise their excision until 1988 after a long battle with the cattle barons and governments who refused to accept their claims in the law courts. What began in harmony ended in a bitter battle.
THE CHRISTIANS

Based on "Mission to Arnhem Land", Maise McKenzie (1976)

The missionaries opened up a great deal of Northern Australia and the influence of the Christians was different in each community, depending on when the mission was established, which denomination had the mission, and of course the individual missionaries involved.

Usually, when a mission was established, it would not be long before the Aboriginal people came in from the bush to form new settlements. People will ask why Aboriginal people did this, and although the answer is not known I have heard it was because life was so much easier and new things from the Western world were available in the camps. This is a very simplistic answer and it is likely to be far more complex than that. However, these settlements continued to grow bringing together people who had previously been enemies and who's kinship ties with the traditional landowners of the areas did not support living together in the bigger community.

Events took a somewhat different turn in this story of the Christian mission’s contact with the Djambarrpuynu people of Elcho Island.

The missionary in charge of the Elcho mission was the Reverend Sheperdson. Many of his ideas were novel and innovative. He was not a strong advocate of conversion to Christianity at the expense of Aboriginal culture, which had been the case elsewhere (and the world) where the culture of the locals was seen as heathen and evil. Sheperdson was able to develop several Western style industries that the local people could operate without too much intervention, such as fishing, timber getting and clothes manufacturing. These industries prospered and people were able to acquire many possessions from the new world, such as guns and clothing which improved their lifestyle, while still retaining their traditional identity.

All this industry was lost after the 1967 referendum when Aboriginal people obtained equal rights. The missions were forced to pay the workers equal wages which sent the fledgling industries broke. There were also other reasons suggested for the collapse of industry, one of the more obvious being that the unemployment benefit, called "sit down money" in the Northern Territory, was more money than people were able to earn by working. People soon stopped working and became reliant on welfare for the things they had previously had to work for.

Sheperdson realised that by attracting people to the settlement and so depopulating the bush, it would become harder for the mission to support itself and its growing numbers. Sheperdson therefore purchased and built a small aeroplane which he used to take supplies to the remote clans. The clans built airstrips and Sheppy (as he was known to the Yolngu) would personally deliver the goods they required, and at the same time preach religion. With this innovative approach he was able to keep many people from coming in from the bush and overcrowding the mission.

These first, more liberal mission contacts allowed Aboriginal people to retain respect for their own religion and culture. As early as the 1960's Aboriginal people were beginning to speak about the "God" who had created the great Aboriginal religion, and the Aboriginal totems were placed under the guidance of God the Creator (Berndt & Berndt 1986, p44). The Aboriginal people had successfully preserved their own beliefs while accepting the teachings of the newcomers. The concept of Both Ways was created; preserving what was good from the old and combining it with the new.

Aboriginal people were able to believe in more than one reality at the same time, on Sundays they went to fellowship at Church, on Mondays they practiced traditional ceremonies. This dualism can also be seen in the two Moieties of Aboriginal people in Arnhem Land. Their world is completely divided in two, one named Dhua the other, Yirirja. Everything on earth, the people, the animals, the land, belongs to one of these two Moieties (Williams 1986, p64). There are also two creation stories that exist simultaneously, and all people know both stories and accept them as fact. It seems that it was this dualist aspect of Aboriginal culture that allowed the Djambarrpuynu to accept the reality of Christ without losing the belief in the validity of their own totems.
THE PAPUNYA STORY

Based on "Country of My Spirit" by Jim Downing (1988)

In the mid 1960's one of the biggest experiments in social engineering took place. The era of assimilation was drawing to a close but one last experiment was needed to finally prove this policy absolutely wrong. This experiment was called "Papunya, The Last Great Mistake of Assimilation" (Downing 1988, p46). The desert people west of Alice Springs and Yuendumu had remained largely undisturbed prior to the 1950's, except for a few contacts with intrepid adventurers searching for Lasseter's gold and the occasional wandering anthropologist. It was decided in Canberra that these desert nomads needed to be given the chance to enjoy the fruits of the Western world, this policy otherwise known as "assimilation".

So called "rescue groups" were sent out to round up the small nomadic clan groups, herd them like cattle into the backs of trucks, and take them to a place far away from their homes in someone else's land; to a settlement called Papunya. The people were dragged away from their land. They were frightened, they had heard stories from their Walpiri family about whole clans of people who had disappeared at the hands of white cattlemen.

On their arrival at Papunya all the clans were thrown together into one place; clans that had been in conflict with each other in the past; Walpiri, Luritja and Pintubi. The children were placed forcibly in schools and the families were fed from "soup kitchens". People were forced to live in a settlement they did not want to be in; with people they did not like to live with; and with everything that was familiar and culturally important taken away from them. Papunya was by all accounts an extremely depressing place to live.

The Pintubi people of the far Western Desert fared the worst, with fighting and major illness becoming everyday events. This was a picture of cultural and emotional deprivation as well as extreme boredom.

These people began their long struggle to return to their homelands and by the 1970's the movement back had begun. One outcome of this movement was the establishment of a community called Kintore located not far from the West Australian border; a Pintubi homeland where the people were able to enjoy the fruits of the new world and retain the spirit in the law of the old.

HISTORY OF COLONISATION

Some of the more horrific accounts of events that occurred in these peoples living memory, are summarised by Eckerman, for example the last massacre of a large number of Aboriginals at Coniston in 1928. There are still many people alive today who remember this massacre vividly. This, along with countless other events must have left deep scars. However many Aboriginal people, from my experience, are able to get on with their lives without showing their pain in the form of anger at the people who inflicted this misery. Amongst many of the Aboriginal people that I know, I see extreme tolerance for what has happened and the ability to survive against great odds.

Eckerman et. al. (1992) divides the history of colonisation into 5 distinct periods.

- **Destructive** - some elements of the cattle and mining industry still think this way today.

- **Protectionist** - some mission groups still shelter Aboriginal groups.
• Assimilationist - some Governments still advocate this in the form of main streaming policies.

• Self Management - some groups still attempt to impose alien forms of self management on Aboriginal people.

• Self Determination - the current philosophy, now nicknamed “Welfare Colonialism” (Rowse 1992).

The colonisation of Aboriginal culture had many motivations, some malicious, others benevolent; some for economic, religious or political reasons. In some instances the colonisation occurred with the sincere intention of protecting Aboriginal people from outside influences. However, all contact has inevitably led to changes in Aboriginal culture. An analysis of the impact of these changes on Indigenous people is beyond the scope of this thesis.

Some of these stories portray individuals committed to helping Aboriginal people. In each of the stories presented, as well as the many other stories told in Reynolds’ book “Whispering in Our Hearts” (1997) the result of these people’s benevolent action is to objectify Aboriginal people and treat them as a problem needing to be solved, Aboriginal people become ‘the other’. Aboriginal people’s ability to deal with their own problems is continually undermined by honest well intentioned people.

The apparent arrogance of our white culture is described in these stories. In each story there were people who were certain they knew what was the right thing to do. It is an arrogance that has occurred again and again, not only in Australia but in other colonised countries too. The way this arrogance has been repeated throughout our history seems to imply that it is central to our culture, the misguided confidence that we have the answer for everything and the willingness to sacrifice a unique culture that we do not understand in the process. Most atrocities occur within an aura of absolute conviction that one person has the right to change something forever. For a detailed account of this history see, “The Way we Civilise” by Kidd (1997).

The Western view that has led to these changes is related to the belief that Aboriginal people must become economically viable and not be a burden on the Australian economy. The land was taken away from Aboriginal people because the early settlers could see no way to incorporate Aboriginal belief systems into their economic structures. Today our nation’s leaders are still looking for ways to bring Aboriginal people into our economic system. Some of these methods have been harsh and forceful, such as the separation of mixed race children from parents. Others have been covert such as the Welfare Colonialism that is the methodology of today’s leaders. Welfare Colonialism is the use of welfare benefits as an enticement to Aboriginal people to give up their culture (Rowse, 1992).
When I began this research I believed that to succeed in educating Aboriginal Health Workers we must understand the powers that are forcing change on the culture so that we can put control of this power in the hands of the people themselves. It was not until much later in the research that I came to recognise the level of resistance coming from non-Aboriginal people that would jeopardise the empowerment of Aboriginal Health Workers.

This is why there must be an emphasis on empowerment in any model for Aboriginal Health Worker education and that this empowerment be the unifying thread tying the whole model together in both purpose and process.

Before continuing I should make a confession. In many ways I am also one of these people with the obsessional belief that I am right. My belief is that for social change to be sustainable and eventually successful then Aboriginal people must take control of their own lives. Such words as consciousness and empowerment come to mind, but a more appropriate statement might be "in control of their own destiny".

A final theme that has emerged from these histories is that we are not dealing with a homogeneous group of people but a great diversity among Aboriginal groups, and that this must be taken into account when developing an educational model. The model should also learn from the histories that an end must come to the time when other people are doing things for Aboriginal people and making decisions for them.

4.2: ABORIGINAL HEALTH: THE NUMBERS HAVE IT

It was only when I moved to East Arnhemland that I actually experienced epidemiology. During the first thirty years of my life I had only known personally one or two people who had died. Whilst working in hospitals I came into contact with many sick people, but they were mostly the aged and even though this was upsetting it was accepted as normal. It was very rare for a young person to pass away and we were always terribly upset.

After my arrival in Nhulunbuy however, death became a regular event. There wasn't a workshop that went by which at least one student missed because they had to attend a funeral and whilst living in the Northern Territory I have seen at least four close friends, students, pass away, all of them young. This is why I say that I was experiencing epidemiology. We all knew from experience that things were not going well, but we waited for the statistics to prove our worst fears. Plant, Condon & Durling (1993) proved with numbers what we all knew to be true, Aboriginal health was getting worse.

A short description of the health status of Aboriginal people using selected available statistics, shows the decline in Aboriginal health. The description also attempts to take into account the Aboriginal world view of health based on experiences which have shown me that Aboriginal people have a very different understanding of health to my own culture.
I have selected statistics with the greatest impact on me from the multitude of data available.

This section will also demonstrate several serious shortfalls in the collection of statistics relevant to Aboriginal health. This particular claim has been supported by the Royal Commission into Deaths in Custody (National Report, Volume 4, 1991) which recommends that State Health Departments take immediate steps to remedy these shortfalls.

OVER ALL TRENDS

The life expectancy of an Aboriginal male at birth is 48.4 years, that of a female is 53.8 years. Mortality figures vary quite widely, rated as low as 48 for males by Anderson (1988), 54 for males by Kunitz (1994) and currently the Australian Bureau of Statistics (ABS. 1999) reports figures as low as 57. By comparison, non-Aboriginal male and female rates can expect to live to 71 and 77 years respectively (Anderson 1988, p40). From here we could spend time interpreting and examining statistics that show the comparisons in mortality for specific diseases, but it is hard to find more compelling figures than these.

Aboriginal morbidity and mortality figures are still significantly worse than those of the non-Aboriginal population. In fact in some medical conditions the situation is worsening. This is particularly so in areas such as communicable diseases, for example Tuberculosis (TB) and Sexually Transmitted Diseases (STD's). Other conditions such as cancers and cardio-vascular illnesses seem also to be rapidly on the increase, thus suggesting that sicknesses previously uncommon in the Aboriginal community are now becoming common (ABS. 1997). These trends could easily imply that the overall morbidity of Aboriginal people will once again progressively worsen.

INFANT MORTALITY

Infant Mortality has however, improved significantly. Anderson (1988) describes the history of Aboriginal infant mortality:

- In 1971 the Northern Territory reported Infant Mortality rates of 143/1000 live births. This can be compared to a rate of 10/1000 for the non-Aboriginal population.
- Since then there have been substantial falls in the infant mortality rate for the Aboriginal community. In 1981, in the Northern Territory, the figure was 30/1000 live births.


This is a substantial improvement brought about by the injection of significant funds into maternal and infant health care programs which have been devised by non-Aboriginals. These programs have focused on:

- all Aboriginal mothers having their babies in hospitals;
- early detection of pregnancies and in utero complications;
- aerial evacuation of all these women to hospital for the delivery.

The practice of leaving their communities and travelling to another place to have their babies is not acceptable to most Aboriginal women, and is not compatible with Aboriginal traditional lore and culture. The number of young mothers who abscond from hospital prior to giving birth is one indication of their dislike for this practice. In his autobiography Yami Lester (1993) states:

One good thing about having our own doctors living in the communities is that babies can be born on the lands again. Anungu were always unhappy that the mothers would have to go away to the Alice Springs Hospital.

Lester, Y. (1993) p168

The act of being born in the land of your ancestors gives a person strength and protection. There are also ceremonies that correspond to birth which are the women's responsibility, and are still carried out regularly. The ceremonies are designed to give the child strength. Without them the parents believe the child may be sickly during its life.

Although infant mortality decreased from 17 times to 3 times the national average by 1985 for the last 15 years infant mortality has remained unchanged at 2.5 to 3.5 the national average (ABS, 1997). As well, morbidity amongst Aboriginal children has remained high.

**CHILD HEALTH**

Despite all efforts many Aboriginal children will spend much of their young lives sick. Now, with almost all babies being born away from their communities, the following figures describing the health of Aboriginal children support the Aboriginal belief that children born away from their land are not protected by the spirit of that land.

- In Central Australia Aboriginal children are 80 times more likely to be hospitalised for respiratory conditions than non-Aboriginal children (UPK Report, 1988). Nationally the figures for Infectious Respiratory diseases are 11 times higher then the national average and considerably higher in Infancy. (Cunningham, J. & Paradies, Y. 2000.)

- The young Aboriginal child has an almost 50/50 chance of developing permanent hearing loss. For the non-Aboriginal child this risk is only 1 in 50 (McPherson, B. & Knox, E. 1992).

- An Aboriginal infant in the Northern Territory is 9 times more likely to be hospitalised for gastrointestinal complaints than the non-Aboriginal Infant (NT. Dept. of Health & Community Services 1986, p93).

- Aboriginal children with skin complaints are 9 times more likely to be hospitalised than non-Aboriginal children (Reid, J. & Trompf, P. 1991, p53).
• Non immunisable diseases that are non existent in Sydney occur frequently in Aboriginal communities, for example glomerular nephritis and rheumatic fever (Anderson, I. 1988, p53). Renal disease amongst Indigenous people in the Northern Territory has recently been described as an epidemic (Spencer, JL Silva, DT. Snelling, P. & Hoy, W. 1998).

How important is the belief that the absence of ceremonies results in sickness as demonstrated in the morbidity statistics for child health? Has the loss of cultural strength due to birthing away from home led to a weakening of Aboriginal people? These questions are almost impossible to answer. Some argue that the benefits in reduced infant mortality must far outweigh any negative effects caused by loss of culture.

**SHORT COMINGS WITH AVAILABLE FIGURES**

In addition to the health indicators being appalling, the true picture may in fact be even worse. Many factors indicate potential discrepancies in the translation of available statistical data. Extreme care is needed when quoting and/or interpreting morbidity figures. If the variables described here are taken into consideration the figures can become far worse than they seem at first. Not only are Aboriginal people admitted to hospital more often but they are sicker when they get there.

The figures generally available as indicators for health are based on hospital separation. They show the reasons for admission to hospital and the length of stay, and are generally a very good indication of morbidity or disease levels. In most cases hospital separations for different groups of people, eg. urban and rural, are used to give a comparison of morbidity. These comparative figures are the primary indicators used by the Government for budget allocation. Genuine comparison depends on all things being equal. Of course between Aboriginal and non-Aboriginal groups they are not.

Department of Health and Community Services epidemiologists include this warning in their introduction to their Health Outcomes Review for the period 1979 to 1991.

"*We recognise the limitations of the data we have presented and we caution readers in their interpretation. The data we present, like all surveillance data, is not perfect.*"

NT Dept. of Health and Community Services (1995) p2

A Queensland Health pamphlet states:

*Recent data quality checks in some South East Queensland public hospitals have indicated that between one third and one half of Indigenous clients are not correctly identified as being Indigenous.*

Queensland Health, Communicable Diseases Unit (1999)

Figures indicate that the young Aboriginal child is 8 times more likely to be hospitalised for a gastrointestinal problem than the non-Aboriginal child. These figures are bad enough but do not describe the condition of the child on admission to hospital. Hospital separation
figures do not indicate that the Aboriginal child may be much sicker than the non-Aboriginal child on admission to hospital.

A large number of Aboriginal people live in remote communities that are serviced by small community health clinics run by nurses and Aboriginal Health Workers who are responsible for the health of these people. Their role is similar in many ways to a general practitioner’s in Sydney or Melbourne. They diagnose and treat all common conditions, as well as having a developing role in health education and health promotion. These health professionals often manage severe cases in the clinic with intensive therapy. Diseases such as asthma and diarrhoea can often be managed without need for hospital admission, whereas children with comparable conditions in metropolitan areas would more often than not be hospitalised.

There is also considerable additional expense for the admission of an Aboriginal child to hospital due to the need for aerial evacuation from rural, remote areas. The factors described above add support to my view that the Aboriginal child is more likely to be far sicker on admission to hospital than the non-Aboriginal child.

Many services and procedures offered to non-Aboriginal people may not be offered to Aboriginal people. For example, an operation that repairs the ears, thus returning some hearing to chronically hearing impaired people, is not readily available to Aboriginal people. The reason for this is not so much the lack of money, but the difficulty experienced by many Aboriginal people in completing the treatment regimes necessary for the success of these operations. It is this often perceived ‘non compliance’ of Aboriginal people that leads to unwillingness by doctors to perform such procedures.

INTERNATIONAL COMPARISONS

Comparing Aboriginal with non-Aboriginal health provides a stark reminder of the inequities in Australian society. An additional comparison is of Aboriginal morbidity and mortality with that of third world countries. In the seventies for example, Australian politicians were shamed publicly by the fact that a portion of Australia’s population had an infant mortality rate comparable with that of third world countries.

An even more stark comparison is that between the worlds ‘fourth world nations’. A fourth world nation is a group of colonised peoples who become a minority in their own land, or as Kunitz suggests “Indigenous peoples submerged by an invading society” (Kunitz, S. 1994, p. 22). The fourth world nations include, Australian Aboriginals, Canada’s Indigenous people, America’s Indian nations, New Zealand’s Maori populations, and several other groups such as Japan’s Ainu. These groups stand out starkly against third world nations in that it is now impossible for them to turn back the tide of history and rid themselves of the yoke of colonisation. While these nations may have many similar
illness patterns, the solutions remain hidden in the politics of difference and disempowerment.

Kunitz (1994) compares life expectancy between various Indigenous groups (see figure 8). Australia’s ranking among these groups is a national shame. Kunitz (1994,1990) argues that the most significant factor for Australia to consider is that over the last twenty years there has been significant improvement in life expectancy for the other groups, while Australian Aborigines have failed to show any significant changes, except in infant mortality (Anderson. 1993).

<table>
<thead>
<tr>
<th>Country</th>
<th>Indigenous Male</th>
<th>Indigenous Female</th>
<th>Non-Indigenous Male</th>
<th>Non-Indigenous Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>67.1</td>
<td>75.1</td>
<td>70.7</td>
<td>78.1</td>
</tr>
<tr>
<td>Canada</td>
<td>64</td>
<td>72.8</td>
<td>72.4</td>
<td>80.1</td>
</tr>
<tr>
<td>NZ</td>
<td>63.8</td>
<td>68.5</td>
<td>70.8</td>
<td>77.0</td>
</tr>
<tr>
<td>Australia</td>
<td>54</td>
<td>61.6</td>
<td>72.8</td>
<td>79.1</td>
</tr>
</tbody>
</table>

Kunitz, S. (1994) 25

**Figure 8 Table Comparing Life Expectancy At Birth**

Some may choose to attribute the differences in these groups to racial inferiority (Kirke, 1970) suggesting for example, that Maori groups have superior health because they have a more advanced culture. Kunitz finds this type of argument to be narrow, as multiple variables impact on the health of these Indigenous populations.

Kunitz, however points out two significant factors which he believes impact heavily on the health of Australia’s Indigenous population. He argues:

*The one striking feature that does distinguish the Australian situation from all the others is that only in Australia were there no treaties signed between the colonising nation and the Indigenous peoples."

Kunitz, S. 1994, p25

The second contributing factor is the lack of cohesion of Australia’s policies in reaction to Aboriginal health issues. He states:

*The result has been that when the Commonwealth did intervene, conflict erupted; services proliferated in an uncoordinated and fragmented fashion; many health needs were not addressed; and there was no substantial improvement in health."

Kunitz, S. 1994, p110

Kunitz’s data provides evidence that Aboriginal health is a political and historical problem (and not a medical problem as many people in the medical profession believe) and that
these problems cannot be solved through medical intervention alone but that there needs to be a political will to correct the historical anomalies in Australia’s Indigenous population.

**REASONS FOR THE APPALLING HEALTH OF INDIGENOUS PEOPLE**

The reasons for these terrible statistics are many and varied and may well differ in each community. But again many in the medical profession would say that the causes were poor food, poor housing and poor sanitation. On the other hand, Aboriginal people might answer that the absence of land tenure and lack of self determination are to blame. Until we can reconcile such major differences in perspectives there will be no resolution to the problem. Gracelyn Smallwood who has worked consistently to improve the health status of her people for many years supports this statement:

> My own personal observation over the last 20 years has led me to the conclusion that there has been no substantial change in our health for the simple reason that most health programs have been directed from a white middle class perspective.

The priorities of Aboriginal and non-Aboriginal people appear to be different. This often leads to people in Government funding programs or specific areas of health that may be of little significance to Aboriginal people. Indeed some of these ‘priority areas’ may lead to outcomes that are detrimental to Aboriginal culture, thereby having a negative effect on Aboriginal health.

The Royal Commission into Aboriginal Deaths in Custody reports:

> In reports from our Aboriginal issues Units, we heard of serious health problems being caused or exacerbated as a result of Aboriginal people and health professionals viewing common concerns in quite different ways.

The 1991 Northern Territory Government commissioned independent review into the management and finances of its Department of Health and Community Services stated:

> What our analysis demonstrates is that the morbidity in Aboriginal communities has not improved substantially over the last decade. Indeed, Aboriginal morbidity appears to have increased over the last decade by 24% between 1978 to 1988.
> CRESAP (1991) p50

There is significant proof available to show that improvement has not continued.

> For Aborigines, however, the rate ratio of mortality compared with the all Australian population has increased for both males and females. The risk of death for Aboriginal females is of particular concern as both the mortality rate and the rate ratio of mortality have increased.
> Plant et al. (1995) p14

This trend is significant and dangerous. If it continues the results for Aboriginal people will be disastrous. The amount of money being spent is constantly on the increase, but this increase will be to no avail unless the allocation of funding is controlled by Aboriginal
people. Millions of dollars spent on programs that are not developed by Aboriginal people will have little or no effect on the health of Aboriginal people (Smallwood, G. 1991 & Anderson, I. 1988).

The need to improve Aboriginal Health Worker education stems from the atrocious health status of Aboriginal people that is so often and so well documented. It is my belief that there is an urgent need for a completely new approach to Aboriginal health care. If current trends in Aboriginal health are allowed to continue then the most likely outcome would be the continued worsening of the health of Aboriginal people.

The 1991 review by the NT government resulted in severe financial cuts in many areas. However, in this environment of austerity one area actually received an increase in budget allocation. This budgetary allocation was to increase the number of Aboriginal Health Worker positions across the Northern Territory (CRESAP, 1991).

I have spent some years now working with many people trying to think of ways to do something about this problem and I consider myself fortunate to have worked with Aboriginal Health Workers in the Northern Territory. These people are, and will continue to be at the forefront of all efforts to improve the health of their own people.

Flick (1995) and Smallwood (1991) argue that Indigenous people’s health will not improve until they gain control of their own health care delivery. The failure by the medical system to consider views of Indigenous people is a major concern for Indigenous people, a possible solution to this is the education of Indigenous health workers to become critical thinkers with the ability to actively participate in the debate. This active participation should, all things being equal, lead to Indigenous people working as health workers gaining control of the delivery of Indigenous health. However, as highlighted in the final sections of this thesis, all things are not equal.

This thesis focuses on only one small area of the problem in how these health workers can best be prepared for the awesome task they are facing.

4.3: THE ABORIGINAL VIEW OF HEALTH

This section aims to provide an understanding of the Aboriginal view of health, which is central to the development of the ideas in the rest of this study. It highlights the difference between the Aboriginal and Western world views of health.

It is important to note that:

- Aboriginal culture is constantly changing;
- each Aboriginal person has their own unique view of health;
- Aboriginal communities are formed by heterogeneous groups of individuals.
This anthropological perspective is included in the ‘Shadows’ section because it is one of the major areas of conflict between the Aboriginal Health Worker and non-Aboriginal health professionals. As stated in the introduction, when people attempt to remedy perceived deficits in culture, the remedies can be destructive; when they ignore it, they ignore it at their peril. This is further illustrated by the following account.

There are many potential hazards working as an educator in traditional Aboriginal communities. A major, and not uncommon one can arise from a death in the community the educator is visiting or about to visit. The family connections and relationships between everyone in the community mean that when someone dies the whole community goes into mourning and day to day life is put on hold.

On one particular island community visit I had just got off the plane when I heard that two young brothers had died suddenly during the weekend and the whole community was in turmoil. There was nothing I could do but turn around and go home. No one would be able to work or study for at least a week or two after a situation like this.

The boys had died supposedly of heart attacks while playing a vigorous game of Aussie Rules. The story was that the boys had been drinking kava all night before the game. The clinic staff immediately connected the deaths with the kava drinking. This was just the thing that the nurses in the clinic were looking for, they would be able to use this event to prove to the community that kava was a dangerous drug and that it should be banned from the Island.

Kava had been introduced to the island two years before this incident in 1987 by Methodist missionaries from Fiji who had experienced this drug in their own culture. Alcohol was such a problem on the island that it was thought that if kava was used in a traditional Fijian way it would help the local Aboriginal group solve their alcohol problems.

The local people imported kava in large quantities but the method of taking the kava was very different to that of the Pacific Islanders and people were drinking it in much larger quantities than in the Pacific Island Ceremonies, (d’Abbs 1993). The people consumed kava during all night sessions and then would not be able to work the following day due to its sedative effect. Consequently it had become a matter of priority for health staff to make the people realise their error and this latest event would help them prove kava was bad.

The community health team sent the bodies off for autopsy to Darwin (a legal requirement for all sudden deaths) with the hope that some positive connection would be drawn between kava and the deaths of these two young men. With this information the health staff would surely be able to convince the people to ban the product.

These deaths upset the people of several communities terribly. A few days later, after I had returned home, I picked up a young Aboriginal hitch hiker and very soon the conversation swung around to the deaths. This man told me that he was very frightened because with these deaths there was plenty of danger around from the brothers’ wandering spirits. They were searching for their murderers and could accidentally make innocent people sick.

I asked for clarification of this as I knew that the autopsy had not yet been completed. The man simply said that the Galka had murdered the boys as some kind of pay back. Galka according to Reid (1983) is a spirit person able to gain special evil powers in order to become invisible, carry out some sort of surgery and kill someone without being caught.

When I returned to the community several weeks later I discovered from the Aboriginal Health Workers that the family had been to the traditional healer and he had confirmed that the boys had indeed been killed in this way. As far as I knew there were now no Aboriginal people who did not believe this.

The health workers also explained to me very confidently and convincingly that sorcery is what had happened, especially as the autopsy report had come back on both boys showing no known cause of death.
Before this experience I had read a great deal about the way Aboriginal people think about health. No written word can possibly have as much impact as an experience such as I have just described. Experiences like this, of such different beliefs about health, make it impossible to impose our own Western medical systems on Aboriginal people and expect to have any real impact on their health, especially if we do not understand or have respect for their beliefs.

There are two aspects of how Aboriginal people view health, the management of sickness and the maintenance of health. Each is fundamentally integrated and yet for simplification they have been separated. They must be studied to understand how social change for health can be approached so that Aboriginal culture can be enhanced by such changes and not destroyed.

There are many differences between the desert people and the people of Northern Australia, however this section also describes many similarities.

**CAUSE OF SICKNESS**

**Non-Aboriginal View**

My experiences with non-Aboriginal students suggest that when we talk about disease we begin to think of a disruption to the body's normal functions; we look for a cause which we tend to categorise as germs, genes, trauma or lifestyle. These things have measurable impacts and outcomes. We can say to a person, “If you have the HIV antibody there is a 75% chance you will develop full blown AIDS in the next 5 years” (Clinic 34, 1996). We can also tell you in a fair amount of detail how you will be affected by the disease.

We know that if someone has cancer there is a gene mutation in cells. This can be measured, tested and proved in laboratories. We know the way the disease will progress and the potential outcomes.

We have tended to look at the impact of sickness in terms of the body systems affected. Our medical science is reductionist in nature. The medical profession is only now struggling to come to grips with a more holistic approach to medicine and health care. However, it is very difficult for doctors to achieve this as nearly all tests evaluate small, measurable aspects of the body's functions, and the results of these tests lead to treatments which manage these small, measurable problems.

**Aboriginal View**

Reid (1983) and Nathan & Japanangka (1983) suggest that many Aboriginal people see sickness as being related to sorcery.

*The second (the first category being old age) category of illness was that which resulted from direct supernatural intervention.*

Sorcery can take several different forms. A person can take up a sorcerer’s powers to cause death in an enemy. In the Top End he is called Galka (Reid 1983, p44) in the Centre he is called Kadaitcha (Nathan 1983, p76). These words are relatively common and widely recognised but some language groups have their own particular words.

They (Galka) are real human beings, who have acquired the power and training to kill by stealth.

Reid, J. (1983) p35

Men are trained to be Kadaitcha just like white man’s armies, a man had to decide whether to devote his life to a career as Kadaitcha, for it required an intense training.


Sickness caused by sorcery could be invoked because of some kind of pay back for transgression of law, or simply because of a dislike of another person. This form of sickness was greatly feared because these people had special powers which allowed them to remain anonymous. They would kill by performing a type of surgery on the person which could not be detected; they would insert wires and other objects such as a sting ray barb or stone; they could also damage or remove certain organs, most commonly the kidneys.

Another cause of illness described was linked to punishment by the spirits for a transgression of the law in some way. For example, something wrong may be done during a ceremony; a sacred object may be mistreated; or a sacred site defiled in some way.

The spirits who resided in the business places of men and women, who had separate ceremonial grounds, could also cause illness.


Those of the wangarr said still to be inhabiting sacred sights on clan lands today are not dangerous unless offended .

Reid, J. (1983) p33

Serious illness can also be caused by the disturbed spirit of a dead person. In the Top End this spirit is called Mokuy (Reid, J. 1983 p33). Very soon after I arrived in Arnhem Land I was told that to mention the name of a dead person was to break a strong traditional law. The reason for this is that mentioning a dead person’s name may disturb the Mokuy who can return to wreak havoc and cause illness.

In both the Centre and the Top End these beliefs about health are still held strongly by most people, although there is no doubt that there are differences even from community to community as to which of these traditions are practised and how. The beliefs remain in the minds of most Aboriginal people in traditional areas and many still live in fear of becoming sick because they have offended a spirit or person in some way.
ON BEING SICK

My encounters with Aboriginal people have highlighted their different priorities in sickness. In my early experiences in Aboriginal community health centres I could never understand why young men would often queue to have their haemoglobin level and temperature checked. These men were not sick, but wanted affirmation that all was well.

During a clinical consultation you could explain to the patient that their pulse was racing, this was a matter for moderate concern. But when they were told they had a fever this was always treated as a matter for serious concern. A common frustration for clinical (and teaching) staff was caused by the insistence of some new students to pay a great deal more attention to temperature readings than to pulse measurements. It was not uncommon for on call staff to be woken up in the middle of the night by the new health worker to be told that a baby has a fever but to be given no other information.

As I began to research more about the issue of temperature I realised that the Aboriginal patient has a very different set of priorities regarding sickness to the non-Aboriginal.

The St Johns 1st Aid protocol of DRABC (1989) for example has been labelled as Danger, Response, Airway, Breathing and Circulation, and has been the priority list of actions for managing sick or injured people in an emergency situation. This has been based on scientific research and years of experience, but to what extent does this research reflect our cultural folklore beliefs about these priorities? This is a difficult question to answer as we have entangled these beliefs in centuries of objective scientific research and have now turned folklore into medical truth.

For the Aboriginal person there are two things that have priority when looking for signs of sickness, the strength of the blood and the body’s temperature.

The following from an article by Wiminydji and Peile (1978) support my own experiences:

> When there is plenty of bush tucker blood increases and feeds the heart and liver ... We go around eating meat so we that can feed ourselves and fill ourselves with blood ... When blood goes through us the heart becomes strong ... The body would be hot and bad if it did not have any meat ... Meat always keeps my brain cold. Without it I would get a headache ... This is a very practical and important relationship for on this foundation of hot dry, wet cold rests the whole Aboriginal concept of health and well being. Health is derived from blood, for blood is life and the source of this life is primarily meat...

  Wiminydji and Peile, A. (1978) p497

Any effort to bring about social change relies very heavily on people setting priorities for recognising and managing sickness in their own communities. If Aboriginal people are allowed to set priorities in health care directions the resulting projects may, to the outsider, seem very unimportant and the success of the project viewed as mediocre. If we are to succeed, the variable world views of Aboriginal people must be at least strongly considered if not accepted without question, as ignoring their priorities could lead to failure.
In reports from our Aboriginal Issues Units, we heard of serious health problems being caused or exacerbated as a result of Aboriginal people and health professionals viewing common concerns in quite different ways.


ON THE MANAGEMENT OF SICKNESS

In both the Top End and the Centre there are still people who can reverse the spirit killers’ actions. These people, known as Marrnggitj and Ngangkere respectively were Aboriginal healers. Their role was to divine the killer and return the sick/injured person and the community to their original harmony.

About the Ngangkere:

They could cure illness by practising counter sorcery which involved the removal of sung objects from the body. 
The Ngangkere determined or helped determine the source of serious illness and presided over death inquests. 
The Ngangkere performed a much more central social, religious and preventative role than the white Doctors. 
A person could inherit this position. 
Or a psychic experience might indicate to an individual that he had been called to this position.


About the Marrnggitj:

He possesses special powers which enable him to heal the sick and to divine the cause of an illness or death.

Typically the Marrnggitj undergoes, at some time in his or her life, a frightening experience by means of which he becomes clever.

Reid, J. (1983) p47

These healers are trained in a similar way for their role. Their practice is also very important because it impacts very much on how Aboriginal people today respond to medical intervention. The healer uses x-ray vision to see what has caused the illness. This makes his power far stronger than that of the non-Aboriginal Doctor. In both geographical locations the healer uses sacred healing objects that assist him in his work. The healer can remove the cause of illness using a painless surgery that leaves no scars.

The healer does not need to ask many questions (asking too many questions may be offensive to Aboriginal people); he is also much better at surgery because he causes no pain and leaves no scars; and as well as removing the offending object from the body he can also divine why this person became ill and who caused the illness. Aboriginal medicine is alive and well in these parts of Australia, and in the minds of many people works far more effectively than Western medicine.

All that can be said with any certainty is that the traditional health care system is used and preferred to the European health care delivery.

If we are to make any impact at all on the health of Aboriginal people we must gain respect for these traditional practices. A respect not based on pity or the need for results, but on the need for a more spiritual, holistic approach to our own system of health care, which is only now slowly regaining these traits. We have a lot to learn from Aboriginal traditions, as we are also starting to accept as valid a variety of alternative healing practices from other cultures.

*It is hoped that the current interaction between Western and Indigenous medicine would become clearer. Clarification of the issue may make it possible for Aboriginal people to change passive resistance to active resolution.*


The family also has a very important role to play in the maintenance of health. Each family would have a number of songs they could sing which would invoke the ancestors to support and help a sick person to become strong.

*The yawulya ceremonies and songs assist in providing strong family support for the sick person.*

Devanesen, D. (1985)

It was also common practice in both areas to smear a sick person with ochre to give them strength. Many Aboriginal people continue to have an extensive knowledge of bush medicine and this was used frequently for symptomatic relief.

The bush medicine component of the Aboriginal health care system has been widely researched since contact. Recently research has been done to attempt to discover the active constituents of the local bush medicines as described in the publication, “Traditional Bush Medicines: An Aboriginal Pharmacopoeia” (1988). This was supported by the Northern Territory Department of Health and Community Services.

Compared to the other, more abstract components of the Aboriginal health care system, the concept of bush medicines can be far more easily understood as it fits into the reductionist scientific models. After all, as much as 75% of our own medicines are old herbal remedies. It is far more difficult for Western medicine to gain respect for the spiritual elements of Aboriginal health care as these are beyond testing by our own scientific instruments.

**“HEALTH MEANS LIFE”**

A non-Aboriginal person generally understands health to be the absence of disease, whereas Djukerra (1980) told Aboriginal Health Workers at the 1980 National Conference:

*Health is not just a matter of the right medicine - it is the total being - how one lives, where one lives.*


This quote has been shortened to “Health Means Life” in later health department documents, but very few non-Aboriginal people really know what “life” means to Aboriginal people.
I was very privileged to hear Kathy Abbott describe her understanding of “life” for Aboriginal people thus giving me a better understanding of the statement “Health Means Life”. Her model, “Life and Cultural Survival” (1988) gives a holistic picture of things needed for a healthy life for Aboriginal people (Figure 2).

Abbott’s model (ibid) has as its centre, the land. For Aboriginal people there is a unity with the environment and a relationship with the land that is difficult to describe. Without healthy land Aboriginal people will lose their identity, their strength, and their ability to defend themselves from illness.

When I listen to Aboriginal people discussing the land it always reminds me of Gregory Bateson’s book, “Mind and Nature: a Necessary Unity” (1979). Are our Western philosophers finally coming to learn what Aboriginal people have known for fifty thousand years? That we as individuals are part of the environment and the environment is part of us, a necessary unity.

The next aspect of Abbott’s model is the law (ibid). As described, earlier breaking the law can make a person sick. The opposite is also true in as much as keeping in harmony with the law can make a person strong. To the Aboriginal person, to follow the law means a strict order of ceremony and knowledge that must be lived minute by minute.

In his book, “Song lines” (1987) Bruce Chatwin describes a relationship between a man, his uncle, and the law. Even though a man may own a certain song or sacred site it is the uncle who must act as the song’s guardian. The uncle will always be present when a ceremony is carried out to make sure it is done so correctly. In Aboriginal culture, the law and the way it is maintained and ordered is constant, and systems like the one described by Chatwin help to ensure this.

Other things that must all remain strong, as described in Abbott’s model, are family, food, shelter, hygiene, education and medical services (Ibid). All must be in harmony to give strength to the whole. It is the community which is important rather than the individual.

Aboriginal people are in a state of cultural and physical disharmony. Since stores (shops) became common place in communities the easy availability of food has meant that Aboriginal people no longer need to use their extensive knowledge of the bush for everyday survival. Their understanding of what the bush had to offer was gained over fifty thousand years, and an understanding of what was healthy was defined by traditional law. The combination of lean meats and high fibre bush foods along with a detailed knowledge of seasonal variations meant that Aborigines led an extremely healthy lifestyle (Lee, 1990).

Now that the store has become the hunting ground, people can no longer use their fifty thousand years of accumulated knowledge. This means Aboriginal people need to gain an extensive understanding of what foods or combinations of food from the store are required
to make up a healthy diet. They need to gain quickly from the white man's knowledge to make them strong rather than allowing a lack of knowledge to make them weak (Naughton, O'Dea, & Sinclair 1986).

When teaching in this environment it is important to understand what and where the student is coming from; education must begin with where the student is at now, not where the educator would like them to be.

The students know their culture as it is understood by the people of their own community, recognising that this culture is different everywhere. They must know that their knowledge is respected so that it can be openly discussed. For this to occur a trust must develop between student and teacher, the students must know that their knowledge will not be ridiculed or even stolen as it has been in the past. Both Aboriginal and non-Aboriginal world views should be combined and developed using the Both Ways concept.

My goal, as an educator using the Both Ways approach, was to value the ‘world view’ of Aboriginal people. However, on a daily basis I was seeing and hearing events that were dissonant with my beliefs about the world. The things that I was witnessing were of a deeply spiritual nature, which my religious upbringing had taught me were evil and that my scientific education had taught me to reject as primitive. This section describes my attempt, in those early days, to reconcile what I was experiencing with newly emerging ideas about science. It provides a synopsis of some of the contentious issues in science being confronted by philosophers, which led to my change of attitude. Prior to reading these ideas I had simply accepted the things I was seeing as something to be understood, after reading these debates I was able to see that alternative paradigms were not necessarily wrong and that they did have value. With this newly gained understanding my attitude changed. I believe that with this change in attitude there was a corresponding improvement in the interchange between myself and the students.

4.4: SCIENCE: TO EMPOWER OR NOT TO EMPOWER

In the past science and scientists have tended to exclude the knowledge that traditional people have built up over thousands of years. Although this is slowly changing Aboriginal knowledge has been abused or ignored as irrelevant.

When one group of people, or indeed a whole culture, experiences a systematic undervaluing of its beliefs, practices and view of the world and begins to see itself through the eyes of another oppressive culture it can be said to have been culturally invaded. The process of colonisation of the Third World, to justify its existence, was involved in such a systematic devaluing of all that was ‘native’; in the area of beliefs Christianity was used to label much of what was local as ‘superstitious’, somehow irrational and inferior.

MacDonald, J. (1993) p17
Some post modernist descriptions of scientific process have adopted ideas similar to those used by Aboriginal people. These new approaches to science could have a significant impact on Aboriginal Health Workers as they attempt to validate their ideas using scientific processes. Both Ways, as discussed later, will only work if the process used to develop Both Ways ideas is accepted by the medical and scientific worlds as a rigorous process.

Aboriginal people have been using a rigorous problem solving process for 40 thousand years. This process closely resembles the new constructivist paradigms described by Feyerabend (1988), Lincoln & Guba (1985), Skolimowski (1994) and others. Aboriginal people have developed a detailed knowledge of ecology in which life and ecology are one interconnected system, much as Bateson was trying to describe for the non-Aboriginal world in his book, "Mind and Nature: A Necessary Unity" (1979). Aboriginal people have also developed a complex social order which governs their everyday life and behaviour. This order was (and continues to be) integral to controlling how disputes were settled and problems solved. Yunupingu described this when he spoke in the Boyer lectures (1993) about the "ngathu", an Aboriginal metaphor for problem solving.

It is important to clarify the Aboriginal perspective on doing science because it affects the way the students become involved in the scientific process. Aboriginal views of science also have a significant impact on the students’ learning as they work through a learning/research process. If this process is alien to them the learning results will be less effective. Because of this it has become imperative for me to investigate the Aboriginal scientific paradigm. Health is a human science and if the students are to function effectively, they themselves must be able to articulate this paradigm and the way it functions in their own communities so that they can attempt to facilitate its implementation.

This section of the paper sets out to compare the Aboriginal scientific paradigm to the constructivist paradigm and the Western positivist paradigm. It also attempts to outline some problems that positivist scientific process is causing for Aboriginal people.

**SOME EMERGING ISSUES IN SCIENCE**

There is ongoing debate amongst science philosophers about a new paradigm to guide scientists, i.e. the growing concern over the continued development of technical answers for the growing complexity of everyday questions. The problems with positivist science are not due to lack of effort on the part of the scientists, but because of intrinsic problems with the very paradigm that has governed their process of research.

The debate was first documented by Aristotle and Plato:

A debate about the process of knowing has been characterised by a tension at least since Plato and Aristotle (Groome, 1984 p.10). Plato took the view that knowledge is gained by sparking an innate human potential, arguing that
knowledge is already in the soul as sight is in the eye. In contrast, Aristotle argued that nothing is ever in the mind that was not first in the senses.

Zarb, J. (1988)

Guba and Lincoln have also suggested:

The proposition that science as conventionally practised, is not resonant with the character of humans as entities-to-be-studied seems beyond debate. It ignores the strong possibility that humans are unlike the many other objects which science studies. It overlooks uniquely human qualities. While stressing reason and logic, it not only down-plays the emotional, valuational, ethical, and relational aspects of humans, but literally declares them to be inimical to the aim of science to discover how things “really are” and how they “really work”.


The dominant paradigm for research, which was developed from Aristotle’s original ideas by Descarte, Newton, Bacon and other, follows the model of proof of knowledge through observation and testing (Riggs, 1992). Lincoln & Guba (1985) call this the positivist paradigm. This model of doing science has led to an overwhelming development of the technological world. The essential requirement of scientific approaches of isolating the subject being researched from its context has meant that the impact of this science on the world has been of secondary importance to scientists, who generally appear to consider the pursuit of knowledge to be of primary importance. Science has tended to distance itself from the impact of its results.

Plato’s ideas of a science based on dialogue and people are resurfacing. (To find a unique description of this debate see Pirsig’s “Zen and the Art of Motorcycle Maintenance, 1974.) Jung gives another excellent description of the effect of the positivist scientific paradigm on man.

Nothing less than the arbitrary and unnatural separation of scientific research from the reality of the individual personality, (that is, the subject-object dualism) could have allowed the creation of such monstrosities as the atomic bomb and the hydrogen bomb.


THE USE OF SCIENCE TO EMPOWER

There is a belief that the great technological advancement of the past 100 years has led to a liberation of humankind, and that continued scientific advancement will contribute to the liberation of people from the yoke of their labours (Fals Borda 1979). There is no doubting the enormous technological advancement of the last 100 years, we are able to do things today that were not even thought of in previous times. However, according to Fals Borda (1979) these technological achievements seem only to widen the gap between the ‘haves’ and the ‘have nots’, so that rather than liberating the poor people and people from the third world, these great technological advancements become more and more inaccessible as economic rather than social imperatives drive development.
However, many are beginning to question this view of the world as a machine to be manipulated through technology.

The pesticide DDT is one example of the technological view of the world gone wrong. At one time it was believed DDT would help to feed the world and reduce the incidence of many insect transmitted diseases such as malaria. Today it is banned from most countries as a deadly environmental and human poison. If the scientists of the day had taken into consideration the complex ecologies into which DDT was being introduced rather than searching for simple technical fixes, it would never have been used. Malaria, however continues today to be a major cause of death.

Scientists spend a great deal of time and money attempting to discover the fundamental rules of nature. Fals Borda (1979) suggests that this highly technical process implies that there is no need for the general population to get involved. If we do what is ‘right’ as described by the scientists there will be no problems. We are told that these people will eventually have the answers to all our problems.

Orlando Fals Borda suggests an alternative approach.

*The central idea around which the basis for this alternative paradigm crystallised was that of the possibility for the masses of workers themselves to create and possess scientific knowledge.*

Fals Borda, O. (1979) p41

Fals Borda (1979) has suggested that researchers should consider the question of whether we as individuals should gain empowerment from science through receipt of the benefits of research, or seek empowerment through participation in research. In today’s high-tech, high-cost research world people participation is almost an impossibility. In the field of social science however, especially in the field of social change, critical research paradigms have attempted to put the practice of research back into the hands of its subjects.

Aboriginal education at Batchelor College has as one of its major elements a focus on the liberation of Aboriginal people from their second rate status. If its students are offered a series of foregone solutions to their problems they are denied the right to critically reflect on their social environment and to have a directive, leading influence on the health of their people, and they return to a situation where other people, namely social and political scientists dominate, Aboriginal policy. We ask them to do as they are told and their problems will go away, we once again return to the ‘banking’ system of education which Freire (1974) criticises so adamantly.

An example of this is the 1988 research into the use of the drug Ivomec on camp dogs to treat intestinal and skin parasites (Palmer & Presson, 1990). This ‘wonder drug’ was at one stage hailed as the means by which communities could greatly reduce the parasite pool believed to be causing serious illness in Aboriginal people. A great deal of money and time was spent offering this program to Aboriginal communities all over the Northern Territory.
What has happened to this 'magic cure'? Where has it gone? Within two years of its introduction there is no significant change in the health of the people, or indeed even the dogs. This thesis argues that if Aboriginal people had been allowed to critically reflect on this product and its use, the outcome could have been different and a lot of money may have been saved.

*What is a source of problems in human relations is our use of philosophical or scientific theories to justify our attempt to force others to do what they do not want to do under the claim that those theories prove that we are right or wrong or ignorant. And what is worse, we may be sincere in believing our claim because in our ignorance we do not understand what philosophical and scientific theories do.*


If science is presented in our classrooms as something which is not to be reflected on through critical dialogue then it will be disempowering. If students are not to think critically about science then it could become the empowering tool it has the potential to be.

Critical reflection is an idea borrowed from theorists such as Freire (1974 & 1977), Fals Borda (1979), Kemmis (1988) and many others. This research examines the extent to which Both Ways can become the Aboriginal Health Workers’ tool for critical reflection.

**QUANTIFICATION AS METAPHOR IN SCIENCE**

Many scientists are experts in the use of numbers as metaphors for explaining facts. Everything from the physical, chemical and behavioural world can be quantified and as such reduced to numbers or equations. For many this aspect of science has reached such extremes that results are not considered to be valid or useful until they are quantifiable.

One story to illustrate this is of a group of people in Coffs Harbour who claimed that the insecticide used in the spraying of local banana crops was the cause of a higher than average incidence in congenital defects in their children. Statisticians found that although the incidence was 5 times higher than the national average, this was not significantly high enough to prove a causal relationship. The people were left wondering exactly how many of their children would have to be born with defects before the figures became significant.

As Maturana states:

*As such, a measurement or quantification does not constitute an independent or objective validation of any statement that the observer makes.*


A personal example of the deception of numbers was illustrated when I was driving from Darwin to Sydney one holiday. Being the good driver that I am I did some careful planning prior to my departure and mapped out rest stops and overnight stays for along the way. I did this by checking the distances on maps and calculating my expected speed. I liked to finish my days driving by about four or five in the afternoon so that I could have a good break before bed, this required good planning.

Most of the time the journey went according to my plans with only minor variations. However on one particular day I was to drive from Tennant Creek to Mount Isa and it looked like being an easy day by the map. By lunchtime it even looked like we were
going to have an early mark, but when we passed Camooweal all my calculations went
to pieces. I expected to get to the Isa within the hour but numbers on the map did not
tell me about the road conditions which were appalling, and it ended up taking me about
two hours. The numbers had deceived me, they did not take into account any variations
such as road conditions. I pulled into the Isa after dark and I hardly slept a wink that
night as the last two hours on the road had set my head spinning.

Whenever we use numbers as a metaphor for things like distance on a map or numbers of
sick people we run the risk of mistakes like those described above. The use of statistics as
a sole measure or metaphor for things such as children disabled by environmental poisons
is in my mind a terrible indictment on our society.

Section 4.2 presented statistics of great concern for Aboriginal people. Some use these
figures to support notions of Aboriginal inferiority. Such as the many years of blaming
Aboriginal infant mortality rates on an inferior genetic make up (Kirke, 1970). Numbers
however, represent real people; someone's brother, someone's mother or someone’s child.

Indigenous people live in a world that demands the ability to produce and interpret
quantitative representation of the lived experience. They must do this in order to gain
funding for programs, to provide reports on the progress of projects and to become
involved in Indigenous research for Indigenous people. Educators must not only inform
students about the use of quantification methods, but they must also inform their students
about current issues being debated about quantification. In this way students should learn
to use numbers critically rather than slavishly.

INDIGENOUS METAPHORS

Although quantification in the way described above is quite alien to Aboriginal people,
they frequently use metaphor to explain their world.

Moreover, spontaneous text by older people without Western education in
Aboriginal languages frequently describes imaginary and hypothetical scenarios,
including multiple chainings and embeddings of hypothetical statements within
other hypothetical statements.

Such counter-examples bring into question what Baines and Sayers say about
Aboriginal thought being unable to go beyond 'concrete reality'.

McConvell, P. (1991) p15

When Aboriginal people note the appearance of a certain marsh fly they relate this to the
commencement of the time for the crocodiles to lay eggs. Although the two things seem
quite unrelated, relationships such as these become the essence of the Aboriginal scientific
metaphor. These relationships are expressed through dance, painting and law. Christie
describes the essential metaphor for the people of Yirkala in Arnhemland:

The mother child metaphor (in Yolngu language this is affectionately known as
Yothu-Yindi, the child next to the great one) interprets and formalises and
integrates scientific knowledge from all different areas of Aboriginality.

Christie’s description of the mother child metaphor refers to a total picture of the cosmos. To the Aboriginal people involved, the important thing is not numbers, but the peculiar nature of each individual; their totemic responsibilities; and their relationships with each other.

Western Scientific traditions attempt to convert problems to empirical form. This allows us to study problems objectively and reduces the risk of human bias impacting on the results.

On the contrary the Aboriginal researcher, when faced with the same problem will look for who is connected; who is affected; and who is responsible (often being explained through ceremony and tradition) thus finding a solution to the problem using this process of all associated with the problem having a say.

Williams (1987) describes what she terms, “a moot” as a public meeting dealt with by institutionalised procedures to give all people on both sides of the dispute a chance to be heard. Kinship becomes the metaphor for procedure, inclusion and authority. Williams comments on this process as part of dispute settlement:

_Yolngu thus assumed that responsible adults, especially those in positions of political authority, would continue to attempt to restore an acceptable balance between rights and duties, to persuade those for whom they were responsible to act with propriety, and thus moot might be only one event in the process of settling a dispute._

Williams, N. (1987) p65

AN OBJECTIVE REALITY

The following story describes two important facts. Firstly it shows the need to question constantly what is seen as being the truth, and secondly it raises the question, “Can truth exist?”. The following story is told to highlight the work of the mathematician, Mandelbrot who has worked on describing Chaos Theory using computer technology (in Gleick, 1988).

Once upon a time there was a king whose realm was an island off the coast of France. Being a wise king, he decided that it would be good if he knew for certain the length of his island’s boundary. He thought quite correctly that if he could document this on paper it would be easier for his sons to maintain control of his island when he had passed away. So he made a decree offering a prize to the man who could measure his borders.

Eventually a wise man came forward and suggested that if he were to take a length of stick and walk around measuring the shores on the high tide he could then give the king his accurate measure. The length of stick became known as a yard. This measure entered the history and geography books and for many years the measure that the wise man made was accepted as the truth and nobody bothered to question it.

Years later a grandson of the wise old king became greedy and called for suggestions from his people for how he could increase the boundaries of his island in order to feel more wealthy and proud.

It had passed some years before, that the yard measure had been divided into smaller and smaller units. One brave young man suggested that he might try walking around
the island with one of these smaller measures at the high tide, just to see what might happen.

Well, you can imagine the ridicule and scorn that the historians and geographers hurled at the young man when he made his suggestion in the local paper. The geographers said quite rightly that if we use the smaller measure we will simply divide the yard by 3 because as we all know three feet make a yard and nothing will change.

The King however, was extremely greedy and decided to try out the young man's suggestion. To his surprise the answer was far greater than was suggested by the geographers.

The answer was simple, the smaller measure had enabled the youth to include the measure of far more nooks and crannies than the larger measure had previously allowed.

The King was delighted, the boy was aptly rewarded and the geographers and historians were forced to correct all their documents. If they only realised that the figure could be increased again and again by taking smaller and smaller measures....

Mandelbrot's explanation of the story is simple:

Common sense suggests that, although these estimates will continue to get larger, they will approach some particular final value of the true length of the coastline. The measurement should converge in other words. And in fact if a coastline were some Euclidean shape, such as circle this method of summing finer and finer straight line distances would indeed converge.

But Mandelbrot found that as the scale of measurement becomes smaller the measured length of the coastline rises without limit, bays and peninsulas reveal even smaller sub-bays and sub-peninsulas.

in Gleick, J. (1988) p96

Capra (1975), Popper (1975), Lakatos (1978) and others suggest then we must change our research focus to begin to look at events or relationships between objects.

Russell supports this idea:

In science, it is not objects that command attention, but the relations between them.


If events and relationships are accepted as the things that need to be researched, then what must follow is the impossibility of removing the observer from the equation. Science has, for many years, attempted to remove the scientist from the results of his experiments. This would mean that what the scientist discovered was objective reality, i.e. a reality that could exist independently of the observer. If we accept the writings of Capra (1975), Popper (1975) and Lakatos (1978) as true, the event cannot exist in isolation of the observer, the event is part of the relationship between the observer and the observed.

In modern physics, a very different attitude has now developed. Physicists have come to see that all their theories of natural phenomena, including the laws they describe, are creations of the human mind; properties of our conceptual map of reality, rather than reality itself.

Capra, F. (1975) p317

Bateson makes a simple but startling statement which has clarified this whole area for me.

The Map is not the territory.

Bateson, G. (1973) p429
Section 4: Describing the Context: Shadows Over Paradise

We must accept that all our equations, all our theories are nothing but maps to guide other people in the directions that we have discovered. They are in no way the object that they are attempting to describe. These maps will never be totally accurate because in fact what the map is trying to describe is dynamic and ever changing, and the chosen description will depend on our particular needs and prejudices.

This section attempts to describe a fundamental shift in science from acceptance that truth can be found, to a philosophical point of view (as described by Capra, 1975 and Bateson, 1973) and a scientific fact (since Einstein) that reality is relative to the observer.

This separation of researcher from the subject has led to a number of problems in Aboriginal research. Aboriginal people, as subjects, have had no or little control of what is researched and what is written about them. This situation is changing with guidelines for researchers such as the new “National Health and Medical Research Guidelines for Research in Aboriginal Communities” (1993), Aboriginal people now have more say over what is researched and are more able to discuss findings before they are published. These are processes which can only benefit the research.

Aboriginal science has entrenched a need to accept multiple realities based on an individual’s association to the problem, and the hearing of all these realities when problems are discussed is essential to Aboriginal problem solving. Aboriginal knowledge is based on a detailed process of negotiation. This process of negotiation involves the students in a detailed discourse with everyone associated with the problem, so that the knowledge created by the discourse is a social construct of people with a need to say something on the matter.

_The Galtha curriculum, by which we negotiate knowledge production collectively, ensures that the knowledge not only reflects a balance of everyone’s backgrounds and perspectives but also reflects the situation in which we find ourselves._


Yunupingu also describes this process of negotiation in great detail:

_We seek the focussed but varied opinions and views about schooling. Ideas must be put into relation to each other and sorted. The sub-categories and different sorts of issues should be separated so that things can go on in an orderly way. And then when the mix is ready it must be left for a while. How long? The time will depend on the conditions._


**THE RELATIONSHIP BETWEEN RESEARCHER AND RESEARCHED**

Rather than accept the impossibility of value free research in social science, many researchers have gone to extreme efforts to exclude personal values from findings. Scientific process endeavours to force researchers to describe methods of excluding bias in their
documentation of results. This description of methodology must show how the researcher was isolated from what was being researched.

The simple electron is an excellent example that proves the impossibility of separating the observer from the observed. Phillips (1994, p75) describes the very interesting paradox of the electron’s ability to be two things at once. If you take a single electron and shoot it at two very small holes the electron somehow splits and passes through the two holes at the same time, in other words it bears the characteristics of a wave. However when it hits the phosphorescent TV screen it acts as a particle which is capable of causing a flash of light on the screen. How can a wave be a particle? It is the act of observation which changes the electron’s character, whether the electron is wave or moving particle depends on how you look at it.

Why then do so many researchers continue to insist that objectivity is an essential element of scientific validation? A growing number of social researchers oppose this point of view.

*However, there is a long tradition of criticism that, on theoretical grounds, argues that it is impossible to obtain this kind of objectivity, that the existence of facts independent of subjective interpretation is a fallacy.*

Miller, A. (1985) p182

Social scientists working in the critical or constructivist framework such as Freire & Shor (1987) and Kemmis (1988) attempt to find ways to enable the researcher and subject to collaborate on researching and negotiating knowledge through discourse. This collaboration is seen as essential to a process of liberation from the oppressive nature of positivist sciences.

The students in this research support the importance of collaboration (Section 7.6). They cited the all too frequent misinterpretations in anthropology as an example of errors that occur when Aboriginal people are treated as subjects.

In the past Aboriginal people have been presented with solutions to problems, and when these have not worked the Aboriginal people take no responsibility. Solutions must be found through a collaborative process or they will not be sustainable. This collaboration is already an essential element of the processes which Aboriginal people use to deal with issues. Yunupingu’s (1993) description of how the community deals with issues in education shows this clearly.

**THE REDUCTIONIST NATURE OF SCIENCE**

Bateson’s book, “Steps to an Ecology of the Mind” (1973) attempts to create a new awareness amongst scientists and the general population where he offers a new epistemology, now labelled Sustainable Environment, Sustainable Development or Sustainable Agriculture. Why not ‘Sustainable Health’?
Aboriginal science does not work in the positivist context of the separation of subject of research from the researcher, the Aboriginal researcher must work embedded in the context of their research in contrast to the positivist researcher who is isolated from the context of the research.

Christie suggests the Aboriginal way of looking at the world has a lot to offer the new ecological scientist, as the techniques used have strong similarities to the Aboriginal view of science. Aboriginal people also avoid reductionism. Christie describes the Aboriginal elders message.

_To me the most fundamental principle taught by the Aboriginal elders is that our subject matter is to be examined and interpreted only as it is found embedded within its context._


If a researcher is to study a problem he/she must study it in the environment where the problem exists therefore, as we have already said, all the influences including the physical environment, social environment, and spiritual environment must be taken into account.

**SUMMARY**

The discussion in this section is not a complete rejection of science, but rather an attempt to critique some of the popular myths propagated over the last two hundred years. In spite of this critique science remains the only method by which scientific knowledge can be composed and disseminated for popular use, and because of this it must be used by Aboriginal Health Workers to develop knowledge which will help their people not only survive in the Western world but be successful in it.

The Table to Show Comparison of Different Forms of Science (Figure 9) provides a summary of the previous chapter’s arguments. It shows the essence of Australia’s Indigenous science and highlights the growing similarities between Indigenous science and the newer approaches to science being developed by constructivist philosophers. It is an adaptation of ideas from an article by Christie (1990).
<table>
<thead>
<tr>
<th></th>
<th>Science according to the Positivist View</th>
<th>Science according to the Constructivist View</th>
<th>Science according to the Aboriginal View</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptive Metaphor</strong></td>
<td>Empirical validation</td>
<td>Narrative, Journal, Case Study</td>
<td>Dance, Song, Art, Dreams &amp; Mythology</td>
</tr>
<tr>
<td><strong>Purpose of Research</strong></td>
<td>The aim is to Fix Truth</td>
<td>To find a means of managing a particular groups concerns. Truth is relative to the group</td>
<td>To maintain balance. Multiple truths are accepted</td>
</tr>
<tr>
<td><strong>Relationship between Researched and Researcher</strong></td>
<td>A Total separation of researcher and subject</td>
<td>A Collaboration of researcher and subjects in findings</td>
<td>A collaboration based on kinship</td>
</tr>
<tr>
<td><strong>Praxis</strong></td>
<td>Liberation through provision of answers to the less well educated</td>
<td>Liberation through creation of knowledge by the researched</td>
<td>Liberation through the maintenance of balance via strict protocols known as &quot;the law&quot;</td>
</tr>
<tr>
<td><strong>Complexity</strong></td>
<td>Complexity is dealt with by isolating peripheral influences such as human nature</td>
<td>Various methods to insure holistic approach e.g. Feyerabend's Anarchy, Checkland's Systems and Guba's Naturalistic Inquiry</td>
<td>Complexity is dealt with through universal kinship</td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td>Research is isolated from the subject's environment</td>
<td>Research is embedded in the subject's environment</td>
<td>Research is embedded in the subject's environment</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td>Well defined steps in hypothesis testing</td>
<td>A process of social dialogical negotiation of knowledge which is ongoing</td>
<td>A process governed by kinship to gain consensus through dialogue</td>
</tr>
</tbody>
</table>

Figure 9 Table to Show Comparison of Different Forms of Science
4.5: CULTURAL DISSONANCE BECAUSE OF CULTURAL DIFFERENCE

Disharmony, chaos, discord and conflict describe what I have witnessed in the interaction between Aboriginal and non-Aboriginal people. Many non-Aboriginal people appear to be ignorant of this dissonance all around them. Yami Lester, when describing his work in the Aboriginal Medical Service, made the following comments in 1972. In my experience they still hold true today.

_The sisters often do not learn any of the language and there is quite a barrier between them and the people. Some sisters overcome this by the kind of people they are. They try hard but of course in most cases the sisters are inexperienced and often only in the area for a short time so that no communication takes place._

Lester, Y. J. (1972)

There are many different presentations of Aboriginal and non-Aboriginal culture, and there are many variations on the way individuals in these two groups come together. In the introduction I described my own personal culture shock after getting off the plane in Nhulunbuy. I will never really know how other people in the same situation actually felt, however I have witnessed some of the very different ways people react to this type of experience.

Eckerman et al. (1992) Brabham & Henry (1991) and Rowse (1987) provide an historical perspective on Aboriginal/non-Aboriginal relations since contact.

Rowse (1996) Folds (1993) Hollinsworth (1996) and Mowbray (1990) call this current period the era of Welfare Colonialism. Although these periods are well accepted as historical stages in Australia’s black/white relations, there are non-Aboriginal people today who still believe in assimilation and yet others who support the idea of protection.

“The only good black is a dead one.” Such words send a chill down your spine, yet I have heard this type of racist remark on several occasions.

At one time I was out on a hunting trip with a group of Aboriginal people. We had sought permission from the property owner of one of the Northern Territory’s large cattle stations and were hunting turtle and pig on a large mud flat on the property. We had just sat down to cook up some of the day’s catch when a group of workers came up to us. They seemed a little the worse for wear as was evidenced by the trail of green cans which they left behind them.

The group I was travelling with asked me to go up and speak to these people before they got too close. They were rough and rude to me but they left us alone. Needless to say I was frightened, 50 years ago they would have been riding their horses with six shooters (rather than 6 packs) in hand, indiscriminately taking pot shots at any one who came within range. The genocide continues in the disturbed minds of some non-Aboriginal people.

The behaviour described in this incident appears to be based on an outright hatred of what many people believe to be an inferior culture which does not deserve to exist. Although this type of behaviour could lead to the worst possible chance of survival for Indigenous people, it is in some ways the easiest reaction to deal with. Aboriginal people know which
people feel this way and avoid conflict with them, while the non-Aboriginal people concerned know the repercussions from the law of such behaviour and, in most cases, also avoid contact.

Many people appear to be unaware of an early Act of Federal Parliament that still remains in place allowing Aboriginal people to cross any boundary or fence for the purposes of hunting or ceremony. This act originated in the 1840’s and was suggested by Sir George Grey, ex Parliamentary Under Secretary for the Colonies who wrote the following dispatch.

*I think it essential that leases granted for this [pastoral] purpose give the grantees only an exclusive right of pasturage for their cattle, and of cultivating such land as they may require within the large limits thus assigned to them but that these leases are not intended to deprive the natives of their former right to hunt over these districts, or to wander over them in search of subsistence in the manner to which they have been accustomed, from the spontaneous produce of the soil, except over land actually cultivated or fenced for that purpose.*


At all times throughout Australia's history there have been people who have devoted themselves to protecting Aboriginal people from the outside world and still attempt to segregate the two groups from meeting (Reynolds 1997). Parry (1992) suggests that a great deal of protectionism was based on self interest, such as the perceived need to stop Aboriginal people from bringing illnesses of one kind or another into the non-Aboriginal settlements or greed as illustrated below.

I recently visited an art gallery on the Plenty Highway travelling east towards Queensland from Alice Springs. A cunning property owner had set up a gallery to sell works from one particular traditional painter from the area. He protected this Aboriginal lady from visitors saying that she was a traditional person and did not like visitors. The artist died soon after my visit and I became aware that the property owner had been hoarding pieces of art to sell once she had died knowing their value would increase.

As a non-Aboriginal person I was privileged to be able to travel on Aboriginal land. I always carried my permit and always sought permission from the people I was going to. A number of times I have been stopped by non-Aboriginal people and asked what was I doing. On these occasions I developed a real sense that these people saw it as part of their role to protect the local people from intrusive outsiders. Can we really say things are changing?

As I read the prolific writings of Stephen Harris (1975 - 1996) I believe that his two way domain separation theory is also based to some extent on this notion of protecting Aboriginal people from the negative impact of Western culture, although Harris has described what is the reality in many Aboriginal communities. He describes Aboriginal people who seem to continually walk between two worlds, they walk in one door and don the culture of the non-Aboriginal, they walk through another door and don the culture of the Aboriginal. It is like a suit of clothes that they change at the beginning and end of each
shift and there are many Aboriginal people who are very adept and successful at this type of process.

Protectionism naively seeks to protect the difference between the two cultures, but history has shown that Western culture is so dominating that the result of this protection leads to uncontrollable cultural loss.

*Most Aborigines experienced highly authoritarian controls on their lives during the first half of the 20th Century. Officials controlled where they could live, who they married, what they did with their money, and whether they could keep their own children.*


People who believe assimilation to be an appropriate means of coping with the Aboriginal population are still very prominent. The Country Liberal Party (CLP) currently in Government in the Northern Territory have used taxpayers’ money to fund a legal battle against every Aboriginal land claim in the Northern Territory since the 1976 Land Rights Act, and for each election since self government have run a campaign based on community fear of Aboriginal land claims and their ramifications (Hollinsworth, 1996 and Mowbray, 1990).

Assimilation is most evident among the people who are now pushing for the mainstreaming of Aboriginal services. They oppose the funding of any service dedicated solely to Aboriginal people, such as Aboriginal medical services and specialist Aboriginal education programs. They argue that the money would be far better spent on mainstream funding which also supplies a service to Aboriginal people.

The assimilation catch cry is based on the notion that, “There is nothing wrong with Aboriginal people as long as they are the same as us”. Assimilators use whatever power is available to them: political power, power of the media and power of the law courts to force Aboriginal people to behave the same as non-Aboriginal people. Sally Morgan's book, "My Place" (1987) provides an excellent example of both covert and overt assimilation in action.

Take for example, the entire stolen generation where one in six Aboriginal children were forcibly removed from their parents (Smallwood, 1990) on the basis that they would be better raised by non-Aboriginal people who would teach them how to live properly within a Western lifestyle.

An entire generation of Aboriginal people faced the full force of a nation which imposed the most effective of eugenics policies on them from birth to death. These policies included the separation of children from their families; restrictions on the movements of Aboriginal people via a permit system; impounding of income from every Aboriginal person, including the trackers who assisted in the capture of Ned Kelly; and the withholding of basic rights of citizenship until people could prove their value to non-Aboriginal society. Albert
Namatjira was the classic example of this last policy in action (Eckerman et al. 1992 and Kidd, 1997)

Again the fundamental philosophy underpinning assimilation policies was the rectification of perceived cultural deficits. Assimilation was seen as a remedial policy which attempted to impose programs of self improvement.

As you can see from the examples there are people who continue to advocate these type of policies today, they attempt to do this from a position of power and continue to use force to achieve their goals.

The policy of self management or self determination gained ascendancy during the Whitlam era of the 1970’s. People who advocate this approach see it as fundamental that Aboriginal people choose their own direction and that Aboriginal people are the key senior position holders at all levels of implementation of self management or self determination programs.

Self management and self determination are considered acceptable by the financial gatekeepers as long as Aboriginal people work within non-Aboriginal frameworks. Authors such as Rowse (1992) McTaggart (1989) Folds (1993) Mowbray (1990) and Hollinsworth (1996) discuss this approach, and consider it to be a new form of colonisation of Aboriginal people. The most appropriate term for this process of colonisation has been used by Rowse (1992) who labels it Welfare Colonialism which, put simply, binds Aboriginal people to the commitments and priorities of a cash economy through welfare funding.

Rowse (1992) has pointed out that although bureaucratic rhetoric advocates Aboriginal control of programs the bureaucrats who utter these words also create a system of obtaining finances and proving accountability that imposes strict non-Aboriginal organisational structures and procedures on Aboriginal organisations. An entire industry of advisers has now developed to assist Aboriginal people supposedly achieve their goals. Rather than non-Aboriginal people doing most of the work, which is what happened in the past, now the non-Aboriginal people simply advise on how the work should be done.

Control over Aboriginal organisations is gained by the definition of accountability, so that by controlling accountability they control the organisation, its actions and their outcomes. Aboriginal people are given the right to self manage but not the right to make mistakes.

This is most recently evidenced by a controversy over the Aboriginal Legal Aid Service. Some Aboriginal Legal Aid Services misused government money. The first reaction was to incite the media and spread the news to the general public, the next to threaten to shut down the whole program Australia wide. In this way the other organisations either tow the line or get shut down.
There is a common theme between these four historical, but arguably current perspectives. This is an intolerance of difference along with the perceived right of one culture to use power to force the other culture to change. During the first period of genocide it was the power of the gun to force change by eradicating difference. During the period of protectionism came the power of the church to isolate and protect the non-Aboriginal world from being tainted by difference. During the period of assimilation it was the power of Government legislation to use the persuasion of law to force Aboriginal people to change. During this current period of self management and self determination it has been the power of the welfare dollar to force Aboriginal people to change.

It seems that it is this intolerance of difference and perceived inferiority of what is different that is the essence of racism and it is this intolerance of difference that has motivated most of Australia's Indigenous policies for the last 200 years. Stanner, an influential anthropologist wrote:

> It turns out that the noble friend of the Aborigines is offering the wistful Aboriginal exactly what the wistful Aboriginal is yearning after - assimilation. It follows, logically enough, that any Aborigines who are conscious of their race and separateness, and stress such facts are acting unworthily. And, if there are others, not Aborigines, who promote such racial consciousness and separateness, they, too, probably have unworthy motive, and wish to keep controversy going for their own ends. The only people who want to advance the welfare of the individual Aborigines are those who favour assimilation.


In the 1950s Stanner was able to pinpoint the cause of assimilation as the supposed need to rid Australia of any form of cultural separateness.

Both Ways appeared to provide me with a beacon of light to guide me out of this history of intolerance and racism into a process that mutually validates both Aboriginal and non-Aboriginal world views thus potentially removing racism and providing a new approach to reconciliation.

Folds summed this up with the statement:

> To achieve this balance both societies must stop looking at Aborigines solely in terms of what they lack, and begin to appreciate and celebrate an Aboriginal alternative that has many strengths in its own right.


Many educators readily accept the role that education has played in the colonisation of Aboriginal minds, including Lanhuppy (1987) McTaggart (1988) and Davis, Ingram, McClay & Stewart (1990). Anne Stewart, a fellow lecturer at Batchelor College, puts it quite plainly in her thesis when she stated:

> Considering the role education has played in the history of the Aboriginal peoples of Australia as an assimilation tool for the colonisers, what role can it play in the future of these same peoples.

Stewart, A. (1994)
Stewart goes on to argue that education does have a role to play in the empowerment of Aboriginal people through the use of critical education theory.

4.6: HEALTH AS A COLONISING INFLUENCE

In my experience many health professionals naively believe that they have played a purely benevolent role during colonisation and are blameless in the attempted assimilation of Aboriginal people into mainstream non-Aboriginal society. It is assumed that health professionals adopted a moral perspective at the point of contact with Aboriginal people and did their best to heal the sick Aboriginal people and that they took no part in the policies that impacted so horribly on Aboriginal people. Anderson (1997) states:

...moral behaviour has caused much Aboriginal suffering over the last 200 years.

There are many points at which this assumption falls apart. At the point of first contact it is suggested that the reasons so many people left their land for the urban fringe camps included protection from the murderous cattlemen and free handouts of clothing, food and tobacco. While this was often the case many other family groups left their land for treatment of illnesses that they did not understand (Stanner, 1979 p46).

One such severe and debilitating disease was Yaws which was endemic at the time of first contact across the top end of Australia (Hunter, 1993 p59). This disease was a flesh eating spirochaete which caused horrendous disfigurement. Aboriginal people would travel for miles for the treatments which were so effective. The families of these people would accompany them to the treatment centres and within a few years the disease was completely eradicated, but communities became a great deal larger from the influx of families seeking treatment for their kin. Other epidemics, such as measles and influenza soon followed this disease and the only places people could get treatment for these problems were in the ever increasing numbers of mission stations. The health care workers unknowingly had a very significant role in first enticing people off their land.

In the early days of contact health care was provided to Aboriginal people by the protector of Aborigines. These were the same patrol officers who removed Aboriginal children from their parents. It was the welfare system that was the strongest advocate of the removal of children which itself was a form of Social Darwinism (Eckerman et al. 1992 p46, and Smallwood, 1990).

As well as removing the children this system imposed forced isolation on Aboriginal people with infectious diseases such as syphilis and leprosy. Police and health care workers travelled side by side raiding camps, and using neck chains to forcibly remove infected people to isolation centres on remote and desolate islands where many perished.
before more humane methods of treatment could be introduced. Hunter (1993) gives an example of this policy in North Western Australia.

_The following year the Aborigines Department, under the newly appointed Charles Gale, in conjunction with the Department of Health, set up lock hospitals, institutions on Dorre and Bernier Islands off Carnarvon to which Aborigines were forcibly removed to be detained indefinitely._


Parry gives an example from a Northern Territory patrol officer’s report.

_It patrolled to near Auvergne Station and raided bush camps at daylight on the morning of the 30th. A successful raid was carried out and 22 natives in the bush camp and 24 employed natives were detained and medically examined for leprosy and other diseases._


These policies and programs were supported by what was considered to be a good scientific approach to dealing with the Aboriginal problem. This science was based on the survival of the fittest and as Aboriginal people were regarded as inferior it was expected that they would die out in time. This belief meant that non-Aboriginal people could sit back and make Aboriginal people comfortable as they gradually moved closer to the inevitable extinction of a socially inferior race. The book, “Binang Goonj” labels this as, “smoothing the dying pillow” (Eckerman et al. 1992).

This Social Darwinism became a reason for political inactivity in the face of appalling infant mortality. Many authors now cite scientific social Darwinism as the philosophy of many policies that caused so much damage for Aboriginal people (Hunter, 1993 p57) (Folds, 1993 p31) and (Hollinsworth, 1996 p115).

During the 1960’s infant mortality in Aboriginal communities was as high as 140 deaths in every 1000 births, which was one of the worst figures in the world outside countries at war. Tatz (1972) argued that there was an excess of inactivity by politicians as it was believed that the cause of this high infant mortality rate was a genetic inferiority in Aboriginal people. It took research by people such as Dr Kerry Kirke (1970) and political activity by people such as Colin Tatz to force the Government to change its approach. Within a very short time of changing policies, and of course a great deal of money, this figure was cut from the original figure of 14 deaths per hundred to 3 deaths for every hundred births by 1986 (NT Health, 1986).

The attitude of “blaming the victim” still remains an integral part of how Western medicine approaches its practice. This victim blaming is based on the perceived inferiority of Aboriginal cultural practices related to child rearing (for example the underweight children already discussed in the introduction) and continues to be the guiding philosophy of medical practice in Aboriginal communities today.
Gracelyn Smallwood puts these ideas quite clearly when she states:

My own personal observation over the last twenty years has led me to the conclusion that there have not been any substantial changes in our health, for the simple reason most health programs have been directed from a white middle class perspective.

Smallwood, G. (1990)

Kidd’s (1997) book “The Way We Civilise” is essential reading for people working in Aboriginal health it outlines the years of human basic rights abuse by Queensland government. Kidd quotes a report on an incident at Yarrabah to highlight the blaming attitude of the non-Indigenous health workers.

The educative aspects of suggested health disciplines primarily targeted Aboriginal women, due to the attribution of failure to women who, it was said, did not achieve safe levels of health, nutrition and child feeding ... from Yarrabah, following several infant deaths from malnutrition, the visiting justice observed, “I found that usually the mother had no knowledge of what she should do and no means of feeding young children properly.”


It is this history, a history based on remedying social and genetic inferiority that must be recognised. Both Ways philosophy totally rejects any inferiority and could offer a way forward in Aboriginal health and education. This history of dissonance makes a new approach to health absolutely imperative.

4.7: COMPLEXITY OF ISSUES INFLUENCING SOCIAL CHANGE IN MODERN DAY ABORIGINAL SOCIETY

It is important to understand the complex forces influencing the participants in this research. Each action affects, and is affected by multiple forces. All action in Aboriginal communities has many stake holders interested in influencing the decision.

The forces motivating change in these communities are varied and diverse, and seem to be forcing Aboriginal communities to Westernise their practices. Much Western technology has now been adopted by Indigenous people, adding to the complexity of Indigenous communities. My own early experiences left me very confused when trying to understand the students’ environment.

Sometimes you hear Aboriginal people saying, “Let’s go back to the old ways before the white man came”. The history in the previous section shows it is too late to go back and too many of the goods and services from the white man’s world are now in every day use.

To just pack up and abandon them would be virtually impossible.

In the mid 1970’s a small band of Pintubi walked out of the West Australian desert to Kintore, the men looking for wives. This made sensational headlines in most major newspapers. The men had escaped the round-ups in the mid 1950’s and had continued to live as their ancestors had for thousands of years before them. When they came into Kintore they were protected from outside influences by the other Pintubi who had themselves been forced from their land into new settlements so many years before.
The men were given the choice to stay or to return, one man chose to return to the desert, another stayed behind in the camp. The camp people will often see campfire smoke on the horizon and say that this is the man’s fire sending a message that he is OK.

(Adapted from Chatwin, 1982)

The important thing is that these people were given a choice. As described in the histories recorded earlier, on most occasions people had little or no choice. Change is unavoidable, but the important thing for Aboriginal people is to control the rate and type of change that occurs, just as the desert men did.

Figure 10 exemplifies the complexity of factors influencing change in Aboriginal communities. To ensure the model was accurate it was discussed with some students from similar communities. Initially the students saw the model as appropriate and made only a few minor changes, but later they developed their preferred model which is also presented later in this section.

**The Outer Circle**

The circle around the system could be labelled as the community boundary, although not all organisations inside the circle are physically positioned within the community. Some, such as the Land Councils and ATSIC have regular connections with communities; often community people are representatives on committees within the organisations; and the organisations, by constitution, are controlled by the communities.

Outside the circle lie the prizes of the white man’s world. All these prizes are components of Western society which have the potential to destroy everything that lies within the boundary. They are things which we describe as being from the capitalist world that must be paid for. This means that in order to buy them people must earn some kind of income.

As isolated entities they pose little threat, however once their multiple influences are compounded on the community they may well have a long lasting and disastrous impact on the culture.

There is an alternative to this foreboding scenario however. Take for example, the car. When people think about cars they may think about an expensive item that must be looked after. Or they think about the upkeep of the vehicle; the daily running costs; and the maintenance bills. Generally the car is something we believe we cannot do without, it provides us with a means of gaining an income by transporting us to work; it provides us with leisure enabling us to get away from it all. For some of us it is a status symbol; a visible sign of our rank in society; where we have been and where we come from. The car is many different things.
Figure 10 Model Exemplifying the Multiple Factors Influencing Change in Aboriginal Communities

According to Christie (1985) the Aboriginal view of the car is different. The car is used to take people hunting; to go to ceremonies; or to visit family who live somewhere way down the track. Most Aboriginal people do not worry a great deal about maintenance, “When it breaks down we will fix it”. They do not worry about the expense, “If we need to go hunting we just use our family networks to put together enough cash to buy the fuel”. A car seldom has just one Aboriginal person in it but usually several people, hence the truck culture of the Northern Territory - the use of trucks and utilities instead of cars because more people can fit in.
Although this description is somewhat over simplified, the car’s position in Aboriginal society is very different from the non-Aboriginal perspective. Even though some of these outside influences are potentially very harmful, this is not always the case. A strong, confident culture can take on what is new and different and mould it in many different and often unexpected ways so as to bring it into harmony with the culture.

**ATSIC**

ATSIC (Aboriginal and Torres Strait Islander Commission) was established to give Aboriginal people a say in governing their own affairs. It is a distinct tier of Government whereby Aboriginal people elect their own representatives to the Commission. These representatives then act as advisers to Australia’s various State and Federal Governments on how and where monies allocated by the Federal Government should be spent. It is the intention of the Commission to give Aboriginal people more decision making power over their own affairs. Aboriginal people are able to nominate their priorities in areas such as housing, education and health.

Aboriginal politics are fraught with infighting between different factions. In some instances it is people merely squabbling for equal influence and power, more often it is over more complicated family/land relationships. Probably the greatest risk for this organisation is that the infighting becomes so intense that nothing gets done. As a result of this ATSIC has become yet another barb for non-Aboriginal people, such as Pauline Hanson, to throw at Aboriginals.

At the community level ATSIC becomes yet another group that the community needs to influence in order to achieve its goals. Also other Government organisations are reluctant to hand over their decision making entirely to the Commission so they continue to run their meetings in Aboriginal communities, seeking approval for this or that project, often with two or more different departments talking about the same projects. Until ATSIC is given real power over allocation of funding, problems such as duplication will continue.

Potentially there is a great deal of benefit in having only one organisation like ATSIC to deal with when trying to get things done. It is an Aboriginal organisation which should make communication more effective, and it could help communities gain sufficient strength to make decisions to keep their culture alive and strong.

Rowse makes some concise, critical comments about the appropriateness of ATSIC.

*The suggestion that ATSIC will make a difference to the terms of an accommodation between subsidised Aboriginal communities and the wider political structures of Australian society is questionable on at least two counts. First ATSIC like DAA, is accountable to Parliament through the Minister for Aboriginal Affairs, secondly the submission noted and welcomed the increasing contribution of agencies other than ATSIC to the tasks of implementing self-determination policy.*

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Rowse, T. (1992) p103
From Rowse’s comments and the general thrust of his book it seems that yet again the forces attempting to influence this new body will not allow independent decision making. The Government decision, to reduce the number of ATSIC regions is a classic example of this interference. The Aboriginal media is filled with complaints from Aboriginal people regarding the lack of consultation by the Government when making decisions such as this.

**The Land Councils**

The Land Councils were established to facilitate Aboriginal land claims. Their structure and constitutions were drafted under the Whitlam Government and enacted under Fraser as the Land Rights Act of 1976. Their mandate was originally to fight for Aboriginal people who were claiming their land back. They were also asked to act as mediators in discussions with mining companies, to act as advocates for Aboriginal people when a request was made for mining exploration on Aboriginal land. The councils were to support Aboriginal people through the legal arguments that these new laws would create. As the Northern Territory was the first state or territory to adopt land rights the Land Councils here quickly became very powerful.

A great deal of work has been done by the councils in reclaiming Aboriginal land, battles such as the Lake Nash land claim described earlier (page 56) took many years. The councils are often accused by conservative governments of pushing their own agenda rather than speaking for the people. Conversely the Land Councils suggest that conservative governments are their natural opponents. The Land Councils believe that conservative governments oppose them because they fear the risk to their authority if Aboriginal people become too powerful. The June 1997 edition of the Land Rights News had four articles detailing disagreements between the Land Councils and the Northern Territory Government (Land Rights News, 1997).

In some cases the approach of the Land Councils appears to have been as aggressive and non-Aboriginal in nature as their non-Aboriginal opponents. This has been necessary for success in the legal battles with governments and cattlemen. Unfortunately, this aggressive approach has occasionally set them offside with the very Aboriginal people they represent.

Also, some of the people have remained on their own land for many years and have never been dispossessed in the same way as Aboriginal people in other parts of Australia. It has been my experience that the Land Councils are in some cases treated with contempt, and Aboriginal community people attempt to disassociate themselves from the councils’ politics. Opinion is varied and many other people have great respect for them.

A great deal of work has been done mapping the land according to the Aboriginal custodians. This role, along with the constant pressure from mining claims on Aboriginal land, has meant that the Land Councils are in constant contact with communities. The
pressure from mining claims such as Coronation Hill (ASSPA, 1986) have on occasions ripped communities apart and placed Aboriginal people under great pressure.

Coronation Hill is an example of conflict over mining between Aboriginal people. Claim and counter claim were put forward by and for different groups of people. Aboriginal people would say one thing and have politicians, mining companies and reporters redefining what they had said to meet their own needs (ASSPA, 1986). This added significantly to conflict at the local community level.

Another example is the sand mining exploration in the Tiwi Islands north of Darwin. It seems a battle is looming now, and brothers may become enemies. Almost all Aboriginals are affected in one way or another by these arguments.

The Government

Government interaction with these communities complicated and sometimes confusing. State and Federal Governments compete with each other, and many different departments within governments have dissimilar approaches to policy and are often seen to be competing.

During my time in Arnhem Land I was based in Nhulunbuy, a “white” mining town. The town also served as an administrative centre for the surrounding Aboriginal communities.

At one stage a nasty rumour started to spread in the town about the greed of the people in a particular Aboriginal community. They were being accused of extreme wastage of money when they requested a new, improved sewerage system for their community as well as finances to develop new outstations to help take the people away from their community. The joke around town was that the Government was building holiday houses for the Aboriginals! Rumours like this were spread on a regular basis as the town was primarily made up of “redneck” miners.

The truth came out later when it was discovered that two Government departments had been to the community in consecutive weeks. The first department went out suggesting that the community needed a new and upgraded sewerage system. The usual form of in depth consultation took place, “Do you want a new sewerage system?”

“Yes, yes, yes!” was the answer.

The next week another department went out suggesting that the development of new homeland centres for people to return to their traditional lands would help them improve their lives. Again the usual consultation took place, “Do you want us to develop new homeland centres?”

“Yes, yes, yes!” was the firm reply.

Large amounts of money were allocated to both ventures. A new sewerage system was commissioned and built in the community, and money was poured into the development of outstations, which meant in the long term that neither system was fully utilised. From an intended population of 350 only 200 were left in the community, the sewerage system was too big, and while the homeland centre was financed for 15 new outstations only a few were actually used. The right hand of Government does not know what the left hand is doing.

True consultation in communities appears to be almost non-existent. Consultation often takes the form, offering gifts as handouts, which are seldom refused. A survey known as
the UPK report in the Pitjantjatjara Lands (1987) revealed almost daily meetings with government advisers to discuss issues of vital importance.

*Over a period of 3 months Aparawatajah 142 separate meetings to discuss internal and external matters were recorded.*


No wonder attendance at these meetings is so poor.

There is a common myth amongst public that when government policy is made it is directly interpreted into action. Not only does each department interpret policy differently but each level of public service will also interpret policy for its own gain and often the end result does not resemble the intentions of the policy makers. The history of Aboriginal Health Workers demonstrates one example of excellent policy being repeatedly undermined as it makes its way to implementation (see Section 4.1).

For example, the executive level of a department may have as its priority Primary Health Care (PHC), which means that funding should be channelled primarily through special projects with a PHC focus. One step down the ladder however, even though “lip service” may be paid to the policy directive regarding PHC, the real priority may be staffing because salary rates of staff at this level are linked to the number of people they manage. Therefore a great deal of time and effort may be spent by staff redefining projects into a PHC framework. They are required to do this in order to gain funding from their heads of department. In other words nothing ultimately changes, nothing, that is, except the words used to describe the project.

At the grass roots, especially in isolated communities, public servants sometimes build small empires in which they can do virtually as they please. In one case the principal of the school rules with such an iron fist that staff on average stay no longer than three months. Equipment, such as computers meant for student use remains locked away in offices for fear of being damaged by students.

Very little can be or is done about these misdemeanours as they remain isolated in communities hidden from view, away from the decision makers and effective monitors.

So people come and go, they promise one thing one day and another the next; then someone else turns up to promise something very different. There are also individuals who see fit to attempt to manipulate outcomes for the supposed good of Aboriginal people. This frequent change in policy is an irritant to a culture that has remained constant in structure for many thousands of years.

Enormous confusion results from the pressures of these different entities. Martin Mowbray (1990) discusses what he believes to be the government motivation which, by his description appears to be little different from the policies of assimilation adopted in 1951-63 by Paul Hasluck (then Minister for Territories). The new policy goes under the
disguise of “self determination”, but is essentially the pressuring of Aboriginal people to use non-Aboriginal organisations to meet their needs. This is in spite of the apparent failure of these organisations to meet the needs of Aboriginal people in the past.

_The forgoing review of the use of local Government in the Northern Territory suggests some revival of an era of assimilation. Since the term has such a negative meaning, its use is no longer politically or morally acceptable. Mainstreaming is a much more respectable term and in some instances offers the same practical effect, at least at the level of rhetoric._

Mowbray, M. (1990) p20

This is a simple account of some of the pressures that the government can exert on these communities. Of course the examples described are not uniform, and people, policies and promises change regularly. The constant staff changes however cast a long shadow of mistrust over the whole environment of relationships and influence between government and community.

**Service Providers**

In spite of a strong trend toward Aboriginalisation of services in communities, most services are still provided or controlled by non-Aboriginal people who come from various backgrounds and have multiple motivations. Because of this, each individual will influence the community in which they work in a different way, sometimes with a positive influence, sometimes a negative one.

The people and the institutions they work for are often on the outskirts of the community, so that even though they have a significant effect on the community they remain very much on the boundaries. They are usually run by non-Aboriginals and have organisational structures which do not foster Aboriginal control. Even the Aboriginal staff who work in these organisations will at times be accused of being ‘coconuts’, a terrible insult to Aboriginal people implying that they are black on the outside but white on the inside. They are accused of acting as whites when they work for these organisations, but they need to act this way in order to survive within the organisations.

A constant irritation to Aboriginal people is that these ‘outsiders’ come and go with monotonous regularity. A person may come into a community and influence it in a very positive way, but as soon as this person leaves all the work they have done tends to fall apart. The changes that a person brings to a community are so often tied to the individual and when this individual leaves, the influences supporting the change also leave, and the change, regardless of how positive it is collapses.

This happened in the Elcho Island story (page 61) where at least three separate developing industries were started by Rev. Sheperdson but when he left they all collapsed. On more than one occasion competent, well respected Aboriginal people leave their employment soon after their non-Aboriginal partners have left the community. This appears to happen
because a trusting, caring and loyal relationship ends and it is often just too painful and
difficult to start all over again, to try to gain yet another newcomer’s respect.

Another interesting story brings to light the type of impact these advisers can have on a
community.

A local Health Promotion Officer (HPO) was holding a community meeting to discuss
the many things in the Aboriginal lifestyle which were potential health hazards. The
meeting was going well, or so the HPO thought. She had been able to gain support for
the outlawing of a few dangerous habits, such as banning the sale of cigarettes from the
store.

This was truly an amazing concession to gain from people of whom almost 99% are
heavy smokers. What the HPO did not realise was that they were just agreeing with
her because it was a cultural norm not to enter into open argument.

As the meeting progressed the HPO became more and more excited as the community
continued to agree with some outstanding changes.

A little later one of the very senior Mala leaders (traditional elders) began to speak.
This was a man of great stature in both the Aboriginal and non-Aboriginal world, so
every one stopped to listen. He praised the HPO and he applauded her ideas but within
one or two minutes all the concessions had been lost.

What do we learn from this short story?

• Non-Aboriginal people have a great deal of trouble not imposing their ideas on
  Aboriginal people.

• Aboriginal people will in most cases agree with what is suggested and later
  ignore the arrangements.

• In many cases they will actively seek the solution that they think the adviser
  wants to hear (this is a barrier to true consultation and is probably the key
  cause to many of the disputes that have plagued the mining lobby).

• Even though in the short term agreement seems to be reached, in the long term
  the people will follow their true goals. This is culturally acceptable behaviour
  (in this story it happened sooner rather than later).

  Another contrast in verbal manners is that talking forthrightly and strongly can be
  more offensive to Yolngu than to whites ... another verbal behaviour that whites
  find hard to accept is the way Yolngu tend to leave it up to the person being asked
  to work out whether the request is reasonable or not.

  Christie, M. (1985) p19

This section has described the impact that these providers can have on a small community.
The main problems are that the impact is usually only short term, and the impact is adviser
centred rather than community centred. It must be said that this situation is rapidly
changing and in the Royal Commission into Aboriginal Deaths in Custody (Report Volume
4, 1991) great praise is given to organisations which are managing to develop community
control.
Aboriginal Community Councils

The Reverend Jim Downing (1988) writes extensively about the workings of small Aboriginal community councils and describes the problems encountered during the early days of their establishment. The first community councils were put into place with their organisational structures based on urban models, and very quickly became useless. Non-Aboriginal advisers soon began to dominate the councils’ decisions. Traditional leaders, who in these early stages were not involved in the councils continued to have their strong impact on community direction, in spite of council decisions.

At Galiwin'ku Mission in Arnhem Land the council was experiencing the kinds of difficulties we have been discussing. In 1976 Ken Nowland, then training officer for the United Church Aboriginal Advisory and Development services, conducted an exercise designed to help the community to understand councils and structures. The power struggle between young men on the council and older authority men was evident before our very eyes. It was causing a lot of the elders a lot of distress.


Downing describes his efforts to develop councils that would have the backing of the community so that they could have the strength to make decisions that would have the support of the community at large.

There has been a general improvement from the early days and the councils now have more acceptable constitutions. The model drawn by the students (Figure 11) is an example of a community council. This model shows that the council has the ability to unite and lead the community in whatever direction they choose, but they also have the ability to fail, and if they do the whole community fails, which is a great risk.

The Clans

When communities were first established it was common for several clans to live together in the one place, such as in the Papunya story. For Aboriginal people this was unnatural. They had to share with people they did not have strong relationships with; they were forced to leave the land of their ancestors; and they were no longer singing their land, which meant that their land would die. This singing of the land also made the people of the land strong, and when the singing stopped they became weak (Chatwin, 1987).

Each clan was led by a senior man who was respected as someone with great knowledge. These people spoke for their clan and their advice was usually taken, especially where Aboriginal law was concerned.

Inevitably clashes occurred between clans, some clans strengthened and others weakened. Many clans were dispossessed even though they were living on land that Aboriginal people had title to. These communities now show a social stratification, with people with a strong claim to the land better off in the way of housing and employment positions than people
who are ‘visitors’. In some places it is possible to recognise a type of class system based on strength of connection to the land on which the community is built. This system creates many social problems.

The traditional elders have a very special role, they are responsible for keeping the law; they pass on the songs through initiation rites; they lead the ceremonies; and they are usually people respected by their clan members and others as people with special knowledge.

Historically, change at this local level has never taken place without the support of the traditional elders, and many people will simply not take any action until they have such support for the changes they are trying to make today. It is therefore very important to include the elders in whatever you are trying to do.

**Land Custodians**

Each community is built on land that a clan is responsible for. This clan has a special place in the politics of a community and the leaders of the clan will be shown particular respect. They often become chairman of the council and their family members tend to hold high positions in the various organisations within the community. The Land Custodians have special knowledge of sacred and dangerous features of the country, whereas the ‘visitors’ do not and are often scared of going to the wrong country and becoming sick. Because of this, support from the Land Custodians must also be gained when trying to achieve a community decision.

**The Students’ Model**

In the context of a workshop the Model of Complexity was discussed with the students. They came back to me with their own model developed after a workshop with Michael Christie (Figure 11) which they described as their “preferred model”. This model does not have exactly the same content as the model of complexity described on the previous pages. It is a description of a community council and how it interacts with community organisations, it avoids discussing factors external to the community.

This model is designed to illustrate the ideal community. It is not a picture of competing influences as the first is, but it attempts to design a method for coping with the enormous pressures that emanate from the previous model. There are several important features to note when we look at this model.

The model highlights the importance of community to Aboriginal people. Our culture is so highly individualistic and egocentric in that we see things from a personal point of view, everything’s importance is measured by the way it relates to us. But for Aboriginal people the importance of a harmonious community is far more important than individual needs. Kathy Abbott’s “Life and Cultural Survival Model” (Figure 2) used as the basis for the
Certificate in Health Science (Aboriginal Community Health), (Batchelor College, 1991) is an excellent example of this need for community harmony.

Both the students’ and Abbott’s models are similar in that if one link in the chain is weak then the chain will break. This is an important feature to keep in mind when studying the students’ model. If one of the factors in the model is not strong it will lead to a breakdown in all factors. If there is a problem in the health centre, then this is likely to lead to problems in all other parts of the community network.

An example of this might be a refusal by a community nurse to treat the old people in their homes. This may be a decision made for what, to the non-Aboriginal adviser may seem to be a valid reason, but because of the lack of consultation with Aboriginal people could lead to a breakdown in the traditional management of old people. All the people in the community have old people that they care about and a decision such as this one may cause severe upset.

According to the students’ model, in the future each different aspect must come under the control of Aboriginal people so that we have Aboriginal teachers, health workers and mechanics, who through education will take over the necessary services. Each of these people will develop their expertise in, and so have control of their areas of work.

As a result of this there may also be an influx of uncontrolled Western influence which may in turn lead to an unwanted change in culture. A strong community network can help the community make decisions about how they will cope with the influences trying to change their culture. If we are to try and keep the culture strong by maintaining control of all influences, then a model like this is a way that the community can provide strength and support to individuals in making decisions about coping with new factors impinging on their lives.

The model does not show much concern for other Aboriginal communities. To the students the preservation of culture comes from supporting those people that they have strong traditional ties with. Each group of Aboriginal people has a culture which is slightly different from their neighbours and although there is an affinity, and also many similarities with these neighbours, the people with few ties to the sacred land, songs, stories, paintings and ceremonies of the area cannot be held responsible for keeping them strong. The model focuses on the students' communities, other communities should go through the same process to find models that are unique to their own particular needs.

In addition there are anomalies within the students’ model such as the church remaining central. This decision was based on local opinion, and there are many communities who would reject this. Also the belief that the influence of government policy can be countered by the council may be a little hard to accept, but it is important for the students to progress and make their own mistakes.
Figure 11 Students’ Community Council Model

There are many factors common to both models especially at community level, the big difference being that the students’ model has combined the different factors to give Aboriginal people a method for control over how they respond to the things that are influencing their lives.

This insight into the different and complex impacts on Aboriginal life is of vital importance as it gives some understanding of the environment in which we are operating. The students who will need to effect change in these environments must have an understanding of who and what are the hurdles to and supporters of their own activities. They must also understand how the community may react to their efforts and they must use culturally appropriate methods of influencing change. The students of course will need to develop these models further and make them appropriate to their own communities.
SECTION 5: THINGS CAN GET BETTER

5.1: ABORIGINAL HEALTH WORKERS: A STRUGGLING SOLUTION TO ABORIGINAL HEALTH PROBLEMS

In 1972 the first Aboriginal people were employed by the Northern Territory Department of Health as Aboriginal Health Workers. Since this time there have been multiple pressures influencing the developing role of the Aboriginal Health Worker, not all of which have been positive.

This section records the way the role of the Aboriginal Health Worker has developed over the last 24 years. It reviews associated policies; Aboriginal Health Workers’ attitudes to changes; and practical outcomes of policy implementation. This discussion shows the difference between the intended outcome of policy and the disappointing reality of its implementation.

THE FIRST ABORIGINAL HEALTH WORKERS

For as long as Aboriginal people have walked this land there have been people who have looked after the health of their clans people. Elkin, an anthropologist who worked with Aboriginal people for many years, called them "Men of High Degree" (1977). These people used a complex arsenal of treatments including spiritual healing, and they possessed a detailed knowledge of medicines available from the natural environment.

After colonisation many new diseases were introduced into the Indigenous population. The local healers did not understand these new diseases and were unable to manage them using their traditional methods and resources.

According to Kettle (undated), prior to the Second World War there was little evidence of Aboriginal people doing any more than menial tasks in Western health care delivery. Those people who were participating were not trained in the practices of Western medicine. During the Second World War shortages in man power meant that many Aboriginal people on the northern frontiers worked as medical orderlies and sanitation workers.

The novel "I The Aboriginal" (Lockwood 1962) records the life of Waipuldanya (Phillip Roberts), an Alawa man who was trained as a medical assistant by one of the doctors working in the region at the time. Waipuldanya spent many years at Maningrida in Western Arnhemland using the knowledge he had learned from his white partners, combined with his understanding of the ways of his countrymen to look after the health of Aboriginal people.

In the 1950s and 1960s it became common practice for Aboriginal people to be employed as nursing assistants or orderlies in hospitals and clinics in both urban centres and remote
missions. This practice slowed considerably after the 1967 referendum introduced compulsory payment of award wages to Aboriginal people.

In 1963 the Royal Darwin Hospital set up a program to train Aboriginal nurse assistants who were then expected to return to their communities and work in the health centres. At this time most community health centres were operating as small hospitals, and the duties of Aboriginal nurse assistants included basic observations, general hygiene and domestic work.

In 1967 Dr John Hargraves was instrumental in setting up a training program in the East Arm Leprosarium to teach Aboriginal people to care for sufferers of leprosy in their own communities. The caring for leprosy sufferers in their own communities rather than the previously practiced forced isolation only became possible with the introduction of a new drug which made the disease no longer infectious.

ABORIGINAL HEALTH WORKERS IN THE BEGINNING

The idea of employing Aboriginal people as Aboriginal Health Workers instead of nurses came in response to continuing poor Aboriginal health. Several third world countries had developed successful medical programs based on training Indigenous people to look after the health care needs of small villages. It was felt the same type of program could work in Australia's Indigenous population, which was suffering similar third world type diseases.

In 1973, at the same time as the idea of Aboriginal Health Workers was first introduced, the responsibility for health care of Aboriginal people in remote areas was handed over by the Commonwealth Welfare Department to the Department of Health's Northern Territory Division. Also around this time, many small mission hospitals were converted into health centres and an effort was made to set up a network of health centres around the Northern Territory (Department of Health, 1978).

These changes were seen as a new approach to solving Aboriginal health problems. Administrators favoured following the lead of developing countries, as shown in a submission from the NT Department of Health to the House of Representatives Standing Committee on Aboriginal Affairs.

Foremost was our belief (and this has been very well substantiated by developing country experience) that any program to improve the health of Aboriginal people would be dependent upon the strength of basic health services within their communities.

NT Dept Health Submission (1978)

During 1975 Dr R. G. Hausefeld of the School of Public Health and Tropical Medicine in Sydney, was asked by the Australian Department of Health to compile a report and make recommendations on the future of Aboriginal Health Workers. Some of his recommendations are recorded below:
This (method of training) should be pragmatic and problem orientated. Clinical
skills should be balanced by acquisition of knowledge and understanding of
community health in the following areas: community development; mental
health; human relations; social change affecting Aboriginal populations;
administrative principles and techniques.
On site training preferred, with familiarisation programs to areas of interest.
That the major thrust of the Northern Territory Health Department's Rural Health
Service would be the vigorous development of a program of Aboriginal Health
Worker Training designed to produce Aboriginalisation of first contact health
services within five years.

Hausefeld, R. G. (1975)

Later that year these recommendations were translated into policy and committees were set
up to implement and guide the policy. These policies were far sighted and today still make
a great deal of sense.

At this time there were two centres involved in training Aboriginal Health Workers, one in
Alice Springs and one in Darwin. Differences in opinion were already appearing regarding
what Aboriginal Health Workers should be doing, and how they should be taught.

"There was some disagreement about the most appropriate content of such a
training program."

Hausefeld, R. G. (1975)

The next report discussing Aboriginal Health Worker education was from the Education
and Training Task Force. This report began with a statement from the then Director of
Health, C. H. Gurd.

"The firm establishment of Aboriginal Health Worker training in the Northern
Territory has been achieved against a former background of conflicting views,
indecision and parochial interests."


Even in these early days it was obvious that there were many individuals and groups with
conflicting interests competing to have their ideas accepted. In spite of these differences
the Task Force was able to complete its report. Some of its recommendations were as
follows:

- To create an independent new category of Aboriginal Health Worker Grades 1-
  5.
- To design a post basic health course taking into account existing course
  materials in this area.
- To adopt the proposal for oral English and literacy training by the Institute for
  Aboriginal Development (IAD).

Education & Training Task Force Report (1977)

Aboriginal people were given the opportunity to talk about the development of the role of
the Aboriginal Health Worker, mainly through talks at the first Aboriginal Health Worker
conference held in 1978 in Darwin. What follows is a selection of their comments.
(Authors are not identified for cultural reasons.)
Warren spoke about training: what is the aim? Are the Balanda (Europeans) there just to teach us their things? He stressed the advantages of training in the community, rather than going away for training.

Now I have to read to you from a paper that the Yirrkala health workers have prepared, with some things just to think about. What is the aim of health worker training?
The status of the health worker - is it acceptable? Will you Europeans accept every one to be trained as one? Don't leave Aboriginals low and you high, as health workers. We should have a level of training as one. Is it on education levels? Well I think my education is poor but I still try - and I am still trying. I'm still hoping to be trained as one race. And I'm looking forward to see every Aboriginal standing level with Europeans.

Un-named Aboriginal Health Workers in First National Aboriginal Health Worker Conference Report (1978)

ABORIGINAL HEALTH WORKER CAREER STRUCTURE

The five professional grades recommended by the Task Force were designed to take Aboriginal Health Workers into professional responsibilities equal to mainstream professional grades.

The Basic Skills training program was established by the Northern Territory Health Department to provide basic training so that Aboriginal Health Workers could be employed at entry levels of grades 1 & 2. Post basic courses were to be designed in various health specialisms such as environmental health and mental health. Completion of these courses would allow Aboriginal Health Workers to progress as far as grade 3. However it was apparent from the Task Force’s report that beyond grade 3, Aboriginal Health Workers would be trained in mainstream training programs such as nursing.

The Task Force subsequently distributed a booklet giving information about Aboriginal Health Workers. Some of the important ideas were clarified:

- The course takes place mainly in the local health centre or a health centre close to the community.
- The sister in charge of the health centre, the district medical officer and adult educators will be the main teachers.
- "Medicine men" can become Aboriginal Health Workers Grade 2 without doing the Basic Skills course

Task Force Information Booklet (1977)

In this document, dated barely three months after the original Task Force report, a significant change in policy was put forward which allowed Aboriginal Health Workers to move forward into professional grades without moving out of the Aboriginal Health Worker profession. This shift implied that Aboriginal Health Workers were now recognised as an autonomous health profession. In other states Aboriginal Health Worker training was seen as preparation for mainstream professions.
Some important ideas about Aboriginal Health Workers to be developed during this time were:

- Aboriginal Health Worker training would take place in communities;
- community nurses would be educators;
- literacy programs were to be developed so that nobody would be excluded;
- the community was to choose their own Aboriginal Health Workers;
- Aboriginal medicine men and women were to be employed as Aboriginal Health Workers;
- Aboriginal Health Workers were to be Primary Health Care workers where only part of their role would be clinical work. The rest of the position would involve community development and environmental health.

In 1988 the five level career structure was finally implemented. During the 13 years it took to achieve this goal, Aboriginal Health Workers were either employed at Grade 1 or Grade 2. Grade 1 was for students and Grade 2 was for those who were registered. Aboriginal Health Workers who wished to progress in their chosen field of health care (move up the ladder) were forced to work under public service clerical administrative officer classifications.

When the career structure was finally implemented it had little impact on remote Aboriginal Health Workers as only a very few were promoted to grade 3. In addition, the grade 3 Aboriginal Health Worker was paid at a rate only slightly higher than an enrolled nurse. Yet to gain a grade 3 position, the individual Aboriginal Health Worker would need to be responsible for the day to day management of a clinic. A registered nurse would receive up to twenty thousand dollars a year more than an Aboriginal Health Worker with equivalent responsibility and workload. This was (and still is) an obvious example of inequality.

Salary inequities continue even today. The career structure for Aboriginal Health Promotions Officers (AHPO) has been developed on the administrative stream, and as reported in the Aboriginal Health Worker Role and Career Structure Interim Project Report,

*It is now clear that there is some degree of resentment by Aboriginal Health Workers of the positions created as Aboriginal Health Promotions Officers.*

NT Health Services, Aboriginal Health Strategy Unit (1996)

Reasons for this resentment are stated to include:

*The AHPOs are based in urban localities, and visit communities to undertake their work. The Aboriginal Health Workers perceive the role of the AHPOs as:*
- less stressful
- less diverse in functions
- having a smaller workload.
The Aboriginal Health Worker's believe that health promotions is a legitimate part of their role, and they receive training through Batchelor College in this aspect of their work. They feel that the AHPOs are taking away part of their job.

NT Health Services, Aboriginal Health Strategy Unit (1996)

ABORIGINAL HEALTH WORKERS' ROLE

A report by Soong (1981) discussed the role of Aboriginal Health Worker. This report was based at Oenpelli and first proposed the idea of Aboriginal Health Workers as cultural brokers. This cultural broker role implied that the health workers would act as the meeting point between the Aboriginal community and Western medicine. The Aboriginal Health Workers would be responsible for:

- translating Western medical knowledge to the community;
- acting as go betweens when Aboriginal people were treated by non-Aboriginal people; and
- teaching new nurses and doctors about appropriate behaviour in Aboriginal communities.

Health workers spoke about how their training should prepare them for their role as cultural brokers:

Here in Central Australia we have tried many ways to bridge the gap between modern and traditional medicine. We encourage people to use both Aboriginal and Western medicine. We call it “two way medicine”. If you can use what is best in modern medicine together with what is best in traditional healing - the combination may be better than either one alone.


I was unable to attend the Aboriginal Health Workers Conference in Darwin last year. I sent them this message: I said that the training program should be fifty/fifty. Half Western medicine and half Aboriginal medicine. We need the wisdom of our old tradition and the strength from our law and our land to carry us into the future. Luckily for us the training program encourages two way medicine. I have been able to collect and teach about various bush medicines. I have also been able to talk about spirits and sickness at the training centre. Last year I did a painting of Anumarra - the Caterpillar Spirit. The training centre used this as their symbol and made T-shirts which said "Anumarra - working for health”.


Departmental guidelines continued to expand directives about Aboriginal Health Workers:

Training and ongoing support of Aboriginal Health Workers is essential for improvement of Aboriginal Health.

The role of the Aboriginal Health Worker is twofold:
- provide primary health care;
- promote environmental health.

Administrative Instruction 10/1986 Aboriginal Health (1986)
During 1985 several major advancements were achieved for Aboriginal Health Workers. The first was the registration of Aboriginal Health Workers as a professional group and the establishment of the Aboriginal Health Worker Registration Board. The Northern Territory remains the only place in Australia where Aboriginal Health Workers have full professional recognition through an Act of Parliament. It also gave Aboriginal Health Workers legal coverage for their clinical work in remote areas and placed upon them and their trainers the responsibility of meeting strict legal guidelines related to practice (The Northern Territory Health Practitioners and Allied Professionals Registration Act, 1985).

The Basic Skills Certificate was accepted as the qualification required for registration of Aboriginal Health Workers in the Northern Territory. The assessment for this certificate consisted of 23 pages of questions which were posed orally, person to person, and were carried out by approved health department personnel. A student was required to achieve 100% accuracy before gaining the certificate and so being able to register. It took many people several attempts. The questions were primarily medical based, with only 10% being related to nutrition and dental health (Basic Skills Assessment List 1986). In essence this document also became a guide to minimum standard practice requirements for Aboriginal Health Workers.

Aboriginal control of Aboriginal health has been a continuing theme. During 1986 there was a concerted effort towards Aboriginalising clinics. Aboriginal Health Workers were asked if they would like to work on their own without nurses. At least three or four clinics in each of the Northern Territory's five regions were converted to 'Aboriginal Health Worker only clinics'. A system of visiting support was established by the Department of Health to assist the Aboriginal Health Workers.

Ten years later in one of the Northern Territory regions, of the three clinics that were handed over to be run by Aboriginal Health Workers not one continues in that manner today. In fact the number of Registered Nurses working in clinics in communities in this particular region has doubled from eight to sixteen. This has led to an erosion of Aboriginal Health Workers' responsibilities and Aboriginal control.

**ABORIGINAL HEALTH WORKER TRAINING**

In 1982 the Katherine Institute for Aboriginal Health (KIAH) was established by the NT Health Department and Aboriginal Health Worker training in the 'Top End' was transferred from Darwin to Katherine. The proposal was that the Institute would promote, develop and research issues related to Aboriginal Health Workers and Aboriginal health. KIAH was a major step forward whereby an autonomous group within the department became responsible for promoting the role of Aboriginal Health Workers.
At this time there was a national trend for health practitioners, such as nurses, to be trained through higher education programs. Aboriginal Health Workers were also attempting to improve their own professional status amongst the other health professions. Formalisation of Aboriginal Health Worker curricula through TAFE and Higher Education programs was seen as one way of achieving this higher status. As a result of this, during 1988 the first discussions were held with Batchelor College to consider the transfer of Aboriginal Health Worker training (Batchelor College 1988).

By 1989 the proposals were accepted, and the NT Department of Health & Community Services (NTDOHCS) agreed to transfer responsibility for Aboriginal Health Worker education to the NT Department of Education through Batchelor College. Batchelor College had developed its reputation through innovative approaches to Aboriginal teacher education (RATE 1987). Aboriginal teachers were at this time graduating from the College with qualifications equivalent to mainstream teacher qualifications.

A pilot project was commenced in 1989 across the Northern Territory. This project was funded by the Department of Employment, Education and Training (DEET) to develop and implement a new approach to Aboriginal Health Worker education. In 1990 all Aboriginal Health Worker training staff and facilities were transferred from NTDOHCS to the NT Department of Education under direct control of Batchelor College. The Certificate in Health Science (Aboriginal Community Health) was accredited by the NT Employment and Training Authority in 1991, and accepted by the NT Aboriginal Health Worker Registration Board as a qualification requirement for registration equivalent to the Basic Skills Certificate. In 1993 the Associate Diploma & Diploma in Health Science (Primary Health Care) was completed and the curricula accredited, thus enabling Aboriginal Health Workers to enter into a higher education course for their own profession for the first time.

Some Aboriginal Health Workers were very concerned about the move to Batchelor College:

Many Aboriginal Health Workers did not support the idea of travelling to Batchelor for in-service. Many Aboriginal Health Workers supported the introduction of more on-site training instead of travelling to any location for in-services.

Aboriginal Health Worker Conference Report (1988)

Aboriginal Health Workers have continually asked to be trained in their own communities, and recommendations have repeatedly supported this ideal situation (Soong, 1981, Hausefeld, 1975) but still today, after 23 years of asking, it has not happened.

Eileen Willis (1984) commented on this problem stating:

In the period 1980 to 1982 a project aimed at encouraging rural nursing sisters to teach functional literacy to Aboriginal Health Workers found that less than a quarter of the sisters had the necessary time, resources or encouragement.

Willis, E. (1984)
This short quote describes a situation that continued for most of the time that the Health Department controlled Aboriginal Health Worker training. Registered Nurses had the primary responsibility for much of Aboriginal Health Worker education, but in the majority of cases they just did not have the time or the preparation to carry out this task.

When Batchelor College established the School of Health Studies it was hoped that finally Aboriginal Health Workers would have access to education in their own communities. Continued cost cuts however, have resulted in the often repeated requests never being implemented because of lack of resources.

To quote from John Ingram, the Director of Batchelor College on this issue,

There are several factors contributing to this, the major one being the high number of communities with students enrolled in the course, resulting in scant distribution of teaching resources (both human and financial).

Ingram J. in Josef, P. et al. (1991)

ABORIGINAL HEALTH WORKER NUMBERS

In 1991 NTDOHCS established a committee to review costs. This group was widely viewed as a ‘razor gang’, and in many cases this proved to be correct. The committee recommended cuts to funding in several areas, although in the case of Aboriginal Health Workers the group actually recommended an increase in Aboriginal Health Worker numbers by 56. This represented an overall increase in Aboriginal Health Worker numbers of almost 20% and was an amazing turn of events in a climate of cost cutting, highlighting the group’s appraisal of the importance of Aboriginal Health Workers (CRESAP 1991).

A 1987 profile of Aboriginal Health Workers states the number of Aboriginal Health Workers employed in the Northern Territory to be 298, while in 1995 the Northern Territory Community Services and Health Industry Training Advisory Board plan suggests the number of Aboriginal Health Workers employed is 275, a reduction of almost 10%. What happened to recommendations supporting the increase of Aboriginal Health Worker positions by 20% in 1991?

One investigation into the issue of retention of Aboriginal Health Workers in employment stated:

This document proposes that at the heart of the issue of why Aboriginal Health Workers do not stay, is lack of equivalent status to outsiders.


ABORIGINAL HEALTH WORKERS INTO THE FUTURE

National interest in Aboriginal Health Workers first came to the fore in 1989 with the National Aboriginal Health Strategy, and again in 1991 with The Royal Commission into Aboriginal Deaths in Custody. Both of these highly influential reports gave strong
endorsement for the role Aboriginal Health Workers should play in improving the status of Aboriginal health.

1995 saw the recognition of several Aboriginal initiatives whereby a number of national committees were established to develop the role of Aboriginal and Torres Strait Islander Health Workers (A&TSIHW). One such committee was to research and establish National Competency Standards for A&TSIHW education. These standards will define the role that A&TSIHW's will undertake.

Another committee was to investigate the possibility of the establishment of a national forum of A&TSIHW's for ongoing consultation. Aboriginal majority was an outstanding feature in both of these committees' membership, thus facilitating Aboriginal control of Aboriginal issues in health.

Pat Ah Kit gives a warning to the critics of such facilitation:

*The right to make mistakes is of fundamental importance. Not only is community control the most practical and effective approach to solving the problems of Aboriginal health, it is also essential if talk of self determination is not just rhetoric. How can people learn, how can they develop self - determination except through control, and the mistakes it inevitably entails? We should also remember that the non-Aboriginal controlled health system is in absolutely no position to criticise Aboriginal mistakes. After over a century of their control the health status of Aboriginal people remains a national disgrace and an international embarrassment. "Mistakes" is too light a word for some of the health policies that Aboriginal people had to endure under white domination. Yet despite this history, Aboriginal people would welcome the advice and assistance of that system in creating their own genuine community controlled health system.*

Ah Kit, P. (1991)

The history of Aboriginal Health Workers shows an effort from several individuals who attempted to define policies which would give Aboriginal people a real say in the management of their own health. Tim Rowse describes what he calls "welfare colonialism" as the continuation of the colonisation of Aboriginal people through welfare programs. This short and incomplete history describes the colonisation of Aboriginal Health Workers in the NT through well intentioned governmental policies.

Tragenza and Abbott (1995) in a publication titled "Rhetoric and Reality" have also used a historical analysis of Aboriginal health policy in relation to Aboriginal Health Workers to argue that policy implementation in Aboriginal health has too often been rhetoric.

For Aboriginal people to gain control of Aboriginal health then someone else must lose control. It is time that a more comprehensive historical analysis be completed into the setting up of the Aboriginal Health Worker program in the Northern Territory, so that the question can be asked, to what extent has the role of Aboriginal Health Workers been colonised and to what extent is that colonisation continuing.

A few months after arriving in Arnhem Land while visiting one of the remote clinics I was introduced to John Cawte and John Mathews. I did not know these two people
and proceeded to tell them exactly what I thought should be done in Aboriginal health worker education. Later as I undertook an extensive review of literature I discovered that both of these people were eminent professors who had worked in Indigenous health for many years, in contrast to the arrogance of this brash newcomer. Since that time I have listened to what seems to me to be a thousand opinions about Indigenous health and the role that Indigenous health workers play in achieving that goal. These opinions are sometimes valuable, sometimes not, and sometimes based on the learned opinion, sometimes not. The people with these opinions are often in positions where their opinions influence the daily lives of Indigenous people in remote areas. This is where people who take on these positions of influence need to critically reflect on the impact of these opinions on the Indigenous community.

This brief history shows the similarities between the history of Aboriginal Health Workers and the much broader history of colonisation of Aboriginal people. It also provides an understanding of some of the major issues that AHWs have faced over the last 24 years. There are currently several excellent movements at hand which again attempt to give Aboriginal people control. Each of us who work in Aboriginal health must keep this sad history in mind if there is to be any chance of success for Aboriginal Health Workers.

5.2: BOTH WAYS: A POSSIBLE SOLUTION TO INDIGENOUS HEALTH EDUCATION PROBLEMS

When I first arrived in Arnhem Land I visited a small community on an island just off the mainland. The people there had just finished introducing a few young boys to the law through their manhood ceremonies. But in the Aboriginal world it is far more than just a welcoming to manhood. Each boy learns of the songs, stories, dances and drawings of his totemic ancestors. It is at this time that the youth’s relationship with the land is established. After his initiation he is obliged to follow the laws of his ancestors. I met these boys one or two days after the ceremony had been completed. The boys were being monitored in the clinic for potential problems with infection, not that I think there was any risk of this as the old men were practised at what they did and knew how to protect the boys from harm.

In this particular area it was tradition to paint on the boys’ bodies with ochre patterns and designs that told secret stories. I later learned that these drawings linked the boys to their ancestors and the land of their birthright. I noticed that the boys’ paintings were not washing off as would be normal with ochre on skin. When I asked why I was told rather sarcastically by the nurse that the old men were using aquadhere, a liquid glue to make the paintings last longer. This upset my informant as he saw it as proof of the disintegration of the culture.

I did not think about this incident with the same disdain as my informant, for a long time I had not thought of it at all. It then suddenly clicked with me, “Ah Hah! what was going on here may have been that these Aboriginal people were choosing things from the white man’s world to make their culture strong.”

This story illustrates the meaning of Both Ways.

This section expands on the definition of Both Ways described in Section 1. The definition of Both Ways cannot be rigid, but is constantly being developed through dialogue and research. It is important that this development continues so that educators do not become locked into dogma, the antipathy of the Both Ways philosophy.
Both Ways education is a process in which the students are asked to bring together Aboriginal and non-Aboriginal domains into something new and useful that combines the best of the two worlds.

Students are encouraged to engage in a process of critical reflection of current practices in order to propose ways of improving that activity. Through studying and participating in this process of critical reflection and hypothesising methods to improve the situation, the students become empowered to take control of their personal and professional future.

Yunupingu (1993) emphasises the importance for him as an Aboriginal person of finding a balance between the knowledge and heritage gained from his elders and the knowledge gleaned from his non-Aboriginal teachers. He wishes to retain his Aboriginality whilst functioning successfully in the non-Aboriginal world.

This section is my detailed description of Both Ways education. It is important to note that in avoiding dogma, my description of the paradigm and its development denotes the way my thoughts were directed at a particular point in time. Within only weeks of being documented the paradigm goes through changes, but this is the essence of my use of the Action Research method with its basis of improving action without being locked into testing a fixed hypothesis.

The paradigm needed a central theme to guide its development, a central theme that is obvious to any person associated with Aboriginal health and is supported by authors such as Anderson (1988 & 1997). He suggests that it is necessary to look for a new approach to Aboriginal health care. These views are repeated in both The Royal Commission Into Aboriginal Deaths in Custody (1991) and A National Aboriginal Health Strategy (1989).

*In order to rebuild a cohesive world, Aboriginal people must meet the demands of integrating the traditions of the past with the current Australian context in which Aboriginal people are only a small minority of modern society.*


Anderson (997) revisits this idea years later with the comment:

*Consequently, problem resolution becomes focused on biomedical interventions that need to be appropriately altered to suit Aboriginal culture.*


The National Competency Standards for Aboriginal and Torres Strait Islander Health Workers stated:

*Knowledge and understanding of local community traditions, values, cultural beliefs and expectations, and how these affect the way the health worker must practice.*

National Community Services & Health ITAB (1996) p43

Comments such as the ones made above support the notion of Both Ways. They hint at a solution to the great paradox of Aboriginal health in Australia. Why do well established
medical practices, that have worked so well for white Australians and given us one of the longest life expectancies in the Western world, so clearly fail with Aboriginal people?

The answer to this is twofold. Firstly, the environmental conditions that affect the lives of Aboriginal people are so clearly different. This difference is described in the UPK Report (1987) and books such as Housing for Health (Pholeros et al. 1993). Secondly, we fail to realise that our medical practice is socially constructed to meet the needs of Western society. To present a clearer picture of how this works I tell the story of two sick people.

Two men are feeling sick, both have a fever, are coughing and complain of headaches. One man goes to the doctor, he doesn’t know this doctor but sees the degree on the wall and therefore trusts his opinion. The doctor does a few tests, asks a few questions and then diagnoses a chest infection. He prescribes antibiotics for the man and sends him home with a certificate for a couple of days off work. The man goes home, takes the antibiotics, knows they will take a few days to work so he goes to bed with a good book and enjoys his time at home. After a few days he is feeling better so he doesn’t finish off the tablets but gets better anyway.

The second man lives in a remote area, he takes himself to the clinic where he meets a health worker. This health worker is his sister and the man feels very uncomfortable talking to her about his condition. He hardly answers any questions and is reluctant to allow her to listen to his chest. The health worker knows her stuff and regardless of the difficulty diagnoses a chest infection. She orders exactly the same treatment as did the doctor for the first man, antibiotics and a couple of days rest. Now this man has different expectations of the antibiotics and expects them to work straight away. So after taking them for one day he throws them away because they haven’t made him any better. When the man gets home there are thirteen people living in his house and it is very difficult for him to rest and relax so he ends up heading off to work to get a bit of peace and quiet. Needless to say he doesn’t get better.

This is a very simplistic description of two men’s illnesses. The story attempts to show how an individual’s perception of disease can actually affect the way they interact with the treatment, and ultimately effects the outcome of the disease or the recovery. How an individual interacts with a particular medicine, a doctor or even a doctor’s order is very much socially and environmentally driven.

The Western medical system is culturally laden from a particular world view, it is constructed to serve people in a particular culture with the doctor’s management regime generally being based on an average person from a Western background not considering cultural differences.

It is when the Western medical system based on a deficit model is adopted to solve the Aboriginal health problem that conflict occurs. This model is based on finding all the negative things about Aboriginal culture and trying to supply medical remedies for them. If Aboriginal Health Workers could find and use a method of working that included and validated Aboriginal knowledge and experience instead of such knowledge being ignored or deemed to be inferior, then Aboriginal people could become collaboratively involved in (if not control) a science that was based on validating Aboriginal culture rather than rectifying it
The introduction of this thesis argues that active collaboration in solutions should be the role of Aboriginal Health Workers. Indigenous collaboration in solutions is also what I believe Anderson, The Royal Commission Into Aboriginal Deaths in Custody and the National Aboriginal Health Strategy are referring to in their recommendations. This thesis does not suggest that Aboriginal Health Workers reject or ignore the proven useful and successful advances and technology that are part of the Western medical system, or indeed that they are denied knowledge of and access to such a system. However, if they worked as social scientists they could develop ways to implement this medical knowledge, that has been tested through the biological sciences and shown to be of value, more effectively in Aboriginal culture. As well as health professionals in various fields developing technical manipulations such as those of the Menzies School of Health Research, Aboriginal Health Workers would be developing a social reconstruction of medical procedures based on the mutual validation of both Aboriginal and non-Aboriginal knowledge.

What is this science we talk about? With science as it is currently constructed under the positivist model, you need to be knowledgable before you can create new knowledge. Phillips (1994) describes the attitude of scientists and some of the skills required to be a scientist. In his praise of the profession of science Phillips has described a major barrier to Aboriginal Health Workers becoming collaborative researchers when he suggests that science is "a little chauvinistic". He goes on to state:

This may sound a little chauvinistic. After all, why should a scientist be taken any more seriously than any body else? Well in my opinion, in these circumstances anyway, there is good reason to take a scientist more seriously. Scientists are trained observers, and are trained to observe the world in a very scientific way. Through experience and training they've learned not to jump to conclusions and not to accept apparent facts at face value.


Phillips' main claim to fame as a television reporter does not make him a great scientist, but his comment here does reflect the general attitude of a great deal of the scientific world. Knowledge in this paradigm becomes increasingly more difficult for the uneducated to obtain. Knowledge becomes a weapon of oppression.

How can Aboriginal Health Workers compete in this arrogant and overwhelming environment? Many students come to college with less than seven years of basic schooling, schooling where science is secondary to the three R's (most have never even seen the inside of a science laboratory). How, in four years can they learn to control the way health is implemented if they are competing with scientific arrogance such as this? They will spend the rest of their working lives pursuing scientific knowledge, and they will be manipulated and controlled by this pursuit of knowledge (Fals Borda, 1979).

This thesis argues that the only way that Aboriginal Health Workers can operate scientifically is to work with a new scientific paradigm, which should allow them to act as
researchers and to construct knowledge that is appropriate to themselves and their people. The ideas that students describe must stand the test of scrutiny by their peers and other medical professionals.

It is the central tenet of this thesis that Both Ways can achieve these objectives. If it is successful then Aboriginal people can truly take control of Aboriginal health. This is because the ideas developed with Both Ways education can and should be a way for Aboriginal people to become co-creators in the construction of a new knowledge, with the help of non-Aboriginal people if need be, but not the reverse as is current practice.

Non-Aboriginal knowledge will remain irrelevant and relatively useless to Aboriginal people until it is constructed into the Aboriginal social system with Aboriginal people as co-creators of this social reconstruction and as long as the acceptance of the validity of Aboriginal knowledge and experience is refused. (The idea of co-creators is adapted from Skolimowski, 1994.)

This thesis argues that Aboriginal Health Workers must use rigorous research methods to find ways to make Aboriginal people healthy. Both Ways must abide by certain conditions so that the mainstream medical world sees the knowledge that Aboriginal Health Workers develop as valuable.

- The Aboriginal Health Workers must create knowledge which is generally of some perceived value to mankind. The knowledge is used to predict behaviour, behaviour of everything including particles, stars, animals and human beings. (Note I avoid the use of the term reality. Since Popper (1972) there are very few people who still seek reality.)

What then differentiates science from every day life experiences? Surely experiential learning is also an individual’s creation of personal knowledge? The following two points describe how science is different from gaining knowledge through life experience.

- The Aboriginal Health Workers must use an accepted methodology or process. The ability to predict comes either from an inductive or deductive process, i.e. an inductive process reflects on information gathered over time to predict an outcome; a deductive process first offers a solution to a problem and then investigates the outcomes when the solution is implemented, in order to predict future outcomes. There are a number of accepted methodologies which can be chosen from either the positivist or constructivist traditions. A strong methodology will provide the health workers with rigour. The choice of methodology very much depends on what is being researched and who will be scrutinising it. The methodology must be clearly described. [The only philosophers refuting this are the anarchists Skolimowski (1992) and
Feyerabend (1988) who suggest that the production of knowledge is random and chaotic rather than organised and systematic. Not that I would presume to disagree with their ideas but for the purpose of disseminating the new knowledge Aboriginal Health Workers may create, their claims remain too radical at this point in time to be accepted in the mainstream.

- The new knowledge developed by Aboriginal Health Workers is then shared through publication where it is further scrutinised by peers and other scientists, the ideas are either accepted or rejected by individuals, and eventually a critical mass of popular acceptance is achieved. (We will note here that validity does not necessarily lead to popular acceptance. Copernicus and Darwin, to name but a few, were able to validate their work through solid acceptable scientific method but their propositions did not receive popular acceptance for many years.) If a critical mass of acceptance is not achieved then the ideas are rejected. In this way we can see that the acceptance of new knowledge does not depend on it being true or real but on its perceived value by peers and scientists.

From this point the thesis argues that Both Ways meets all these requirements. It creates new knowledge; it uses accepted methodology; and it is published for scrutiny. The thesis goes on to describe Both Ways and how it meets these conditions.

**EARLY EXPERIENCES WITH BOTH WAYS AND ABORIGINAL HEALTH WORKERS**

During my early involvement with Aboriginal Health Workers in 1987 and 1988 I frequently visited Yirrkala (a community in North East Arnhemland) where I came into contact with the Remote Area Teacher Education program known as RATE (described in detail by Kemmis & McTaggart, 1988) which was being developed by Batchelor College. At that time the College was devoted mostly to teacher training and was developing and talking about a new approach to Aboriginal education. Aboriginal teachers were beginning to debate these issues themselves and presented their ideas at a Perth conference (Learning My Way, 1988). I quickly realised the importance of these new ideas and their potential relevance to Aboriginal Health Worker education.

From these humble first introductions Both Ways came to be the paradigm I had been searching for. It was possible, as far as I was concerned, to use Both Ways in Aboriginal Health Worker education. During the documentation of my thesis I have worked to develop it into a complete model governing my teaching praxis.

It was part of my job to carry out student assessments for the Basic Skills Certificate in the remote communities. This assessment was done on a one to one basis and was at the
time considered to be good practice. However, quite often on arrival in a community the student could not be found and the assessment process became an expensive, time-consuming and frustrating exercise.

It would be easy to think that I had frightened or upset the student in some way, or even that I should get angry with the student. However, in an attempt to find out what I could do about this irritating phenomena I talked to a lot of people. As usual every person I spoke to had a different explanation, some would say that they were slack; others that they were afraid of what was going to happen and knew they were going to fail; while a few people just said they had different priorities to me.

Another frustration that was difficult to understand was the occasional misuse of government vehicles by health workers. A typical report to come from the nurses would be, “They ran off with the car when they were on call, an emergency occurred and we had to evacuate the client in a private car!”

Stories like this came from all over, they were not isolated events.

Our world sees this behaviour as close to criminal negligence and grounds for instant dismissal, and the students were well aware of this. With great frustration there was ongoing dialogue as to how these occasions could be handled. Some people would say “How could these people do something so awful?” And many people used this as evidence that Aboriginal people were of a corrupt nature and had no moral fibre.

One time, a health worker had just been taught how to care for a child with a middle ear infection. She was taught that it is important to carry out treatment to prevent adult hearing loss, and she was shown data which explained the problems children with hearing loss could have in learning. During assessment the student showed clearly that she knew and understood the correct procedure for managing this problem. Two weeks later I went out to the community for a visit and noticed that her three year old boy had green pus coming from both ears, a clear sign of middle ear infection. My first instinct was to interpret what I saw as the student being a very slack mother and reprimand her. I felt like a failure.

I do not describe these events merely to complain, or even to suggest that it was hard to teach these people anything, because I know they knew what I taught them. I describe them to illustrate the different priorities set by the two cultures. I was starting to recognise that I was imposing on the students a set of culturally defined norms that were relatively alien to their own.

This is not to say that the health workers did not understand our priorities and learn to respect them, in fact I felt that the students often understood us far better than we did them.

The health workers were, as I observed, stepping out of one world and into another. They would come to work, shower and put on a clean set of clothes. The ‘best’ health workers could transfer into this Western style of health care comfortably and without problems,
and as soon as the day was over would return to their homes and put their old clothes straight back on. It was common for community nurses to say things such as, “They’re great health workers, but you should see where they live”.

Stephen Harris (1988) describes this phenomena in education as domain separation, and Tim Rowse (1992) describes the same domain separation in administration. However I do not support the idea as Harris does that this domain separation is inevitable. It is my experience that it is our own ignorance of Aboriginal culture and our refusal to integrate it into our practice even though we are often guests in the Aboriginal world, that forces Aboriginal people to separate home and work into these two worlds.

A good example of the nurses’ frustration and their unwitting cultural arrogance is seen in Grayson Gerard’s, “Kava: A Letter from a Nursing Sister Based in Arnhemland, Northern Territory, to a Sydney Colleague” (1991).

_The health workers live in those houses too. And the cleaners - they come here and scrub and slosh disinfectant everywhere, and it’s only to please us. Jo’s talk about Kava to the conference down south was only to please us._


This was indeed true in some cases. Some of my students were able to move comfortably between the Western style medical clinic with its sterile conditions and practices and their own living conditions which, in some cases involved living in humpies; eating off dirt floors; no running water; no toilet facilities; and fourteen or fifteen people sharing with them. The gap between their lives in the clinic and at home never ceased to amaze me, especially in how easily they would rid themselves of one persona and don another.

This describes how the students could interact with the world differently, but I was soon to realise that it was more than just their actions in interaction with the world that were different. Their attitudes, motivations and priorities which guided this interaction were also different. It became apparent to me that Aboriginal people perceive the world differently.

This became evident to me one particular time when I was teaching the students about measles. There was a very nice health department poster of a healthy Aboriginal baby with a caption relating to the importance of keeping the child healthy through immunisation. Now I put this poster up to refer to when I was talking about measles. But as I was talking I noticed that the students seemed to be concerned whenever I referred to the poster as depicting a healthy young child.

After the lesson I talked to a confidant about the poster and asked whether I had done something wrong with it. She told me that I had done nothing but that the child did not look happy and it was difficult for the students to see the child as healthy if it was not happy. When I went back to look at the poster again I could see that the child looked almost afraid of the camera.

This event incited me to try an experiment. I took a drawing of a young, emaciated child and superimposed the face of a young, smiling child and showed this to the students. The majority said (with hesitation) that the child looked healthy. I then asked them to describe what a non-Aboriginal person might say when looking at the picture. They had no problem explaining that the non-Aboriginal person would say the child
was skinny and was not getting enough food. This was then used as a focus of
discussion and the students categorised their comments about the child into what
Aboriginal and non-Aboriginal people would use to judge the child as healthy. This
was no problem for the students.

Stephen Harris describes this process quite clearly in the educational context and while, as I
have already discussed I do not agree with Harris’s solutions to these problems, at this
point his statement clearly describes the attitude of many who work with Aboriginal
people.

"The two cultures are antithetic - consisting of more opposites than similarities.
They are warring against each other at their foundations."

Harris, S. (1990) p9

Reid (1983) and Nathan & Japanangka (1983) describe the difference between the Western
and the Aboriginal world view of health.

This idea was further expanded after reading the Sapir Whorf Hypothesis, i.e. that language
defines world view. This is described in the Aboriginal context by Helen Watson (1989)
who suggests that the grammar of a language constrains its users to think in a very different
way to the users of other languages. On the other hand McConvell (1991) not only argues
that this hypothesis is incorrect, but also describes its misuse by Harris in claiming that
naive interpretation of language meanings has led to a negative perspective on Aboriginal
knowledge. Skolimowski (1994) claims that the mind is the co-definer of knowledge. In
this respect he supports the assumption of multiple world views, not only between
Aboriginal and non-Aboriginal but possibly between each individual on this planet.

My experiences supported the views of Watson and Skolimowski that Aboriginal people
perceive the world very differently. At that time however, I did not know how to
incorporate this into my teaching, but a lesson on conception made me realise the error of
continuing to ignore it.

I had spent three or four hours using videos and other aids to describe the development of a
child in the uterus. I was very pleased with the result, it had been a very well organised
and well delivered lesson. The students were very interested and asked useful questions.

In the afternoon we went out on one of our regular hunting trips, where I was the student
being shown various things. After we had finished our walk, cooked what food we had and
were sitting down to eat one of the students started to explain to me how he was
conceived. I sat in astonishment as he told me this story.

My mother lived in the bush and was still living much the same as her ancestors,
gathering food as they had done for thousands of years. At this time she was walking
on the mud flat collecting long neck turtles. To do this you walk the miles and miles of
flood plains that are found next to the major rivers in this area. They are covered in
long grasses and are quite muddy. To find the turtle you carry a long stick and push it
into the ground when you see certain signs that make you think a turtle is under the
mud.
Now my mother had been collecting turtle on this day for a while and this time as she pushed the stick into the mud she felt the shell of a turtle and prized it out of the mud. When she got it to the surface she was horrified to find that she had lifted two male turtles on top of each other. Although it was not uncommon to find male and female together it was uncommon to find two males. At first my mother saw this as a bad sign and felt that she may become sick, she was worried for days and decided to go and see the clan’s doctor. He told her that this was not a bad sign, it was actually a good omen. The spirit of the turtle had entered her and she would have a male child and the doctor told her the name she would have to give the child. The student went on to explain that he was the spirit of the turtle and to prove his case he showed me the scar on his back where his mother had plunged the stick into the turtle and killed it.

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This student was able to accept two realities, the reality of his own spiritual conception and that of the Western scientific explanation. In our society if we are told an opposing truth our minds are put in a state of dissonance and eventually when we consider the options we accept one or the other option. It appeared to me that Aboriginal people were often able to accept two realities.

During 1989-1990 my challenge was what to do with, what appeared to me at the time to be such enormous cultural difference. However, by 1997 I began to witness how the differences that were so apparent in 1988, and clearly described by both Harris (1990) and Reid (1983), were paradoxically the cause of barriers to progress of Indigenous health workers as autonomous professionals.

The challenge in 1997, after witnessing the students’ experiences was to find ways to incorporate this knowledge into my teaching. Fanon (1968, p18) states that the major problem for him as a North African living in France is when difference is racialised and people such as himself lose their individual identity through racial stereotyping; stereotyping which labeled Fanon as an inferior other. The impact of Fanon’s ideas about himself as ‘other’ on students at Batchelor and later Sydney, and my efforts to find pedagogical ways of dealing with this will be discussed in Sections 8 and 9.

**HISTORY OF BOTH WAYS**

In the Northern Territory there are many opposing viewpoints on how to improve Aboriginal education, with two of these viewpoints dominating. The model described by Harris (1990) and Bain (1992) as Two-Way Schooling and that described by McTaggart (1989), Yunupingu (1993) and Watson & Chambers (1989) as Both Ways Education. A brief history of the development of the debate is given to clarify the controversy around these concepts.

This section will also try to explain why I personally favoured Both Ways as the guiding paradigm in Aboriginal Health Worker education when I began the research.
An Australian Council of Church’s publication (Harris, J. 1990) describes that in the mid 1970s in some Aboriginal communities in Northern Australia, the church began to realise that its many years of assimilationist policies, which insisted on the banning of traditional religious ceremonies had only succeeded in damaging Aboriginal people. This had, for a long period of time, caused great antagonism amongst some Aboriginal people towards the church, and consequently divided the community.

McIntosh (1994) describes the 1957 adjustment movement in Arnhemland as a major move by Aboriginal people to find a bridge between their own traditional beliefs and Christianity. It is one of the earliest examples of Both Ways, with Aboriginal people attempting to reassert the importance of their heritage in the face of the changes rapidly enveloping their culture. Wilson (1978) describes the Catholic Church’s efforts to find a nexus between the Aboriginal religions and their form of Christianity.

During this period there was the beginning of a strong cultural revival and many traditional Aboriginal people were able to become religious leaders in the various churches. These two things led to the church having to accept that the so called ‘Dreamtime’ religion had many acceptable aspects, and once properly understood, was in some ways fundamentally superior in social construct to Christian practices.

An example of this is the kinship system used by Aboriginal people to create a universal family. Kinship is something the church has been trying (albeit unsuccessfully) to teach for centuries, and yet it has existed in Aboriginal society for over 40,000 years.

I have been fortunate enough to attend both Catholic and Methodist (Uniting) churches where Aboriginal icons, language and music are incorporated into the liturgy. In many of the churches there are now aspects of traditional Aboriginal culture accepted by the church and allowed to co-exist with Christian traditions. A popular example of this is the Christmas card collection from the Merrepen Arts Aboriginal Corporation (1993) which depicts a nexus between traditional cultural beliefs and Christian beliefs. This form of co-existence became known as Two Way Religion.

As the Aboriginal voice became louder another aspect of 'two way' became apparent, this time in the law courts. Many Aboriginal elders were demanding recognition of their traditional laws, and before long the courts were pressured, due to the extremely high per capita imprisonment rates, to accept that in some situations it was appropriate for people to be punished by traditional methods of Aboriginal people. In some court rooms around Australia, Aboriginal elders were invited to be involved in proceedings to assist the judges with decisions about guilt and punishment. On occasions Elders were given permission to sentence people with traditional punishments, using what became known as ‘Customary Law’. Discussion about the workings of these two legal systems in so called harmony and
the difficulties encountered in trying to balance them can be found in Kirby (1985) Williams (1987) and Venbrux (1995).

In the 1960s and 1970s a strong realisation emerged amongst educators that models of education based on rectifying perceived deficiencies in Aboriginal people were failing. Aboriginal people were being left behind by the system and people saw that the cause of this was not an inherent problem with Aboriginal people but a fault in the way they were being taught (Tatz 1969, p218). In response to this a plethora of alternative educational models dedicated to new approaches to cross cultural education began to emerge.

Bell (1990, pp30-35) describes five educational models used with Aboriginal people.

- The first model she describes is based on rectifying either genetic, environmental or social deficits in Aboriginal people. This model of education was common practice at the time and was applied to students in the general education system. Freire (1974) called this mode of education "filling the empty vessel". For Aboriginal people however, the need for improvement was seen to be far greater (the vessel was much emptier) than for the general community. The cultural dissonance that was created when young Aboriginal people went into the alien non-Aboriginal classroom meant that the student was not only shamed, in that they were constantly reminded of their perceived deficits, but they were in an environment that denigrated everything that their home life was telling them was good.

- The "Differences Model" of education emphasises the unique culture that Aboriginal people have. This model of education claims that its aim is to preserve Aboriginal culture.

Harris (1980 & 1990) was among the first authors in the Northern Territory to suggest that this idea was relevant to Aboriginal schools. As a result of this, several remote schools in the NT took up bilingual teaching programs which taught reading and writing in Aboriginal languages and the teaching of Aboriginal culture such as dance and song. Baines (1992) and Keeffe (1992) also describe two way domain separation models in use, and give glowing reports of results of this type of education in action.

Bell sees some benefit in this model but suggests that it does not go far enough. Both Folds (1993, 1988) and McConvell (1991) are strong critics of this notion of two way education. Folds criticism is stinging when he states:

Two way theories were themselves a response to the unwelcome costs of change, but instead of confronting those costs they offer the false hope that they yet can be avoided.

• The “Conflict Model” Bell states is based on Marxist theory (1990, p34). As discussed earlier there are many different models that fit this category such as Friere's Conscientization Model (1974). This model, and others such as Kemmis & McTaggart’s model of Action Research (1988) are currently being applied in many communities by various educators, and many researchers support their use in Aboriginal education, including McClay (1985) and McConaghy (1991). Such models are based on critical reflection of the issues currently facing Aboriginal people, and allow the students themselves to become actively involved in finding practical solutions to context based situations.

• Betty Watts’ model (1982) proposes Aboriginal people’s involvement in schools to insure that Australia’s many unique Indigenous groups are catered for through the support and monitoring groups set up in various school councils. Watt’s ideas can be seen in the setting up of school councils and various other organisations which give Aboriginal parents a say in the education of their children.

• Finally Bell discusses Dr Roberta Sykes’ model (1986) which is quoted as being, “... a recovery of the traditional Aboriginal model of education”. This model was based on the traditional model which defined the community elders as the principle educators whereas the Western system made the children the educators of their parents, as the knowledge the children were gaining from schools was often being seen by the parents for the first time. Sykes claims this to be one of the major reasons for the failure of the non-Aboriginal education system with Aboriginal people.

Sykes suggests that with her approach there would be no need for experimentation as this system has functioned successfully for 40,000 years. Unique Aboriginal institutions, dedicated to Aboriginal education would be set up and be controlled by the Aboriginal parents and elders, who would participate as co-learners alongside their children, thus reversing the process of the children knowing more than the adults.

To date several programs have been established along these lines, for example schools in Redfern in Sydney and Strelley in the north of Western Australia. Curtin University has also adopted this approach under the banner of “Aboriginal Terms of Reference” (Kickett, 1992) where Aboriginal people are placed in the forefront of the programs, and non-Aboriginal people play only a temporary, stop-gap role.
These models are placed on a continuum of educational approaches (see Figure 12) with the deficit models to the left hand side being more orientated to the non-Aboriginal educational models controlled by non-Aboriginal people, and the models to the right hand side being more closely related to Aboriginal models of education under Aboriginal control.

Figure 12 Continuum For Aboriginal Educational Models

A group of teachers at Yirrkala School after critically thinking about these ideas (Yunupingu, 1987) used Action Research in an attempt to take the two way schooling concept well beyond its beginnings. They began to look for ways of integrating Aboriginal culture into every aspect of school life from teaching practice to school management.

The Gamna project was set up at Yirrkala school and was monitored by Deakin University (Watson & Chambers, 1989 and Yunupingu, 1993).

The word Gamna is taken from the local Aboriginal language which describes the meeting of two waters (salt and fresh) at the mouth of a river.

"Gamna is the turbulence and foam which arises where the downstream flow of fresh water in a river meets the tidal flow of salt water from the sea."


The Gamna is a perfect metaphor for Both Ways in that it describes the turbulence that is created at the meeting of two cultures. This gamna was used as a metaphor to describe an exchange of information between two cultures.

Their reflections led to the rejection of two way practices (which focussed on differences) and the coining of the term Both Ways to describe the processes that were being developed. (For a stinging attack on two way see McConvell, 1991). The Both Ways process attempted to draw from the best of both worlds, but more importantly it placed the teachers themselves in control of their own practice. The teachers used Action Research to discover the best teaching methods for young Aboriginal students.

Both Ways lies very much to the right hand side of the continuum. However it does not go quite as far as Sykes’ model in that it does not promote the exclusion of non-Aboriginal people. Sykes promotes the creation of a uniquely separate system which is self-propagating and totally apart from the non-Aboriginal system. Although this approach has many supporters it appears to ignore the interface between the Aboriginal world and the non-Aboriginal world, while Both Ways is a system which devotes itself to investigating that interface. Both Ways makes the claim that it places Aboriginal people in control of
the interface and concentrates on Aboriginal people retaining their unique identity while being successful at this interface.

McIntosh (1994) also describes a similar process of sharing ideas when he recounts David Burrumurra’s reasoning for his leadership in the adjustment movement of 1957.

Wali Wunungmurra explains Both Ways clearly when he states:

We can not hold back change which will happen whether we like it or not. But as a minority society we can adapt by finding common ground with the majority society. It is through an exchange of meanings that we can produce a ‘two way’ school curriculum. In an exchange of knowledge both sides learn from each other instead of knowledge coming only from the Balanda side. But Yolngu and Balanda knowledge will only come together if there is respect for our knowledge and where Aboriginal people are taking the initiative, where we shape and develop the educational programs and then implement them.


(Balanda is language for non-Aboriginal person; Yolngu is language for Aboriginal person.)

The debate over which model is best has been very heated and, apart from a minority of authors such as Sykes and Yunupingu, has been dominated by non-Aboriginal people. Several authors have commented on this non-Aboriginal domination of the discussion. Cooke gives the non-Aboriginals a strong warning about their ongoing involvement and domination of the debate:

We can't have it Both Ways. We can't claim we are handing over the reins of Aboriginal teacher education if we continue to drive from the back seat, controlling the ideology behind the curriculum as well as the framework and parameters of the curriculum.

Cooke, M. (1990) p26

McTaggart (1989) comments on how these ideas are misused:

Even the apparently innocuous idea of Both Ways education has sometimes conveniently been interpreted by Westerners as a way of ensuring permanent roles for themselves in Aboriginal education. The appealing rubric used by Aboriginal teachers to crack the Western monoculturalism of Aboriginal community schools has been cruelly turned against them in arguments for continued involvement of Westerners.


In heeding Cooke’s comments this thesis attempts to utilise a model already advocated for teacher education by an Aboriginal person, Mandawuy Yunupingu, in Aboriginal Health Worker education. This research therefore tests the implementation of Both Ways as described by Yunupingu (1993) with a group of Aboriginal Health Workers.

**YOTHU YINDI**

At its 1992 graduation Batchelor College invited the popular Aboriginal band Yothu Yindi to provide the night time entertainment. The words “Yothu Yindi” are Gumatj Aboriginal words which help to emphasise the way the band has incorporated Aboriginal culture into
their music (Christie, 1990). It is important to say culture rather than music because they use far more than traditional rhythms and instruments in their presentation.

Organiser of the band and senior songwriter Mandawuy Yunupingu is also well respected as the Principal of Yirrkala school. He is a graduate of Batchelor College and Deakin University and has been instrumental in developing the concept of Both Ways from its early infancy to this present day. I went home after the graduation ceremony with a better understanding of Both Ways. The band was able to incorporate Aboriginal dance, rhythms and yidaki (didgeridoo) with drums, guitar and keyboard in a unique way. The music was different, it was not rock and roll yet it was no longer traditional music. The two musical cultures had been combined into something very new, very special, and more importantly something that appealed to all.

The music is of such quality that the band has succeeded on the international market, displaying excellence in all aspects of their art. Both traditional and modern instruments are played providing the audience with a very enjoyable and visual experience. Yunupingu (1993) describes his, and the band’s philosophy, emphasising the importance of “balance”, balance between two cultures where they come together as equals to build something far greater than could exist on its own.

I would like to think that Both Ways could become a tool for reconciliation in academic pursuits. If my argument that Both Ways is a scientific method is accepted it could lead to the equitable treatment of Aboriginal knowledge and culture in the scientific world.

No longer would Aboriginal knowledge and experience be confined to anthropological research as a curiosity to be studied, it would be available to all endeavours of science to discover new ways of improving issues for Aboriginal people. Just as Mabo has forced the legitimisation of Aboriginal land rights through the High Court of Australia, Both Ways, if accepted as a legitimate problem solving method, could force the legitimisation of Aboriginal knowledge and experience.

We as non-Aboriginals are burdened with the stigma of our arrogant culture, a culture which established itself as ‘the best’ through sheer force. Its belief in its own superiority became so ingrained that scientists came to believe that their very narrow, mechanistic approach to science was the best and indeed the only truly acceptable methodology for problem solving, rather than one of many legitimate methods of discovering knowledge. This arrogance was mimicked in our religions by our attempts to dominate spirituality; in our classrooms by our control of educational content and approaches; and in our hospitals by our control of approaches to health care and medical practice. It almost led to the complete destruction of Aboriginal spirituality, educational approaches and health practices as well as all other aspects of Aboriginal culture.
Aboriginal culture has managed to survive our cultural arrogance and more recently we have at last come to accept its right to exist. Both Ways can take the 'Aboriginal way' one step further to a point where not only do we accept Aboriginal knowledge, but we legitimise it through scientific method as equal and valuable scientific knowledge, and accept the possible benefits of it not only to Aboriginal people but to non-Aboriginal people as well.

Once we have Aboriginal knowledge on an equal footing and in a harmonious balance with non-Aboriginal knowledge with neither being dominant, then and only then will reconciliation in science be possible.

In Australia there is a pressing need to recognise the stature of Aboriginal modes of thought in the academic context of history, philosophy and social studies science, this must be accomplished in a manner which allows comparison and contrast of a variety of knowledge and belief systems.


BOTH WAYS IN HEALTH

The years of little or no improvement in levels of disease amongst Aboriginal people is frightening.

Syphilis (a sexually transmitted disease which over years can lead to sterility, heart disease, bone problems and mental illness) demonstrates a pattern which mimics many other common sicknesses amongst Aboriginal people. In non-Aboriginal society syphilis has been easily treatable for many years, one injection of the correct antibiotic and the disease is usually cured.

The same medicines and treatments have also been readily available to Aboriginal people for many years, yet the sickness is 10 to 15 times more common in the Aboriginal population (Plant et al. 1995). Non-Aboriginal people have for years been asking themselves why this is so, massive screening and treatment campaigns have failed to make any real lasting or even noticeable impact.

When AIDS first came to Australia one of the greatest fears was that this disease would kill many Aboriginal people. A few far sighted people began a campaign to teach Aboriginal people about this new sickness. One of the special features of this campaign was that Aboriginal people were put in charge of the message.

A good example of a teaching resource produced during this time was, "AIDS: A Story In Our Hands" (NT Aboriginal Health Promotions, 1989) produced by Aboriginal people in collaboration with Aboriginal communities. One of the Aboriginal Health Workers instrumental to its development (Patrick Ah Kit) has been a student of Batchelor College, and has since worked with the Institute for Aboriginal Development (IAD) in Alice Springs.
Many Aboriginal people in the NT. are now well informed about the issues related to the AIDS virus. To this date no Aboriginal people from rural communities have the sickness (personal communication Clinic 34, 1996). To say that the situation will remain the same is premature and to say that the success of the campaign is the reason that no Aboriginal people have been found to be affected is also unproven. However Aboriginal people have done a very good job at preparing their own people for this disease, arguably better than some of the Western AIDS education programs.

This is a very good example of Both Ways teaching where non-Aboriginal knowledge was used by Aboriginal people, for the service of Aboriginal people, in a way that was accessible and acceptable to Aboriginal people. It is Gamma health, a meeting of Aboriginal ideas with non-Aboriginal ideas to create something new and exciting.

I am not alone in accepting that Both Ways is the best educational model available for achieving these fundamental changes. The Aboriginal Health Worker will use Both Ways to achieve Anderson’s (1988) goal of integrating traditional and Western medicine as described in a earlier reference at the beginning of this section.

*Here in Central Australia we have tried many ways to bridge the gap between modern and traditional medicine. We encourage people to use both Aboriginal and Western medicine. We call it two way medicine. If you can use what is best in modern medicine together with what is best in traditional healing - the combination may be better than either one alone.*

Francis Jupurrula Kelly (1980)

And more recently:

*...Both Ways are the words itself, two words, four letters in each word. It is 50/50, equal balance.*

Burnett, R. (1994)

I look forward to a day when students use Both Ways to create new health knowledge. For example, they could discover a more culturally appropriate method of contact tracing for treating syphilis which would recognise the need for the Western idea of contact tracing, but refine it by respecting and describing limitations of the process due to particular Aboriginal cultural considerations, and propose a new way of dealing with the issue.

The method used most often in implementing Both Ways has been Action Research. The relevance of Action Research to Both Ways lies in its method for incorporating the community in a collaborative research process, a method having many similarities to Williams' moot (1987) which is itself a traditional method of dealing with problems.

Both McConaghy (1991) and McClay (1988) support the idea that Action Research is a legitimate method for Aboriginal education. McClay describes seven key points for Aboriginal Adult education. Three of his points are pertinent here and state:
Any Program of adult education for tribal Aboriginal people: ...
3. Shall constitute a liberating process.
4. Shall be controlled by the people themselves.
5. Shall involve any non-Aboriginal people on a mutually cooperative and mutually educative basis.


Action Research, along with several other methods from the critical theorist group promotes these activities.

Finally, students will need to publish their solutions not only to their communities but also to the outside world. They do this not so much that people can critique their communities’ solutions, but so that they can share their process of finding a solution with other people, and in this way gain trust and respect for what they are trying to do: the final stage in science.

The concepts, described in detail here, underpin what I think Both Ways is. This research intends to implement and test these concepts with the Aboriginal Health Workers in the action groups described in Section 2.
SECTION 6: CURRICULUM AND INSTITUTIONAL CONTEXT

In 1993 I revoked my administrative position as Senior Lecturer in order to focus on this research. I was extremely fortunate to be allocated to the senior group of students, with which I had been associated for almost three years and with whom I had developed good strong relationships. They knew they could trust me and felt confident in their right to criticise my actions.

This section provides a description of the student group and their course of study, so as to further develop understanding of the context in which the research has been carried out.

THE SETTING

Batchelor College is a small institution, its primary purpose being to meet the special tertiary education needs of Aboriginal people. In 1990 it took responsibility for the Aboriginal Health Worker training program from the Northern Territory Department of Health and Community Services and has expanded considerably in the last eight years.

The College has two major campuses and four smaller annexes and has lecturers based within some of the larger Aboriginal communities. In this way the College has attempted as much as possible to decentralise its programs and deliver courses in remote areas.

It has adopted Both Ways as its central teaching philosophy. The central tenet of its teaching praxis is based on a mixed mode delivery using a combination of workshops in the student's own community and other workshops held at the College. As Both Ways is the central tenet of Batchelor College's teaching philosophy, the completion of this research was of utmost importance to the acceptance of the School of Health Studies as a relatively new school within the College.

For a more detailed description of Batchelor College, its history and possible future see the Evaluation of Batchelor College Report (DEET, 1995).

Currently the Aboriginal Health Worker training program at the College is offered by the School of Health Studies and consists of one central four year course (staged) and several specialty courses. Staged means that the four year course contains a one year (full time) Certificate, a two year (full time) Associate Diploma and a one year (full time) Diploma, from which the students can exit whenever they choose (these levels were set under the previous TAFE and Higher Education Qualification Frameworks). The School of Health Studies has attempted to maintain the College's central philosophies but has, in my opinion, failed due mostly to extreme financial constraints. However, there are currently around 150 students enrolled in the three courses.
The central campus is situated in the town of Batchelor, about 100 kilometres south of Darwin. The campus has developed considerably in the last 5 years and consists of classrooms of all shapes and sizes no differently to any mainstream campus, and residential accommodation which varies from small units to dormitory style houses. The other annexes are smaller but similar in that they too combine residential and classrooms in the same complex.

The students study in “mixed mode”, a term used at Batchelor College to describe a course delivery style in which they attend workshops on the various campuses for up to two weeks at a time, then return to their communities to complete assignments and work practice. Each workshop deals with one subject and constitutes 60 hours of study which is approximately equal to one year’s work at one and a half hours a week. This is equivalent to mainstream higher education except rather than dealing with 6-7 subjects in a week the student concentrates on one subject at a time.

There are two curricula, one for the Certificate, and one for the Associate Diploma & Diploma combined. In both cases the curricula were written with the intention of following the RATE (Kemmis, 1985) style of “community based education”. This program followed the Both Ways model closely and in fact was integral to the development of the idea. It soon became apparent that cost cuts would limit the potential of the course to be delivered in remote areas.

The other constant difficulty was the conflict between our need as educators and curriculum writers to develop an emancipatory model, and the perceived need of community based non-Aboriginal medical professionals who wanted people who could work practically with the clinics. The intentions of some of these community based nurses was in direct contravention of the departmental policies of Primary Health Care and Aboriginalisation.

The curricula were both issues based, which meant that each module (or subject) would be developed around a thematic concern. In the Certificate course thematic concerns were based on Abbott’s Life and Cultural Survival Model (1988), and in the Associate Diploma/Diploma courses the three central themes were Professional Development, Clinical Practices, and Community Development. (See Curriculum Documents, Batchelor College, 1991 & 1994 for more detail.)

The curricula as they were developed initially were excellent sounding boards for those interested in emancipatory education. They allowed the facilitator scope to provide the students a chance to critique the medical world and consider alternatives without the risk of failure or reprimand as would occur in a more strict, content based curriculum.
THE STUDENTS

The student group of 20 Aboriginal Health Workers involved in the action group (as defined in Section 2) consisted of individuals with extremely diverse backgrounds ranging from 30 years of practical experience as health workers to having just graduated from the certificate course. All were mature in age, ranging from early 20's to late 40's. Each Aboriginal person in the group had a unique background which varied by tribal grouping; physical environment, which we generally differentiated as salt water, fresh water and desert; and their own amount of contact with the Western world, some having spent their lives in minority groups in urban centres, whilst others based in remote communities, had only limited contact with non-Aboriginal people. They were amongst the most senior Aboriginal Health Workers in the Northern Territory.

An integral component of the research process was that each student had a unique culture and personal history which could only add value to the educational process.

The students lived in 10 different locations with a distance between communities of up to 1400 kilometres. The means of transport I used to visit them and they to attend workshops included car, boat and aeroplane, and sometimes all three.

For most of the students English is a second language (or sometimes even third or fourth). There were two groups of three or four students who shared a common language and several other individuals who within the group were the sole speakers of their language. There was also a group whose first language was English, they usually had some understanding of one or more Aboriginal languages. The lingua franca of the group was, by necessity, English as it was the language most common to all. However, on some occasions, in small study groups, students spoke their own language. Each student varied in their ability to manipulate the English language in its various formats. English literacy skills varied from fluency to quite poor, and a major focus of the program was the development of communication skills including written.

The educational history of students was also variable. None had attained a year 12 equivalent level of education, although most had attended mission schools of one form or another during their early life. Since entering the work force most had completed a number of short courses which usually contained some level of literacy development. Some students described their school experiences with the mainstream education system as frightening. These experiences continue to impact on their reaction to formal education.

Three students entered the program as graduates of the certificate program and had only limited clinical work experience. The other students were experienced health workers with an average of 12 years of practice in community clinics. Several of the students began their careers in the early sixties and had been working for up to thirty years.
The group was generally highly motivated and eager to succeed in their chosen field, their motivation being generally to help the community become healthy as most of them had experienced the frustration of Aboriginal health at first hand. For the educator the common factor is the students' motivation, but beyond this there is very little common ground within the group.

THE CONFLICT BETWEEN THE MEDICAL AND THE PRIMARY HEALTH CARE APPROACH IN COURSE DEVELOPMENT

This is a very personal account of events that occurred at Batchelor College during 1990 and 1995, its validation is recorded in my letters and the draft curriculum documents. It provides background information to the complex political and educational environment within which the research was undertaken.

The need for the new course and the events leading up to the development of the course are already well documented in earlier sections. But the specific course during which the research took place has a particular history which needs clarification in order to give a greater understanding of some of the passionate beliefs held by its various participants.

In 1990 Batchelor College took responsibility for the training of Aboriginal Health Workers in the Northern Territory. This corresponded with my commencement of employment at the College. The transfer of Aboriginal Health Worker education was much the same as the transfer of nurse education to Colleges of Advanced Education in the early 1970s, and took place for much the same reasons. The first course to be developed was The Certificate in Health Science (Aboriginal Community Health), a one year course intended to give students a broad introduction to working as an Aboriginal Health Worker. This course was developed between 1988 and 1990 and implemented in 1990.

As with all new courses there were teething problems. The biggest problem faced was that of obtaining a clear description of the role of the Aboriginal Health Worker. It seemed that everyone involved in Aboriginal health had a strong and different opinion about what an Aboriginal Health Worker should and should not do. These views were later expressed in documents such as Tragenza and Abbott's "Rhetoric and Reality" (1995) and other documents such as the National Health and Medical Research Council's "A National Training and Employment Strategy for Aboriginal and Torres Strait Islander Health Workers" (1997). However, I feel further research is essential which clarifies and compares expectations of Indigenous Health Workers with expectations of non-Indigenous peers working alongside Indigenous health workers and employer and community group expectations. I believe this is both important and urgent as my experiences suggest a great deal of dissonance and lack of clarity between the expectations and aspirations of each group, leading to inter-professional rivalry. As well as this the School of Health Studies
had several changes in leadership during this time, and with each change came a corresponding change in direction.

The issues surrounding the early turbulent days were much more complex than this and ‘blood on the wattle’ was not an uncommon feature of such changes. Many talented and committed people suffered deeply as emotions ran high in reaction to changes they disagreed with. It was always quite apparent that many of these people appeared to be sacrificed because of power games which enforced a state of reluctance to enter into professional dialogue about alternatives.

During this intense period another round of consultation was under way to develop the Associate Diploma and Diploma stages of education for Aboriginal Health Workers. These stages were intended to take students to a level of higher education that would command their full professional status as primary health care workers. The consultation was extensive, from grass roots health workers to senior position holders in the peak employer groups. The process lasted a full two years and in response to it a balanced curriculum was produced which, in my opinion, was responsive to industry, community and Aboriginal Health Worker needs. The Associate Diploma of Health Science (Aboriginal Primary Health Care) and the Diploma of Health Science (Primary Health Care) were accredited for three years and finally implemented in 1993 with an initial intake of 23 students.

However, one of the changes of leadership resulted in a change in course direction which impacted very heavily on both my work and my research. During the final term of 1994 a member of the management team decided to make changes to the curriculum in both the Associate Diploma and Diploma. I believe that these changes were in response to comments and criticism made by only a few biased people with a particular axe to grind, but there is no documentation to either support or refute my opinion.

Even though opposition to the curriculum came from a minority, it was vocal and damaging. The criticism was based on a belief that Aboriginal Health Workers should concentrate only on treating illness. Some critics believed that we should be preparing Aboriginal people for a mainstream profession such as nursing. We did not disagree that there should be more Aboriginal people entering the nursing and other medical professions, and supported this concept. However, we did not agree that channelling Aboriginal people into nursing was our mandate, as we were arguing that Aboriginal Health Workers formed an evolving and unique profession in their own right.

This push to mainstream was defending the ground that it knew best, the management of disease. The rhetoric of the time advocated Primary Health Care as the accepted means of obtaining health for all, but Primary Health Care only accepts the treatment of sickness as one of several important factors rather than the centre of health policy. Even though the critics claimed to be doing Primary Health Care, they did not really understand what we
were trying to do and demanded that we focus our training on the clinical management of illness. Our efforts to put this into a balance with other, less well understood elements of Primary Health Care were under constant threat from the advocates of the medical model.

Another element of this problem was that people did not clearly understand which part of the medical model was for Aboriginal Health Workers. Doctors were trained to diagnose illness and suggest treatment and nurses were trained to provide care for sick people. These roles overlapped to some extent and education often covered common ground.

Where did Aboriginal Health Workers’ duties fit into this structure? In our definition the Aboriginal Health Worker’s role included the management and treatment of 20 or so clearly defined illnesses (such as asthma, scabies, tinea, boils, chest infections, simple lacerations, diarrhoea and anaemia); the recognition and referral of 10 or so other illnesses (such as meningitis, leprosy, high blood pressure, diabetes and rheumatic fever); and the emergency management of critically ill patients for the one to two hours it takes to organise evacuation to a hospital emergency department.

Many people did not understand this limited medical role, and it was difficult to get the support needed to clearly define the cut off points within these three areas of care. Support and agreement were needed between the College, health workers and employer groups to provide clear and legal descriptions of the Aboriginal Health Workers’ clinical responsibilities. Without it we were fighting a losing battle; without it Aboriginal Health Workers were doomed to be criticised for not doing their job, it did not matter that no-one really knew what this job was.

The changes proposed by management at this time were dramatic and frightening, turning the vision of the Aboriginal Health Worker as a well rounded primary health care professional into that of someone working almost entirely in the field of disease treatment. A curriculum that was written after two years of consultation with Aboriginal Health Workers and communities was changed after a one day meeting. In my opinion it was a nightmare.

I protested the implementation of these changes, placing my position in jeopardy by writing to the Academic Committee of the College. I did not have the chance to debate the matter with the College’s Academic Committee in person, and there was no-one on this committee who seemed to understand my argument. The letter was never tabled and the Academic Committee made a ruling that the changes would amount to no more than ten per cent of the course. The new draft curriculum was allowed to proceed.

I believe that the promise made by the School of Health management at the time to the Academic Committee, to keep the changes to less than ten per cent, was a distortion of the facts. My point was that if you change the philosophy underpinning the course, you change everything. The result of the changes was that the lecturers working in the higher
education program were presented with three pages of headings, headings that were supposed to represent the new subject titles; that bore little correlation with the old titles; and had no objectives attached. This was an academic nightmare as well as a massive insult to the students. There was little that could be done however, other than tell the students that their final year had changed and that they would now have to study predominantly medical topics (yet again).

The same manager who had drafted the changes to the curriculum at this point attempted to have me officially reprimanded as I had refused to follow a particularly objectionable directive to complete all student assessments in one night, and I was called to a meeting with the Head of School. This was for me now a ‘do or die’ situation. I entered the meeting prepared for the worst; I tabled workload comparisons between myself and other staff; I tabled copies of student assessments etc. The manager’s points of dissatisfaction were very quickly refuted by my hard evidence.

I decided to turn the situation around, demanding that the changes in the final year for the diploma students be revoked, stating that otherwise students would leave the course, and I tabled a survey of students’ reactions to the changes along with written evidence of students’ comments.

To my surprise there was a complete change of heart by the Head of School, and one particular major element of the draft curriculum was withdrawn with parts of the old document being re-introduced. I still do not believe that my argument won the day, but rather the two managers had had a falling out and my bacon was saved for that reason only, nothing else.

The consequence of all this was that I was given the final year of the diploma to teach with the same students that I had worked with in 1994. I felt good about this emotionally as I had strong ties with them and wanted to see them succeed, but logically I would have preferred a new group to work with on the research. Some of the changes to the final year with which I was to work had been withdrawn, but the rest of the changes were retained.

As a result of this upheaval, only eight out of fourteen students decided to continue their studies. I was unsure I wanted to continue under the circumstances and came very close to leaving.

After these events the manager who had altered the curriculum was removed, and replaced with a newcomer from down south. I felt that I could work with her, and after some initial clashes followed by the establishment of ground rules I resolved to work with her and discuss my workshops in an effort to obtain her support.

As stated previously the curriculum was entirely restructured at the end of 1994 in response to what I believe to have been a minority group’s complaints from individuals
with influence who could not agree on what the role of the Aboriginal Health Worker was. A curriculum process was commenced which was later stopped before it had been completed as people were replaced. So in fact we were left with three pages of headings which represented the titles of new workshops. As time moved on, staff turnover annually remained at 50%, new staff with minimal experience continued the process of developing these three pages into a complete curriculum document. There were many reasons given for this but my attitude was that the three pages were rubbish and needed to be trashed. The result was that during the years of 1995 and 1996 each staff member was virtually going it alone, trying to create a course for students out of three pages of rubbish with only infrequent reference to what other people in other stages were doing.

Efforts to bring the higher education staff together toward the end of 1995 were often constructive in the short term, but usually any creative suggestions developed during these meetings were destroyed by either unexpected decisions from management or resignation of prominent staff.

This left staff in a limbo-type situation where they were instructed, according to the original academic committee promise of only 10% change to use the old document objectives with the new headings, but the reality was that the drafted headings just did not match up with the old content.

The impact of these events on students was incalculable. From 1994 to 1995 we had a drop-out rate of 33 per cent, from 14 regular students to only eight. (This is described more fully in Section 6.) Some of the students pulled out because of frustration with the actions of management and decide to wait for things to improve before returning.

**CURRICULUM 1993 - 1994**

**Curriculum Philosophy**

The original 1993 to 1994 curriculum developed by Robyn Williams through an extensive process of consultation with Aboriginal people was based on three unifying themes, Primary Health Care; Both Ways; and Action Research. These three themes worked synergistically to enhance each other’s strength.

Action Research was adopted because the curriculum was intended to be an issues based curriculum, in which students combined work and community based concerns with workshop activities. In this way it was intended that the curriculum would become contextual, and focus on developing the students’ notion of community development using Action Research type methodologies.

Action Research is based on participant collaboration and collaborative action which are essential elements of Primary Health Care in that action for change at a community level
will only be sustainable if the community can become involved in developing and implementing their own ideas for change.

Action Research is compatible with Both Ways and Action Research methodologies have had considerable influence over the development of Both Ways (McTaggart, 1988).

The intention of using Both Ways is to make the course culturally enhancing by sustaining Aboriginal culture. Both Ways actively motivates the students to become involved in research using Action Research. The students, both during workshops and whilst in their communities look into how they can balance the intrusive world of the non-Aboriginal with their own.

Central to Primary Health Care, Action Research and Both Ways is respect for tradition and culture. Primary health care states that it is essential that health care works to enhance culture rather than destroy it, as has been the case in most of the colonised world.

The role of the Aboriginal Health Worker is described as one of Primary Health Care. Primary health care has been adopted by the Australian Federal and State Governments as part of the policy for attainment of health for all by the year 2000 (Mahler, H. 1981) and other authors have recommended its use in the attainment of health for Aboriginal people (Hill, 1993 and Johnson, 1991).

Primary health care is a concept that, although defined by the World Health Organisation (WHO, 1978) is put into practice in many different ways by many different individuals. A great variety of projects are described as Primary Health Care I will now attempt to define Primary Health Care and the way I see it being practised by Aboriginal Health Workers.

Primary Health Care starts with the basic tenet, “Health for the people, by the people and of the people” (WHO, 1978). This first statement implies that people must be prepared to look after their own health, and this basic principle led to the employment of Indigenous people throughout Australia (and across the world) to be trained as health workers. Different countries have used primary health care workers in different ways (Werner, 1979 and Willis 1984). Different Australian states have also chosen different roles for the Aboriginal Health Worker. In the Northern Territory the role of the Aboriginal Health Worker was originally developed as a front line clinical practitioner (see the Basic Skills Assessment List, 1986 and The Health Workers’ Book for detail of the clinical responsibilities of an Aboriginal Health Worker) whilst more recently health workers have begun to expand their role into a more holistic approach to health care.

Primary Health Care suggests that the provision of health care to Aboriginal people is done best by Aboriginal people as they can understand better the culture of their own people, and so are most capable of developing health practices that are appropriate.
Primary Health Care is a means by which people can be liberated from relying on outsiders for the provision of health care. Each individual learns through health promotion to develop a greater responsibility for their own health. The ‘top down’ management pyramid is not acceptable in Primary Health Care because each individual must gain a level of responsibility for their health and therefore health policy in general could be described as ‘bottom up’ management. In this way the health workers must be trained in collaboration with the community, or at least with the involvement of the community in the implementation of health care.

This expanded role is described using the metaphor of the equilateral triangle (Figure 13). With each base equal, no one side is any more important than any other. Each side represents a different aspect of health practice.

One side represents the clinical role of the Aboriginal Health Worker, which includes intensive casualty management, treatment of common illnesses and support for chronically ill people in the community. It is essential that Aboriginal people are able to perform these skills effectively as well as working to improve the way these skills are practiced by redefining them for the Aboriginal context. (This latter process will be described in more detail during Section 7.7 on Both Ways.)

Another side represents the teaching role of Aboriginal Health Workers, including teaching the community through health promotion programs; teaching new Aboriginal Health Worker students about their responsibilities; and teaching new non-Aboriginal employees in the community about appropriate behaviours and practices in the community. This role was described by Soong (1981) as ‘cultural broker’.

The third side of the triangle reflects the community development role of Aboriginal Health Workers. Community development includes the health worker in the management of the clinic; the administration of the community; and policy development in the health department’s central office.

Whenever the health practice of the Aboriginal Health Worker is described during the thesis it is implied that Primary Health Care practices are used.

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**Figure 13 Triangle of Primary Health Care**
Curriculum Delivery

The course was delivered utilising Batchelor College’s mixed mode of delivery format. This format allowed students to focus on community issues by directing them to carry out community research, with this activity becoming an integral component of the course content. It was intended that this community research, which usually takes the form of consultation with senior elders of the community or within the family group, is then brought to the workshop and studied as a valued piece of information alongside other, more formally accepted sources of knowledge, such as text books. All the information could then be incorporated into the research process during the workshop to find possible reactions to particular issues in the community.

One particular problem with this approach is that the students were all full time employees, and work commitments did not allow them the time to go out and pursue this essential knowledge.

The course was delivered in 8 intensive workshops each year with each workshop of two or three weeks duration. During the workshops one particular issue was investigated, for example counselling or computer skills. The case studies represent a selection of these workshops over a two year period. This differed from mainstream education in that students in mainstream courses may study 5 or 6 subjects in any one week. Although the curriculum aim was that the student learnt to use a computer for example, the focus during the workshop was how could the computer assist the student to achieve a particular personal or community goal. The result of the workshop, may have been a letter to the government, a job application or some other issue particularly relevant to the student or the community at the time which required the use of the computer.

During the workshops students were accommodated on campus in a large residential area which provided for food, housing and child care. The students were all followed up with staff visiting their communities to provide support for their community based activities. Ideally the students were followed up three times a year.

Other elements of course delivery included workshops that took place in communities and field trips which all contributed to create a program that was very labour intensive and correspondingly very expensive to implement. This cost became the major factor inhibiting efficient course delivery, as best intentions were not matched by financial backing.

The College is encumbered with a funding formula that is designed to benefit mainstream delivery models based on lectures to large groups followed up by smaller tutorials. Our delivery format was very different, and very costly financially, for example in travel expenditure, and at a personal level which can never be fully measured. This personal cost is due to factors such as time away from home visiting students, the effect of close
friendships developed with students and other community members, and the obligations that go with such friendships.

**Course Content**

The course consisted of three core streams, professional development; clinical studies; and community development.

The content related to professional studies included workshops related to developing the students as professional practitioners. This included skills in communication and leadership in a cross cultural context.

The clinical studies component developed the students’ understanding of issues related to their practice in community clinics, and allowed them to develop their clinical competencies to assist them in making independent decisions rather than relying on the assistance or (interference) of outsiders.

The community development stream revolved around developing the students’ skills in the area of community projects which would facilitate the students’ involvement in the workings of the community in a way that would help them motivate the community towards a more healthy life.

Using these three core subjects it was hoped to create a learning matrix between the three fundamental philosophies and the curriculum subjects.

With the wisdom of hindsight there were problems, but in general the curriculum was solid and provided a good foundation for future progress.

**CURRICULUM 1995 - 1997**

As a result of the events described earlier the original balance was no longer evident, and the pyramid had suddenly become extremely one sided in favour of a more sickness orientated program. The majority of workshops throughout the earlier stages of the course were devoted to managing medical conditions rather than developing the health worker as a balanced primary health care practitioner.

I had argued successfully to retain the original structure of the final diploma stage, keeping the changes to a minimum and so having little deleterious effect on the course philosophy. However one potential problem was that in the future, students progressing through the entire course could move from an unbalanced program into a balanced program which could prove confusing.

Figure 14 provides an outline of the course in which I was working during the time of the research. There is a Stage 2 which is not detailed as it was not relevant to my work. Stages 3 and 4 are included over the three year period of the research.
Each subject was delivered in a workshop for a set period of time as described in the table. One subject was covered in detail in each workshop, with a thematic concern developed and investigated relating to the subject area being covered.

Not all the workshops detailed in the table have been described in the case studies. The workshops described in the case studies are placed in the context of the whole course in the table. The case studies described in detail in the thesis are chosen as they best describe my efforts to achieve Both Ways education, and there were critical incidents which occurred during the group meetings that were relevant research data.

However it is important to note that Both Ways education was used in all workshops and the action groups continued throughout the three years of this study.

<table>
<thead>
<tr>
<th>Group 1: Stage 3 - 1994</th>
<th>Duration</th>
<th>Group 1: Stage 4 - 1995</th>
<th>Duration</th>
<th>Group 2: Stage 4 - 1996</th>
<th>Duration</th>
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</thead>
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<tr>
<td>Workshops (case studies highlighted)</td>
<td>2 weeks</td>
<td>Workshops (case studies highlighted)</td>
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<td>Workshops (case studies highlighted)</td>
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<tr>
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<td>Case Study 7</td>
<td>Issues in Aboriginal Health: Both Ways Healing</td>
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<td>2 weeks</td>
<td>Case Study 7</td>
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<td>Case Study 8</td>
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<tr>
<td>Clinical Practices</td>
<td>Issues in Aboriginal Health Management</td>
<td>Case Study 8</td>
<td>Issues in Aboriginal Health Management</td>
<td>Case Study 8</td>
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<tr>
<td>Case Study 2</td>
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<tr>
<td>Communications (Counselling)</td>
<td>Issues in Aboriginal Health: Health Promotion</td>
<td>1 week</td>
<td>Issues in Aboriginal Health: Health Promotion</td>
<td>2 weeks</td>
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<tr>
<td>Case Study 3</td>
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<td>Elective</td>
<td>8 weeks</td>
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</tr>
<tr>
<td>Concepts &amp; Theories of Education</td>
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<td>8 weeks</td>
<td>Case Study 9</td>
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<td>Health Admin</td>
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<td>Media Skills</td>
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<td>Research</td>
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<td>Language and Learning</td>
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<td>Case Study 5</td>
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**Figure 14: Table Showing Outline of My Teaching Activity 1994 -1996**
In workshops such as 'Language and Learning' and 'Issues in Aboriginal Health: Both Ways Healing' the topic of Both Ways was the thematic concern for the students during the workshop. So that Both Ways education methods were used to teach people about Both Ways.

Each student would travel to the College (or other workshop location) from their communities. The numbers of students in each workshop varied quite considerably and there were a variety of reasons why students might be unable to leave their community. Students who missed workshops for these reasons were able to complete the workshop the following year. Because of this some students participated in more than one group.
SECTION 7: IMPLEMENTING BOTH WAYS

INTRODUCTION

This section describes the discoveries made during the implementation of Both Ways. The case studies include data collected from:

- reflections made as a participant observer during and after workshops, as recorded in diaries;
- comments expressed by students in formal quantitative evaluations;
- action group reflections;
- discussions with peers.

I will describe how each workshop was planned, implemented and evaluated including a general reflection on the overall success or failure of each workshop and suggestions for future improvement.

Each case study is recorded under the following four headings.

- **Workshop Preparation:** This relates to the *abstract conceptualisation* phase of Action Research. It outlines my thoughts about and reasons for preparing the workshop in the way described.

- **Workshop:** This relates to the *active experimentation* phase of Action Research. It seeks to describe the workshop itself and activities within the workshop.

- **Student Action Group Reflections:** This relates to the *reflective* phase of Action Research. It is specifically the students' thoughts about Both Ways as a paradigm for Aboriginal Health Worker education.

- **Personal Reflection:** This also relates to the *reflective* phase of Action Research. It is specifically my own reflection on the workshop.

My diary records provide data on my thoughts about events that occurred and my understanding of students’ thoughts. Even though I have made every effort to validate this understanding it must be emphasised that at any time students may disagree with my interpretation of events.

Not every workshop undertaken during the period between 1995 and 1996 is described. I have selected the workshops I consider to be most significant. At least two groups of students have participated during this stage of the research. Also on some occasions I have described the same workshop twice, these workshops were held in 1995 and repeated in 1996 with the second group. (see Figure 14 for more detail.)
7.1: SCIENCE WORKSHOP

WORKSHOP PREPARATION

This workshop presented a classic example of how curriculum can interfere with Both Ways theory. As I argued previously I believe Both Ways to be a scientific process and that this is the process we should be teaching. However the curriculum has included quite clearly in its objectives scientific knowledge that must be learnt by the students. A serious dilemma! I ignored this dilemma and I moved ahead to plan a workshop that taught science using Both Ways.

The students in this workshop came from a variety of backgrounds, with their experiences ranging from having less than 40 hours of formal science education to completion of year 10 and 11 science. By far the majority of students were however in the first category and a few of the students would have had very minimal understanding (if any) of for example, the concept of an atom.

My intent was to present the content in a way that would allow the students to touch and feel the concepts. My past experiences had led me to believe that the subject of science can and should be taught experientially. Hence it was my intention to introduce science through concrete experiments leading to abstract concepts, undertaking the experiments first and introducing the theory later. For example, we burnt several different types of living plant and animal matter and then noted that when burnt, all this living matter turned into charcoal. After discovering this in the laboratory I abstracted the experience by describing the scientists’ understanding of charcoal being carbon, then allowed this to lead into a discussion about hydro carbons being the substance of all living matter.

The workshop was planned around a series of experiments starting with basic topics such as atoms, their shapes and structures; moving onto concepts such as chemical bonds; then to more complex notions of for example, osmosis or movement of molecules in solution etc.

In two weeks I was attempting to impart knowledge that had taken me a lifetime to gain, by starting with basic concepts and gradually building to more complex notions. I went to considerable effort to bring these experiments together in such a way that the students could be practically involved in the discovery.

Each day was to begin with an experiment or practical session, followed by discussion about the scientists’ interpretation of the information. We would then go on to discuss the process the scientists used before moving into a comparison with Aboriginal science and finally the critique phase.

Experiments included the following.
• Making atoms by hanging small balls inside a balloon to represent the atom with the electron cloud around it. We also built larger atomic masses with plasticine and showed how atoms are made of protons, neutrons and electrons. In the discussion that followed the atomic tables describing the various symbols for elements were displayed and discussed.

• Using atom kits to build molecules concentrating on the most common molecules such as salt, water and simple sugars. These were displayed using both molecular kit and actual examples from the kitchen cupboard. In the discussion it was explained how electron sharing was the basic bond between atoms and the students were introduced to chemical equations.

• Hanging nails in copper sulphate to watch the nail dissolve into the liquid. We also ran a battery cable to the nail and watched copper come out of the blue liquid. This was used to show that molecules could interact to form new substances, it was explained that this occurs in the body all the time.

• Burning a variety of life matter, the result being that all the living things turned into a black substance. It was explained that this showed that all living matter was primarily made of this black substance which we call carbon.

• Burning a candle in an upturned glass placed in water, the water sucked into the glass and the candle went out. When measured the amount of water that went in approximately equalled 22%. It was explained that the flame absorbed the oxygen from the air in a chemical reaction that released heat, energy and water. It was also explained that this was in essence how the human body worked by taking the energy stored in carbon molecules and releasing it slowly for use by the body.

• Showing how solids such as salt and sugar could be melted in water and then be released again when the water evaporated. It was explained that this is how the body works by dissolving products in the blood.

• A failed attempt was made to watch an apple expand when placed in water but this was much too slow. I was attempting to show osmosis across membranes or how food got into cells.

These are all basic knowledge which is important for bio-science students. I developed this workshop based on my previous experiences of being taught science. Harris (1988) and Christie (1990) suggest that teaching should be concrete, non abstract and experiential; to start from ideas that are known rather than unknown; and to use experiments that are practically based.
The difficulty here was how to make this workshop Both Ways. My idea was to use the experiments to elucidate process. As well as imparting knowledge it was my intention to discuss processes the scientists used such as inductive reasoning and objectivity, and show that science is not always liberating, but can sometimes be oppressive. We would then critique the concepts in the hope of leading to a discussion about whether Aboriginal people did science traditionally and if so what processes they used. This in my mind had exciting potential and could lead to some very interesting discussions.

THE WORKSHOP

The workshop went mostly as planned. Every morning there was a different experiment and each student was very careful to ensure that their work went well. Experiments were very visual and tactile which allowed students to see and feel results with their own senses. We dissolved nails; made atoms; burnt oxygen out of air; and cooked meat. On some occasions experiments failed, probably due to lack of planning and my own lack of experience in this particular area but generally things worked.

The students were however a little frustrated when we moved into the abstract areas of explaining the theory associated with the experiment. A few were completely lost and had absolutely no understanding of what I was talking about, especially when I attempted to describe things such as chemical formulas. In each experiment I attempted to make clear to students the knowledge that was compulsory for them to gain. And although with some students there was only minimal understanding of abstract concepts, there was clearly an understanding of the practical elements such as, 'air has oxygen in it which is used up when we light a flame'; or 'all living matter turns black or white when burnt, this blackness is called carbon, all living matter is made of carbon'. In my mind these were important aspects of learning.

The sessions where I intended to compare and critique scientific processes did not go as well. I would attempt to discuss a process with the students but they seemed totally unwilling to participate and I ended up doing all the talking (a bad habit I often fell into when frustrated). The students' evaluations showed they were basically very interested in the experiments but not as interested in discovering the processes that the scientists had used.

My initial reaction to the workshop was disappointment. The students were obviously frustrated, although a few students wanted to understand and do more. The major limitation was time. Thirty hours was simply not long enough to help the students grasp concepts that have taken others years to understand. The further we travelled down the road of scientific knowledge the more abstract science became, and gradually more and more students lost interest and became bored.
Some students could remember the experiments but had difficulty understanding the abstract ideas attached to them. When the experiments were interesting there was no problem, but when the experiments failed or were not exciting they were not remembered. Also in some cases the link between the experiment and the abstract ideas was not made, so I had a situation where some students learnt a few basic scientific concepts and all participated in some interesting experiments. Not one of the group saw science as something they could participate in or challenge. They were passive recipients of the knowledge that was offered.

I now had a major dilemma with the course, the question of process verses content. For the students to succeed they would need a strong grasp of various scientific concepts (what is an atom; how do atoms bond; how do molecules change etc.) and to learn the various skills used by scientists to understand how they operate in areas of classifying, measuring, counting, asking questions and finding answers etc. The workshop definitely taught some basic scientific knowledge as defined by the curriculum, but they remained weak on the process.

Was what we did a valid implementation of Both Ways? Did the students get to the stage where they compared Aboriginal and non-Aboriginal world views of science in order to find a workable nexus? The answer to that is obviously no. The Western ideas about science dominated the workshop, the students wanting increasingly a better understanding of the Western perspective.

It was as if they were being conned by the mythical power that this knowledge gave them, and they wanted more of it. They had been disempowered by people with this knowledge in the past and they wanted access to it in order to have their share of the power. These comments are made quite clearly from the Freireian (1974) perspective. My frustration was that the students did not even come close to considering the power relationship between themselves and this scientific knowledge. Their frustration was that they felt they could not catch up to people such as Doctors who had a lifetime of learning in the sciences.

**STUDENT ACTION GROUP REFLECTIONS**

This was the first action group and there was not a great deal of feed back about the workshop. As has been described I felt the content of the workshop was particularly disempowering to the students so again this feeling of disempowerment detracted from their willingness to comment critically.

As well as this the group was only just 'hanging in there'. At the end of 1994 they had attempted to protest the removal of a very popular lecturer who had worked with them the previous year. This situation was connected with the events described in section 6. The
A lecturer concerned was the victim of the same management that allowed the curriculum to be altered without consultation.

Despite the students\' protests the lecturer was removed and they were still very angry. Several were even considering leaving. When it came to sitting around and trying to talk about the future delivery of a workshop the conversation was quickly redirected to helping the students survive this very difficult time.

I arranged for both the College Director and the Head of School to meet with the group and hear their concerns. The students did not hold back in their comments and both the Director and the Head of School were quite taken aback by their anger.

The group also wrote a letter outlining their concerns about not being listened to which they sent to several different people as well as Batchelor College. The letter asked why so many people wanted to tell health workers what to do and how to do it. It also pointed out that they wanted to have input to what happened to them and their course, and as they were the first group to do the course this should be done out of respect to them. The responses they got from this letter was almost entirely negative. Some people were offended because they thought that the students were trying to deny them a say. Others denied that they had not given students a chance to have a say.

The result of the letter was that nothing actually changed. Changes continued to be made to the curriculum without consulting the students, and for a time their reputations were tarnished because of what they had said in the letter. This was evident from the feedback we had received from various organisations. The group was highly aware of this negativity around them and for a long time they were unwilling to act critically even if this was in just our own small group.

One good result from all this was that they had 'survived'. They had felt empowered enough to vent their emotions in a positive way even though no one had listened, and they were willing to continue their studies. Several of the reasons for continuing came out in the group discussions. These included "just wanting to get on with it", and "wanting the respect that the qualification could bring them".

**PERSONAL REFLECTION**

There appeared to be two strategies for improving this particular workshop.

Run it entirely by experiment, i.e. to develop the experiments so that they are all exciting and relevant to the students\' work. All abstract components, or the part of the workshop where we sat and discussed how the scientists explained the phenomena could be removed. We could replace these components with more experiments or practical exercises, for example we could explain element symbols by using pathology sheets with the symbols
(students are used to seeing these sheets in their clinics all the time). As well as this we would need to keep any explanations concrete such as, 'all living matter has charcoal in it; charcoal is carbon; you can see carbon on the atomic table'. To do this there would need to be a clear understanding between teacher and scientist so that exercises developed were both relevant and interesting.

The ability to know formulas and atomic structures is not as relevant as knowing that 'all living matter is made of carbon', or that 'molecules can reconstitute to form something that looks and acts completely differently to the original material'. At some stage these things could be introduced but not in the early stages.

I have also expressed the need for students to learn the workings of the scientists or how they think, so as to feel empowered enough to critique the role of scientists in Aboriginal health research. As I have already stated this objective was a dismal failure in the workshop. To overcome this I could develop the experiments to emphasise the process, i.e. start with questions such as, “What is all living matter made of?” Then, using the inductive process to find the answer by burning various forms of living matter and placing all the results of the various burnings on the table, ask the question, “What does it mean?” This ongoing process could be recorded and later used to explain such things as inductive or deductive logic etc.

I believe these changes would benefit the overall success of the workshop and I believe that there are probably many other ideas documented in books and journals which could be used to enhance the learning outcomes.

The other way of improving the workshop would be to ignore the content. Initially we could look at Aboriginal scientific knowledge in a particular field, such as the Aboriginal explanation of seasons or the knowledge associated with collection of bush foods. Students could gain this knowledge from their elders and detail the process in journals. The journals could then be brought into the workshop for comparison with Western scientific knowledge.

We could then do an experiment which included certain skills, e.g. collecting shellfish on the beach at low tide. We could place students down the beach at six foot intervals and have them dig for cockle shells (collecting information). We could then measure at which tidal mark the most shells were taken (counting and measuring). We could then grade the shells by size to see at which tidal mark the biggest shells were taken (classifying). Finally we could compare the tidal mark for most with the tidal mark for biggest (comparing). After doing all this we could come up with a hypothesis about the best part of the beach to collect shell foods (hypothesising). The next day we could return to another beach and test the hypothesis. On the last day we could compare the two scientific models in a
discussion that should help lead to a deep understanding of the way science is done, and a respect for both models.

The two approaches described lead to very specific outcomes, one is an understanding of content the other an understanding of process. It is possible that both could lead to power. The problem arises in that control of content leads to a cycle of needing to know more, and there will always be someone else there to control the handing out of such knowledge. While on the other hand the understanding of process may lead to control of process. Of course the two could be combined but as Yunupingu (1993) asks, “How would you maintain the balance between the two view points?”

One of the aims of my thesis is to put the students in a partnership of the control over the learning. The first distracting factor in finding this balance of control was the power of the curriculum. Curricula are generally written in such a way that objectives are non-negotiable and are written to fit into a particular time frame, making it difficult for a teacher to manipulate the objectives. The second issue is the students’ own needs. When students have a perceived need they can become very demanding, it is difficult to argue with them even though you may not accept the validity of such a need.

These questions are the absolute crux of my thesis and it seems I have come full circle. This short 30 hour workshop seems to have brought me and the students almost back to the beginning. But no, I believe that we have evolved greatly in that 30 hours and that the next effort will be even better. Action Research has triumphed and we are ready to begin again.

In reality this workshop was a very good example of how on occasions it is difficult to practice what you preach.

7.2: CLINICAL SKILLS WORKSHOP

WORKSHOP PREPARATION

After the problems experienced with the science workshop and its distance from what I was trying to achieve, I decided to make a real effort to implement the Both Ways model with this next workshop which, according to the curriculum was to focus on clinical skills. I was desperately seeking a method by which the students would be able to critique the Western model of medical treatment and so start to think of more culturally appropriate ways of performing clinical skills. I believed that the solution to the failures of Western medicine must lie within Aboriginal Health Workers developing new and effective practices which combine Aboriginal and non-Aboriginal methods as is consistent with Both Ways.

The workshop was intended to cover emergency practices in the clinic. Examples of the situations that students would be expected to handle include snake bite, amputations,
anaphylaxis (allergic reactions to medications), severe acute asthma and many other emergency situations that can arise in remote areas. The students would be expected to manage these situations by maintaining life support until an evacuation could be arranged to the nearest hospital and the patient handed over to another medical person. This process may take up to two hours so the overt objective of the workshop was to teach the students emergency life support skills while arranging evacuation. The objective of Both Ways was to facilitate the students being constructively critical of the Western model of health care.

Many students had been working in remote areas for some years while some were not so experienced or were no longer working in clinical positions and considered their skills to be rusty. Again a diverse group of students all with very individual needs.

I continued my effort to design the workshop keeping the learning in a 'close to real life' context. It was impossible to run the workshop in the students’ own clinics as I would need to run the workshop fourteen times in fourteen different locations. It was equally impossible to have actual patients with the necessary emergencies at my disposal. It was my intention however, to make the experiences as real as possible, although in a mock clinic; with contrived clinical experiences; using make-believe patients. It was also my intention to provide a forum that allowed and even encouraged critical comment of these clinical practices.

A significant part of the workshop was to focus on finding new and better methods of practice. Again, I needed to find a way of bringing Aboriginal knowledge into balance with the very strict and rigid Western model of doing medicine. If I was to fulful my objective I needed to find this balance, as well as adopt good teaching practices.

I planned the workshop around a two phase process.

**Phase one** took place in the mornings. I had a model clinic set up with a role play of the particular medical condition to be studied. Colleagues with good clinical experience were engaged to act out the conditions and students were expected to use their skills and experience to manage the situation. All students are practising health professionals and most should have gained the necessary skills and knowledge to deal with the situations presented in the role plays, although in some cases these skills may not have been frequently practised in the real life situation. The students were not told exactly what was going to happen and had to be prepared for anything. The whole scenario included the ‘patient’, three students and a person to prompt the students into action and guide them if they became stuck.

An example of one of these cases was 'Snake Bite'.

1. The actor would run into the clinic yelling, “I’ve been bitten by a snake”.
2. Students would be expected to work through their basic triage for the situation. For example, calm the patient down; take them to a bed; apply a toe to thigh
constrictive bandage; complete a full set of vital signs observations including pulse, respiration, neurological observations, urine analysis, bite site examination; administer oxygen.

3. Students were then prompted to carry out additional procedures such as contacting the doctor (who would be acted by the prompter), as well as more complex procedures such as setting up an intravenous line and preparing for antivenene administration (this is complex and dangerous procedure involving several dangerous drugs).

4. At a certain point the situation would be complicated by things such as the patient stopping breathing, the students being required to administer artificial respiration procedures as well as cardiac massage if necessary.

(At all times the prompter would give gentle persuasion and advice.)

**Phase two** came into play as each group finished treating their ‘patient’ when the students were expected to discuss their performance in the group and report this discussion in their journals along with how they rated their performance, and how their performance could be improved.

When the students were discussing how their performance could be improved, I expected them to consider the cultural appropriateness of the treatments they had performed. I was hoping that after such a tense experience they would critique these particular aspects of practice, I was looking for more depth than a brief statement such as, “In the old days we treated this problem with this bush medicine”. I was hoping that the students would discuss areas of cultural dissonance with the way Western medicine is practiced, for example the association of Aboriginal people with dead or dying people, or the difficulties with kinship rules in carrying out treatments which are at times invasive.

After reflection I hoped that the students would make suggestions on how the clinical management of these conditions should be improved. They had been advised that any recommendations could be sent to people currently designing treatment protocols.

This is how I intended to bring Both Ways into the learning experience, and I thought I had done a good job in covering all the angles in this particular workshop.

**THE WORKSHOP**

In the first two days of the workshop one student packed up and went home and another just failed to show up after the second day. I was in a state of shock, some of the students that were left behind started to revolt and demanded that I stop what I was doing to them.

It is quite common for Aboriginal students to walk out of a situation they are not happy with rather than confront a teacher in an attempt to improve the situation. Therefore one of the most valuable evaluation tools in Aboriginal education has to be the drop-out and non-attendance rates.
The workshop required (and had) a massive amount of support, the planning had been done thoroughly and in plenty of time with work books and journals all prepared. This workshop should have been smooth with no hitches. But no! The students’ level of anxiety was extremely high. It seemed that the spectre of walking into a clinic and having to deal with a critically ill patient with someone looking over their shoulders apparently assessing them was, in their opinion just too much!

There was absolutely no real comment on the way things were done in the second phase of each day. The students continued from the first day, to express a need to do things ‘the right way’ which for them meant the Western way. This feeling dominated their work. Eventually, on about the third morning they bailed me up and let me know exactly what their apprehensions were, they did not want to do it Both Ways they wanted to practice health the Western way.

Why the frustration? Why the anger? Why the anxiety? I can only assume that this was the result of so many years of pressure from non-Aboriginals to do things correctly, and the criticism which invariably followed when things were not done the ‘right’ way. Aboriginal Health Workers have had almost 25 years with only the most basic education and training, but conversely they have had enormous responsibilities, on many occasions responsibilities surrounding life and death, attached to their positions.

I stopped, listened to what the students were saying and attempted to reorganise the workshop. The students wanted to know what was going to happen before they went into the clinic experience, they especially wanted to know more about the condition they were dealing with. I got together with the teaching team, a group of 5 people in all, to re-model the workshop. We did this by starting each day with a one hour talk on the particular medical condition that was to be managed and gave hints on the management. This appeased the students and we were able to continue. But the emphasis had once again been put firmly back on the learning content rather than the process of critical reflection of practice. Once again the implementation of Both Ways teaching appeared to have failed.

Most criticism of Aboriginal Health Workers has come from employers, but on occasion community members have also put enormous pressure on them when they perceived things were not done in the correct way. Many of the students’ anxieties had their roots in such deflating experiences and a perceived need to do things the ‘right’ way had been forced into their way of thinking.

It is also a good example of how oppressive the Western approach to health can be. On reflection, to ask the students to criticise something that has dominated their working lives for such a long time was asking too much. Western ways of doing things are presented as being so right, so correct and so beyond question. Statements like, “If you don’t do it right (our way) you will kill someone”, are not uncommon. If I was put in a similar situation
and asked to criticise something as dominating as this, I doubt I would move against such a body of evidence.

A few weeks after completing the workshop and again feeling terribly frustrated and desperate about not having been able to implement Both Ways, I was talking to a colleague who had been a member of the workshop team, and she asked, “Isn’t Both Ways partly about Aboriginal people with the students working in partnership in controlling the agenda? And isn’t this just what the students did?” If in some instances the students want it to go ‘one way’, then maybe that is what should happen. Aboriginal people must choose what is right for them. If they choose a car instead of going places on foot, who am I to argue?

The problem for me personally was that as they had accepted the car blindly they were also accepting Western medicine blindly. It is one thing if after being placed in a position of criticism, objects and ideas are accepted into practice. My perception however is that both the car and Western medicine can be remodelled to give Aboriginal people an even better result. For example Toyota’s trooper carrier is very common in the Northern Territory not only because it is suitable to the environment but also because it carries many people. As yet there have been only minimal efforts to redefine Western medicine in such away.

The question comes to mind of, “How much right do I have to not do what the students want because I think that it’s wrong?”

**STUDENT ACTION GROUP REFLECTIONS**

This was the fourth time the group had come together since the very difficult and troublesome first meeting with the Head of School and College Director (as described in Section 7.1). In the next couple of meetings the conversation had usually been about survival and the reactions of various people to the letter they had written at the time. There had been very little discussion about Both Ways except that the discussion did lead to the survival of the students in the course as they expressed their disappointment at the reaction of people to their letter. We were able to share our emotions and in some ways this brought us together as a group.

This was the first time that we began as a group to seriously discuss Both Ways. The students reaction to the workshop meant I was already deeply conscious that things had not gone to plan and that Both Ways had appeared to fail a few of the students.

The discussions however brought out a slight rift in the group. One group seemed to have the beginning of this notion of doing it Our Way (Aboriginal way) although it had not been expressed as such as yet. This group were saying things such as, "Don't worry about
trying to bring these two worlds together just tell us your way and we will decide how to make it work back home".

On the other hand, a second group were not as critical of the process and expressed the sentiment that the others were maybe just frightened because they did not have a strong clinical background. They suggested that the way I was presenting the workshop had frightened them and made them say these type of things which they themselves disagreed with.

This second group strongly supported Both Ways. However at the same time, they were happy with the knowledge that was given to them in the lecture sessions. Although they verbally backed the idea of Both Ways they did not recognise the contradiction that occurred when they supported the Western medical content of the lectures. My attempts to discuss this contradiction were met with silence and I did not pursue it much further.

My own anxiety and lack of foresight meant that it was not until several meetings later that I confronted the students with this apparent contradiction. It was obvious to the group that I was in a state of shock at the failure of this workshop. I was never quite sure that it was not my emotion, and the fact that some group members probably felt sorry for me and angry that the others had upset me, that caused them to support me. Or did they actually support Both Ways?

My own reactions show that being in a cross cultural action group such as this had many complications that I had not foreshadowed. These complications were making my interpretation of data extremely slow and confusing. I could not read the signs as accurately as I could if I was in a mono cultural group. I was learning something very important, patience.

PERSONAL REFLECTION

The restructuring that took place during this workshop did seem to work quite well, so it seems obvious that these changes should certainly be included in any repeat (or similar) workshop. Role plays should begin with a brief introduction to the medical condition and general management, which will assist those with minimal (or rusty) clinical experience as well as give students a chance to reinforce their learning by practise in the role plays.

The answer could be to separate the two primary objectives, i.e. give the students a feeling of success and control over emergency situations in one workshop, and wait until a later workshop to provide an opportunity for the students to give critical comment on such Western practices in their clinics. Separation of the two objectives would enable emphasis to be given to one at a time, thus allowing students to achieve both objectives. I feel that just possibly, if the objectives were separated the dominance of one model over the other could be diffused.
It would also be possible to teach each objective as a research assignment back in the community. The students would be asked to reflect critically on their own practice by recording this daily in a journal, and then look for and discuss particular problems they see. The idea of a community workshop with elders etc brought in to give support, could also be developed. We could use this shared experience to develop the idea of Both Ways.

At this point I am brainstorming ideas for improving the Both Ways component of the clinical skills workshop. I emphasise the need to find an alternative because I believe it is necessary for students to become critical of Western health practices.

Finally the most important questions to ask are:

1. If the notion of Both Ways works, to what extent is Western medicine willing to negotiate change?

2. Should the students be allowed to choose not to comment on Western practices as they have demanded in this workshop?

3. Do Aboriginal people want a Both Ways approach to their own health care, or do the elders and community people want Aboriginal Health Workers to practice in a Western way? It is quite obvious from both Reid (1983) and Nathan (1983) that Aboriginal people currently have the two health domains clearly separated, choosing traditional health frameworks for diseases that were present pre-contact and Western health frameworks for new diseases. If this is so, do the Aboriginal people want these two domains to come together, and if so in what shape?

4. What aspects of the Aboriginal health domain are public enough to allow the students access to it in their daily practice? A great deal of Aboriginal knowledge is sacred and not for distribution beyond particular people or for public discussion.

These questions became evident to me from discussions with the students and they require a great deal more investigation. They will need to be answered by Aboriginal communities.

### 7.3: COUNSELLING WORKSHOP

#### WORKSHOP PREPARATION

By this time I was starting to get a little desperate. It appeared as though the whole basis of my thoughts on Both Ways would need to be reworked as the students were challenging the idea of bringing the two world views together.

This was to be a short workshop of 30 hours duration on counselling. Many times in the past I had seen counselling methods that work well in the non-Aboriginal context fail miserably with Aboriginal people. From my experience there were several aspects of counselling in the non-Aboriginal way that were not working because of cultural dissonance, such as talking to someone that the client has never met before about a personal matter. Again it was my intention to facilitate the students' criticism of the non-Aboriginal
way with the aim of thinking about a new way of counselling that would be appropriate for Aboriginal people.

Counselling as a topic had not been taught to the students in the past, so they had little or no pre-conceived notion of how counselling should or should not be done. When asked to counsel or talk to someone in the community as part of their job, they did so by instinct without having had any real training in this area. I felt this was a distinct advantage to me when developing the workshop as the students had no preconceived ideas. I was also able to use the fact that there was a great deal of dissonance between the two approaches to counselling, and these differences appeared obvious to me, so there did not need to be a great amount of delving into the students’ knowledge in order to highlight this. I was able to spend less time concentrating on the skills associated with how to counsel and more time looking at the complexities of counselling. I was able to spend more time comparing the two world views.

This workshop was planned around 3 phases based on the following questions.

Phase 1: How do non-Aboriginal people counsel?
Phase 2: How do Aboriginal people counsel?
Phase 3: How will I counsel in the future?

In the first phase I engaged a guest speaker from the crisis counselling centre in Darwin who had many years experience and was very eager to talk to Aboriginal Health Workers about counselling. She was allocated two days and was asked to talk about the various aspects of counselling.

The next phase was for the students to talk about these aspects of counselling and discuss how they work in their own culture. We would look for parallels and differences, and then investigate what would be the Aboriginal way of dealing with these aspects. Typical aspects of counselling were discussed such as planning; use of open ended questions; and confidentiality, all important things that needed to be understood before a person can counsel effectively.

In the final phase the students would write an essay entitled, “How I will counsel in the future”. This was to be done after consideration and critique of counselling in both the Aboriginal and non-Aboriginal contexts.

THE WORKSHOP

The use of the guest speaker worked well and by the time she had finished the students were quite critical of her ideas. This occurred without prompting. In fact some were approaching me at the end of guest speaker's first day saying, “We won't be able to use any of this stuff in our community”. This was exactly what I had wanted. From here, using
the guest speaker's format we broke down this counselling process into its basic concepts and then compared these concepts with what would happen when used in the Aboriginal setting.

One very lengthy discussion ensued around the issue of confidentiality. How can there be confidentiality in a community of 200 people? A community where every one is related to each other in one way or another and most things are public information (in the form of gossip) long before the counselling situation even happens. If a family fight occurs then everybody in the community knows about it as it is happening. The community knows who hit who, they know the history and background to the incident, and they will openly discuss the solution to the problem.

In contrast, confidentiality is central to the success or failure of the counselling session in a non-Aboriginal setting. Confidentiality has both ethical and legal implications and it is extremely unprofessional for a counsellor to be found breaking confidentiality.

Another interesting discussion centred around who was the appropriate person to do the counselling. In the Aboriginal domain confidential matters will only be discussed with certain people who have the right to know that information. You do not just walk into an office and sit down and tell anyone your life story. The right to counsel in the Aboriginal context is based on relationships and seniority rather than a professional qualification.

On the other hand, in the non-Aboriginal setting anonymity is very important to some people. Family conflict is possibly one of the main reasons for counselling today. Development of the nuclear family has coincided with the development of professionals to take on the roles played in the past by certain members of the extended family, probably in a comparable way to the Aboriginal family roles students were describing to me. The certificate on the wall in the counsellors office implies to the prospective client a certain level of training, and that a certain set of professional standards including anonymity and confidentiality would be adhered to.

In the discussions about planning for counselling, it was suggested by the students that the most important part in planning for Aboriginal people was the time used to select the right person to do the counselling. This decision would often be reached through negotiated compromise within the community. The way any problem was dealt with was usually set in tradition, and finding a solution involved all people from the community who were in some way involved in or affected by the particular problem. On occasion the solution was reached through traditional law, especially in cases of domestic violence, and in some cases the punishment was physical. We discussed how, even though things are changing traditional law is still not acceptable in most non-Aboriginal law courts.

The differences in planning for counselling were easy to describe. Planning in the non-Aboriginal way was usually determined by the counsellor and depended on a combination
of their training and the peculiarities of the particular case. In the Aboriginal setting the counselling process was governed by tradition and depended to a great extent on the need for the community to regain its balance.

The common ground in both approaches was a trusting relationship, and the need for the counsellor in both circumstances to build this relationship. If that trust was upset the counselling would cease in either situation.

The essays were extremely interesting, and probably my first example of the successful implementation of Both Ways. Some students chose to recognise both methods as legitimate and select whichever method was appropriate for the occasion. Their intention was to give the client the choice of whichever framework they wished to be counselled by. This required the student to have a good understanding of both models and to be able to practice either.

Other students said that they would leave it up to the elders to counsel when there is a problem in the community. This was very much along traditional lines, and the student's involvement would be to facilitate it happening rather than become involved in the detail of the negotiation.

In all cases it was obvious to me that we had met the objectives, the students clearly understood how to counsel if called on to do so or if questioned about it. They also had the opportunity to be critical of the non-Aboriginal way of doing things. Some of the students were ultimately able to come up with a way of counselling that involved elements of both systems which made it new and different. This result was what I had been waiting and working for.

**STUDENT ACTION GROUP REFLECTIONS**

To say the least, the group was on a real high during the workshop, it was probably the first time they had felt comfortable saying what they really thought about something from the Western domain. As well, they had been given the opportunity to improve on what had been presented and they had come up with a reasonable alternative.

The people who in earlier groups had questioned the need for doing it Both Ways again made a very important point for the group to consider. The question being this time, "Why was this workshop Both Ways?" These members of the group were having problems seeing why this workshop was Both Ways and not them just having a say about a 'bad' white fella idea. My explanation to them was that, "This was what Both Ways was all about", and "That there were a lot of bad ideas and processes in the non-Aboriginal world, and that they could take part in a process which facilitated improving such ideas and processes for their people".
This reply met with silence and I suppose suspicion. I’m not really sure what they thought, but it was evident that I would have to wait for another couple of meetings before I would understand their reaction to this comment. Again the need to be patient, as the group moved into another phase of reflection on everything that was happening.

The group’s dialogue let me know that there were a lot of good feelings about this workshop and I think we all obtained strength and unity from its success. We were eager to continue with the investigation. It was very difficult to get any negative critique from the students when they were feeling so strong from their success. So any ideas for changing this workshop came mostly from my own personal perception of events.

**PERSONAL REFLECTION**

It is impossible to say definitively at this stage why the Both Ways paradigm seemed to work in this instance and not in the others. Methods used to solve problems (counselling) in the Aboriginal domain are public knowledge and there is no need to hide this information. Such matters can be spoken about without offence to any individual. This may have been a significant factor as in other workshops students expressed their unwillingness to talk about certain issues, particularly in mixed groups.

As well, I believe the non-Aboriginal way of counselling may be particularly offensive in certain circumstances, for example attempting to counsel someone who you are not even supposed to talk to, or attempting to discuss something with your grandfather which may be particularly offensive to him. There is a great deal of discussion in the earlier sections of this thesis about the significance of relationships to Aboriginal people. Counselling is a good example of where relationships are of paramount importance.

Here is a subject where the Western paradigm has not been able to dominate the minds of the students. By this I imply that it may have been a lot easier for students to gain power over something that is not quite so totally disempowering as the two previous subjects had been. Or maybe it’s as simple as using a well intentioned speaker who irritates the students as much as this one did, because this really helped to set the students off on a critical tack.

In terms of the central tenet of the hypothesis it could be asked, “How successful was it that some students seemed to keep thinking of only one way of doing things?” In answer to this, all students most definitely made a choice with as much information as possible made available to them. Their choice may have been to stick with the old ways even though people have suggested that these old ways do not work any more. I do not believe this implies that the workshop was a failure. The important factor to learn or re-learn from this is to trust the students to make the appropriate decision based on what they know about their own communities.
The ideas that the students had documented would become a useful resource for the next group of students and as each group builds on the prior groups' ideas, new students will not have to start from scratch as this group did.

An example of the students' essays follows.

**COUNSELLING BOTH WAYS**

In this article what I would like to write about is counselling non-Aboriginal ways and Aboriginal ways.

My name is Clifford Plummer I am an Aboriginal Health Worker from Tennant Creek, I am studying for the Associate Diploma in Health Science (Aboriginal Primary Health Care). In this course we have students from all over the Northern Territory. The best thing about this course is that it helps me broaden my knowledge in the health area for example report/essay writing, community development skills, health promotions etc... I also like to see more male Aboriginal Health Workers enrol in this course.

**Counselling**

I would like to explain briefly what a counsellor is. A counsellor is a person who:

- helps people find their answer to their own problems;
- a person who doesn't judge you;
- keeps information confidential;
- refers clients to psychiatrists if they can't deal with the problem.

The non-Aboriginal ways of counselling are different to our ways, for example, when a non-Aboriginal person counsels they don't care who they see whether that person is a male or female. Basically that's what you expect when you see a counsellor. But this doesn't work for Aboriginal people. We prefer to look at it this way men counsel men; and women counsel women.

In the old days groups would talk to their elders in troubled situations and the old people would discuss and find solutions to solve this matter. Aboriginal people lived in harmony.

Today it is a lot different. Many of our people turn to alcohol which causes a high amount of STDs, increased death rate, uncontrolled domestic violence etc.

This doesn't stop, it just keeps going on and on, it will not stop until we all take action. This also causes a lot of stress to many Aboriginals and a lot of us suffer.

One important thing we are not doing is we are not talking to our elders for advice and we are leaving them behind and trying to deal with the problem ourselves.

When I do counselling I always keep in mind the cultural, spiritual and law ways of dealing with problems for example during the Associate Diploma workshop we came up with these guidelines for doing counselling our way:

- Men counsel men/women counsel women.
- Group session with close and extended family members (if client feels comfortable).
- Information is kept confidential.
- Give patient the choice to see an Aboriginal Health Worker or non-Aboriginal Health Worker.
- Ask family members for full support.

So in my conclusion I'd like to see more Aboriginal Health Workers involved in counselling with the support from Mental Health Officers. Finally my last words are Health Workers should take into consideration the law, cultural and spiritual ways of dealing with problems.


**Attachment 3: Student Article 1 (Plummer, C. 1996)**
7.4: HEALTH PROMOTIONWORKSHOP PREPARATION

From about 1989 there was a strong drive to push Aboriginal Health Workers into the field of health promotion. Since this time there has been a regular change of guard in the personnel managing health promotion, with each new team introducing new approaches to health promotion, so that during this time there have been at least three significantly different approaches adopted. The one thing in the health promotion teams’ favour is that they have always had a significant number of Aboriginal staff at all levels of operation including the upper levels.

In the past the role of Aboriginal Health Workers in this process has usually been to assist experts who have come in to the community from a major centre. This policy was changing, and health workers were being involved increasingly in the implementation of health promotion projects. At the same time, the training program for health workers was also anticipating more leadership in the role of health workers in implementing and evaluating health promotion projects. In light of this and the new health promotion agenda, the workshop had a clear objective, to prepare health workers to carry out health promotion in their communities.

As well as this there was again the Both Ways component of the workshop asking the question, “Can we draw on Aboriginal tradition and cultural experience to improve the way health promotion is carried out in Aboriginal communities?” There was obviously a lot of scope for consideration, critique and improvement of the practice of health promotion.

Again the workshop was structured around five days with fourteen students from a variety of locations and backgrounds. My intention was to start by looking at what was happening in health promotion today, using several major and well funded projects as examples, e.g. the Northern Territory Trachoma Program, and looking quite extensively into the way they were developed; where the ideas came from; how the needs analyses were done; where the funding came from; how the projects were managed etc. I would use the critique of these major projects to draw out an understanding of several major issues associated with doing health promotion including the following.

- How do we motivate people in health promotion?
- What infrastructure is there to support health promotion including laws that can be made such as no smoking ordinances, or taxes that can be placed on things such as the Northern Territory’s alcohol levy?
  - In the case of trachoma there was the setting up of the Northern Territory Trachoma Program and the monthly eye drop campaign.
- Behavioural change.
  - In some cases, in order to get improvement in health a basic change in people’s behaviour is needed. In the trachoma example, change was imposed rather than awaiting freedom of choice by prospective clients.
• The health promotion process, i.e. Needs analysis - Research - Planning - Resource development - Implementation - Evaluation.

• The health promotion dilemma, how do you cope when your advice does not work?
   In the trachoma example there was a long period where prominent people maintained public interest, but when the public lost interest in the project there was a gradual withdrawal of funds with no substantial improvement in the incidence of trachoma.

• Evaluation. How does qualitative evaluation compare with quantitative evaluation?
   The trachoma program relied very heavily on quantitative data and when figures of ‘non compliance’ started to appear there was a complementary reduction in funds.

These 6 particular aspects of doing health promotion became the focal point of the workshop. The three phases of present, past and future were used as focal points for discussion.

In the previous workshop I titled the phases ‘one, two and three’, but for this workshop I titled them ‘present past and future’. It may seem a little bizarre that we put present before past but in this context by studying the present first we would be able to critique the present before looking for the better aspects of the past. It would help the students to focus their thinking that not all was well in what was currently happening.

• The present phase of the workshop would contain a critique of several current health promotion projects.

• The past phase of the workshop was to be extremely exciting. Before the workshop I could not see that Aboriginal people did any form of health promotion prior to contact, as you will see I was in for a major shock. The method I was to use was to show a series of historical slides depicting Aboriginal traditional life and ask the students while viewing each slide to discuss health promotion in these contexts.

• In the future phase of the workshop I would simply commence with the statement “When I do health promotion I will...”, and leave it to the students to finish it off.

I thought that health promotion was again one of those topics that was neither secret nor sacred, so I felt certain that I was not over stepping any boundaries and that students would feel comfortable with the content.

THE WORKSHOP

Looking at health promotion in the present went reasonably well, with the main area of interest or concern being the ‘top down’ style of health promotion, or the fact that many health promotion projects were forced on people without full and true consultation. We
were however also able to show projects that came from the people or ‘bottom up’. This was by far the preferred method for the students.

The discussion during the past phase of the workshop was very interesting and exciting. The students were extremely motivated by the slides and were able to state that Aboriginal law was in fact health promotion. Aboriginal law was intended to keep people healthy or keep them from becoming sick, by strict governing of such things as diet and behaviour.

I raised the issue of health promotion being a way by which non-Aboriginal people learn to cope with change in their society. When change occurs its impact on health is often the last to be considered. This can be seen in things like pre-packaged food in that before we had a chance to consider the impact of these products on our health, a large proportion of the community was firmly addicted to them and a gradual program of re-education had to be implemented to teach people about such products. Evaluation was seen as critical in a constantly changing society.

I asked the students how people coped with change in the past. This led to a long and lively debate with the upshot being that traditional life was constant, it was without change. I prompted the students with thoughts of human maturation or seasonal weather as a form of change but they disagreed with me (some very strongly) and saw these things as merely cyclical patterns, patterns which in their terms were controlled by law rather than change. They argued that things such as evaluation were not necessary in a traditional society that had no change.

Finally when the students were left on their own they came up with what I thought was a very good blend of ideas about how they will do health promotion. What follows is a group statement about health promotion.

When I do health promotion I will .......
Always try to look at the whole picture not only part of the problem, listen to the community and support the people’s needs. I will always participate in and promote better health and will try and provide health promotion in a culturally appropriate way using cultural ways of decision making and obeying the Laws.
When I do health promotion it will take me a lot of consideration and it will be for the lower class people, e.g. people with little Western education, unemployed, low income, bad housing and community people in need.
We will try and assist training and education with community based people so action can continue after we have gone or if they want it (is it important to them?). Personally I think health promotion starts best out under a tree with elders, they are the backbone we are the ribs. After we have discussed this way we would go through a Western process.
We have a Tiwi word for sitting around and discussing things:
"Ngapingmarri",
and a word for helping and supporting:
"Ngarwanajirra"
this is the way we want to do health promotion.
In Djambarrpuyu the process is called:
"Nhina Ga Wanganhamirr Gungaayunamirr".
In Iwadjia this process is called: "Ngartpani Gatjipapajilin".

I will assist people in making ideas for funding and making it attractive to the government organisations or funding bodies or supporting the community in the use of their own resources.

"Evaluation will be in a way that is appropriate to the people. If a problem arises the elders will decide other appropriate ways of handling the situation."

Diploma of Health Science (Primary Health Care) Student Group (1995)

In this group statement concepts of health promotion are defined in Aboriginal terms, terms which arise from traditional notions of group meetings. These group meetings are structured very clearly within Traditional Law (this process has already been discussed in Section 3.4) These statements are valuable definitions of the health promotion concepts of consultation and communication.

The various debates during the week led to a good understanding of particular concepts, for example the notion of evaluation. Although there was a fairly intense discussion about the concept of evaluation the final outcome was a reasonably solid understanding of the concept and how evaluation should be used in health promotion in the future. Although the students' comments indicated that there was no element of evaluation in the Traditional world, the outcome of the Both Ways discussion led to a fairly clear understanding of the concept of evaluation and its potential use in the future.

STUDENT ACTION GROUP REFLECTIONS

The action group during this workshop reached a peak of disunity. This was the first time I was openly confronted with the complaint that "I was simply pushing too hard to find out Aboriginal knowledge which I had no right to know". This emotion was vented soon after viewing the slides which showed etchings of traditional scenes. This was very difficult to deal with and the first notice to me that there was something deeply wrong with Both Ways. Again the group conflict came to the fore as other group members quietly disagreed with these comments.

"If there is anything else to know about the week I would like to know it, for we have given you so many answers I feel sometimes that I'm repeating myself."

Student Comment (name withheld) (1995)

In the context of the workshop I felt that this student was making a comment about the amount of knowledge that they had actually put into the workshop including Aboriginal knowledge, and complaining that we the teachers had done so little actual teaching. This student's frustration is quite common in this type of teaching and several authors such as Freire & Shor (1987) comment on this frustration extensively.

I needed to think about my answer to these comments long and hard as I was spending a lot of time asking students to bring their Aboriginality into the classroom and this was not the first time that this idea was confronted. My explanation was that this is directly what
Both Ways was; that my intentions were honourable; and that I had no intention of using the workshop information in any other format. In fact I was trying to respect this knowledge and give them the opportunity to be critical of the Western perspective on several issues including health promotion.

This brought the group back to the comments from the previous group meeting in that all they wanted was the Western knowledge and they would find ways of making that knowledge work for them in their own good time.

History supports the students' concerns. There are numerous examples of abuse of Indigenous knowledge dating back to the early anthropologists such as Margaret Meade, whose work was later discredited by the people of Samoa. Aboriginal people also had, as a consequence of inquisitive anthropologists, a great deal of 'special knowledge' abused. Good examples of this being the arguments over the ownership of the Strehlow collection, and the lack of understanding by the church of the Adjustment Movement in Arnhemland in 1957 (McIntosh 1994).

The question now was how to progress from here? These people, having vented their concerns, were willing to continue with assurances from me that the knowledge they introduced was not for my edification but for their own education, so that they could use that knowledge to give strength to their own methods of dealing with Aboriginal health problems. In addition, if they did not want to say something they did not have to.

The action groups were showing that in the midst of some very productive workshops there was still tension. The group was going through a period of creative conflict, which was helping us think through some very crucial issues related to Aboriginal Health Worker education. The line between my role as coordinator and group participant became blurred. Several group members were quite negative towards those voicing their concerns and it was very important to reassure the sympathetic group members that I considered these discussions to be constructive criticism and that I wanted them to continue.

**PERSONAL REFLECTION**

I imagine at this point, people may be saying, “So what, these are not great new ideas about health promotion”, or, “I've heard all this before”. These statements may be true but these were early days, and the students were only now beginning to warm to the idea of doing things Both Ways.

I believe the most successful element to date was to ask the question, “How will you do this in the future?” It is this that seemed to spark off the students’ creative talents more than anything else, despite some continued hesitancy in divulging Aboriginal information.
In the main, I would repeat the workshop with only minor changes. Ostensibly, and in the short time available, I believe that the students ended up with a very good understanding of how to do health promotion based on a combination of expert knowledge gained from textbooks; hearing guest speakers; and the students’ own personal experience. In the future the obvious step to take would be to have the students implement their ideas in an actual health promotion project.

I was very excited by what the students had produced, it was definitely early days but there were signs that they were seeing the benefits of bringing Aboriginal and non-Aboriginal knowledge together into some kind of balance.

Shor (1987) discusses his students' reluctance to participate in critical dialogue and comments that this is a result of disempowerment of students. Is this what was happening or was I actually pushing too hard? I did not have the answer but as I have said the group was willing to continue. Needless to say I became very cautious with the content I included in future workshops.

7.5: LANGUAGE AND LEARNING WORKSHOP

WORKSHOP PREPARATION

This was the final workshop for 1994, and the final workshop for several of the students who were to exit the course at this point having gained their Associate Diploma and wished to make way for other students. Some of the others simply wanted a break, and others did not want to continue as they felt the College needed to improve its performance. It was also the final workshop in the Associate Diploma curriculum. This resulted in a fairly emotional time for the students, with feelings of both relief and sadness.

The workshop was intended to be about concepts and theories of education and aimed to help Aboriginal Health Workers take a much stronger role in community education. While the previous workshop concentrated on health promotion, this workshop would look more closely at the theory of education. So that the students would be able to consider the many areas where education was impacting on their own role. These included the training of more junior health workers; the preparation of non-Aboriginal people for their role in partnership with Aboriginal people in remote communities; and community education other than health education programs, such as first aid training or occupational health.

There were several very big issues around at this time about Aboriginal Health Worker education, with many of these issues relating directly to the students’ own education. I decided to use this workshop time to evaluate the teaching that they had experienced during their training, and to make recommendations as to how their training should continue into
the future. This would cover the content as outlined in the curriculum, and draw direct links to the students’ own educational experiences and histories.

It was also becoming starkly evident to me that although I had begun successfully to bring some Aboriginal content into the previous workshops, up to this point I was continuing to use predominantly non-Aboriginal teaching methodologies for presentation and assessment. The students were bound to complete written assignments of one form or another as assessment for their studies, and to be successful in these assignments they were required to complete a number of readings. Venues had all been classrooms on one College campus or another and were away from the support of the community. Classes were generally a little different in structure than in a mainstream institution, especially in group size and the general presentation of materials, although these differences were minimal and could probably be found in one form or another in most other institutions, where they may well not be noted as differences. I felt that the workshop environments were essentially mainstream in structure.

The students and I had been talking in some detail about doing things differently for the final workshop. One idea I had raised was to go out to a community outstation and live off the land for the week, and use this experience to discuss and consider different learning styles on return to base. This idea was talked about in some depth, but within a couple of days it was rejected. Reasons for this were complex, but basically came down to students not feeling safe about being in someone else’s country so far from their own homes.

I put it to the students to come up with an alternative, they discussed it amongst themselves and asked one of the students if we could visit her community. She was a senior member of the community and was on the community council, so she was able to arrange this for us without complication. She obtained consent from other members of her council and all was arranged.

We were to go to the community, borrow a classroom from the local school for the workshop, and be housed in the community council building which had toilet and shower facilities, and quite separate accommodation for the men. Cooking facilities were available and we decided to bring with us a large amount of food so as not to deplete the community store’s supplies. Students would bring their own swags (swag is a local term for camp bedding). We had successfully managed to come up with a venue away from Batchelor for the final workshop.

The second thing I wanted to do for the workshop was look for an alternative format for the presentation of ideas, as up to this point we had used only written methods. This time it was my intention to try a presentation in the form of an artistic banner. I had seen these used and developed by Lorna Fejo (1994) in the ‘Strong Women, Strong Babies’ project and had been very impressed with her work and the results which she was able to present.
at various conferences. I felt the students could easily create their own banner. The beauty of this was that it would take the place of a written assignment for assessment. The students would represent their ideas in art on the banner which could be presented as a permanent record of the workshop and its results.

The title of the banner was the only thing that I used to direct the students' thoughts, it was to be, “Aboriginal Health Worker Education”.

There were many direct similarities in process between the creation of the banner and writing an essay.

**Step 1.** A collection of ideas gained through research from readings, audio tapes and videos etc.

**Step 2.** Discussion and prioritising of ideas clarifying shared meaning of concepts.

**Step 3.** Decision on how the ideas would be represented in art form, i.e. what metaphors would be used.

**Step 4.** Creation of a draft using butchers paper etc.

**Step 5.** Painting the banner.

Part of the agenda was to use the banner as a metaphor for steps of writing an essay, which we were then able to discuss at a later date when studying learning skills.

**THE WORKSHOP**

At the beginning of the workshop I emphasised that the group should be extremely careful about what they say. I felt that I could put the responsibility back onto the students to show caution in not saying what they were not allowed to. I also reinforced their right to stop me if I went too far. By showing caution in my focus questions and putting responsibility back onto them, I hoped to avoid the problems involved with sharing Aboriginal knowledge that had occurred in previous workshops.

This was an exiting workshop to be involved in, one of the most enjoyable in my teaching career. The venue was a small but beautiful island off the coast of the Northern Territory. The people were very welcoming and did everything to make us feel comfortable.

I retained the idea of a cultural experience, as we had students from several different locations including the desert areas. So it was not only a situation where I placed myself in the hands of the students as a student myself, but several of the students who were not from the area were themselves also learners at the hands of the locals.

We filled our bellies with bush tucker every night. One night we brought in some feral pigs, which when well cooked taste beautiful. The next night we brought home a big mob of
magpie geese (‘big mob’ being local slang for large numbers). Magpie geese are a lovely
tasting game bird which inhabit the local billabongs in large numbers. We were also brought
pieces of a large greenback turtle which we watched being caught with a harpoon (not a
gun) off the front of a boat. (The killing of turtle and dugong is only legal in these waters
using traditional hunting methods.) We went fishing a few times and feasted on a large
number of fish.

By the end of the week we still had over half of the meat we had brought with us, so we
threw a big barbecue for the community to share. It was a wonderful cross cultural learning
experience for us all, living off the land and sharing things with the local community.

The students’ response to the proposed art work was extremely exciting. At first there
was some reluctance as some felt they had no artistic talent, but as they settled into the
idea, with a only little facilitation from me they worked really well. A new student sub-
group came to the fore in that the students who had dominated in written and oral
presentations did not do so in this new genre, rather a new group now took the initiative.
Students in this new dominant group had in the past been the quieter ones, but in this
situation they controlled the overall operation and eventually gave orders to some of the
other students. To me this was a good result.

The banner created by the students speaks for itself and is presented in figure 15.

1. The central symbol represents Aboriginal (Yolngu) and non-Aboriginal (Balanda)
knowledge being shared. It is the central theme of Both Ways.

2. To the left of the central icon is a painting of a traditional woman symbolising
traditional knowledge and wisdom which should be gained from the elders.

3. To the right of the central icon is the notion of group learning represented by the
different hands working together, it symbolises strength in this process of
working together.

4. Next to it is the symbol of education in the community with Aboriginal and non-
Aboriginal sharing the teaching.

5. Is a central desert depiction of increasing the number of Aboriginal teachers, this
is one true way to ensure Aboriginal knowledge becomes paramount.

6. The map of Australia depicts the students taking their ideas around the country.
Their notion of this is the field trip, its relevance is to share this idea of Both
Ways with other health workers.

7. Lastly, listening to the health worker has two meanings. Firstly as in health
promotion and teaching the community to live healthy. The second meaning is
that when curriculum writers and managers do things that involve health workers
they should consult with health workers first before going off with their own
ideas.
The banner has become somewhat of a logo for the School of Health Studies and in recent
times has been displayed and discussed at three significant meetings where the school was
represented, including external submissions for funding.

There was not one single negative comment about running the workshop in the community.
An example of the students’ comments was, “The community workshop was great, lots of
work done but still time to learn outside the classroom”. The painting also proved very
popular, a typical comment was, “I enjoyed painting, for it is a way Aboriginal people
express themselves, and everything tells a story: should be more painting in class”.

STUDENT ACTION GROUP REFLECTIONS

This time away from Batchelor College base led to the most intense group activity of the
life of the action group. The location and the fact that we were living together under one
roof, sharing food and enjoying each other’s company as well as participating in a most
enjoyable workshop also promoted a great deal of active reflection in the action group.

Since the previous action group discussions I had become extremely aware of the need to
avoid talking about or asking the students to talk about Aboriginal knowledge which could
in any way be misconstrued as secret or sacred. But, in spite of this, the students again
confronted me about wanting to know too much and pushing them too hard for knowledge
that was secret. I was extremely confused at this point and had nowhere to turn as I
thought I had not asked them for any such information. Then one of the students, who
was the traditional owner for the area spoke up and said simply, "This is my country and
nothing will be said in this room that is either secret or sacred or that should not be said".
And that was the end of that, I never heard this particular tension mentioned again.

This group member had spoken up, asked for work to continue, made it known that she as
an elder would not tolerate any such talk and would stop it if it started. It seemed that
everyone was happy and we could all continue.

This woman’s perspective was interesting. One reason for putting a stop to the
conversation was that she was afraid of spiritual repercussions, but she may also have been
a little sick of going over this issue again and again. The student initiating the comment
seemed satisfied in that the traditional owner of the place she was visiting would take
responsibility for ensuring any special or secret information would not be talked about.
This created a sense of security within the group.

A new complication during this workshop was that students were confronted with the
possibility of the curriculum being changed for their next year.

The Head of School arrived on the island to tell the students about her trip to look at
Primary Health Care in other countries. The students asked her why she had gone without
taking an Aboriginal person. Was this being cheeky? I think not, they were asking a legitimate question. They were empowered to act on their own behalf.

The student’s action during this meeting was one of the reasons the Head of School reversed her plans to change the curriculum (see section 5.2 for further discussion of this). Several of the group threatened to pull out of the course if things were changed. They stood their ground together and in the long run it was the group’s actions which preserved the curriculum in its original format rather than allowing it to be completely mutilated.

I was deliberately not present at this meeting as I had a fair idea of what was going to happen and I did not want my boss telling me I had provoked the students. A comment such as this from the Head of School could detract from the students’ actions. While some people may have seen this as deserting the group in a time of need, my experience told me that it was important for me to allow the group to do this on their own, to take the risk and show that the group had a life beyond the facilitator. The risk paid off.

PERSONAL REFLECTION

The students transferred the ideas borrowed from education into Aboriginal Health Worker training, with a general (but guarded) support for the notion of Both Ways. There was still however some concern over the idea of sharing particular ideas that were considered not public information. This concern came particularly from those students from Central Australia, where the feelings that non-Aboriginal people did not need to know Aboriginal information appeared to be strongest.

This was not a community based workshop as defined by Batchelor College, (1995) in that being community based means:

- the students complete the workshop in their own community;
- at least one local Aboriginal language would be used alongside English;
- the community would be involved in the workshop, particularly the elders who could involve themselves in the teaching in a major way;
- the workshop could also have as a thematic concern a local issue, this would truly embed the learning in context.

Batchelor College (1995)

According to these guidelines the workshop was not genuinely a community based workshop, however it was the best we could do taking into account the mixed group, with clusters of only three to four students from any one language group. Considering the limitations this was a successful workshop in the eyes of the students and there was pressure from them to do workshops like this one more often.

It took a lot of negotiation with academic supervisors for the artwork to be accepted as assessment but eventually it gained the necessary support. Today there is little debate about its value, although the problem remains that it was a one-off exercise and that the employer groups put pressure on the curriculum planners for more formal assessment
which can be used to quantify the students progress and success. Because of this we may
be limited to doing this once a year if at all.

The problem with secret and sacred knowledge had reached a peak. I had become
convinced as Shor (1987) had with his students that it was not my problem, the students'
reluctance and anger was in response to a history of colonisation.

The question was what to do about it. Was Both Ways the solution I had hoped for? Was
it not in fact failing some of the group? With the students' permission I needed to find the
answer to this question.

Eight of the students eventually had articles published in the "Aboriginal and Islander
Health Worker Journal" (1996). This was a real boost for the students who were able to
see the fruits of their efforts and that they could successfully enter into public dialogue
about issues in Aboriginal health.

7.6: EPIDEMIOLOGY WORKSHOP

WORKSHOP PREPARATION

The first workshop for the new year (1995) was epidemiology. This workshop was
introduced into the diploma year after complaints (as described in section 5.2) that the
students did not know enough about statistics. There was nothing in writing to give
direction for this workshop, but I gathered from discussions with the my supervisor that
what was expected was for me to ‘hand over a bunch of health statistics to the students so
that they could run around and complain about how bad things were’.

As there was no documentation in the curriculum I consulted with several people and came
up with an alternative proposal. This idea was basically how to read research reports
critically. This would include learning in areas such as how to create statistics; how to
evaluate an article; and what important statistics really mean. What I had managed to do
was to include the statistics, as some people wanted, but to change the focus from simply
learning a whole lot of data to learning how to use and evaluate other people’s data.

Much has been written about Aboriginal people by anthropologists, educators and various
health professionals. To change this, two things need to happen: firstly Aboriginal people
need to start writing their own ideas down; and secondly other Aboriginal people need to
access what has been written. To achieve this they need a large number of practical skills
including how to use a library and how to decipher the language that authors use. Very
often, in particular specialist contexts such as medicine or anthropology, information is
hidden in words and numbers making the true meanings obscure and abstract. Health
workers, and other Aboriginal people, need to begin to understand this language so they can
open up the two hundred years of data that has been recorded about them.
Both Ways would come into the workshop as I pose the following questions:-

- How do Aboriginal people evaluate research reports?
- What things do they want to see in research reports?
- What are the priorities for Aboriginal people in critiqueing research reports?

The students would be asked to come up with their own evaluation sheet to use while reading research articles. In this way I was actually trying to improve the research evaluation process for Aboriginal people.

**THE WORKSHOP**

After the significant events of 1994 the beginning of 1995 was an anti-climax. Regardless of the hard fought victories we had won the group was still divided. The reasons for some students leaving the course probably varied for each individual. My impressions however, from those who had left was that they had just had enough for now and wanted a break. This opinion was later supported by the fact that by 1997 all but one has returned to complete their studies, and several of these people want to come back for more study at post graduate level. Those who continued at that time just wanted to get it over with.

In 1995 we were left with a core of eight Aboriginal Health Workers in the group, all highly motivated to finish their studies. We had a time period of two weeks with the workshop consisting of three themes that ran concurrently and were interconnected.

1. **Maths associated with statistics.** In this we had to go back to some basic statistical terminology and procedures such as populations, averages, ratios and percentages etc. With the assistance of a maths teacher based at the College I developed the idea of using a pack of cards as a population that we could measure the statistics on. (Anybody who spends time working in remote Aboriginal communities will soon realise the role that playing cards have in the every day life of the people.)

   We took this notion that the students were used to handling cards and worked from there. Questions were asked like, “What is the percentage of black cards in the pack?” or, “What is the percentage of hearts?” Or we dealt out ten cards and asked the students to work out the average number of hearts in their hand. We then used this to predict the number of hearts in the pack, and showed that the more times we worked out the average the better we were able to predict the number in the pack.

   We even worked out a way to describe significance using the cards. To do this we played a game of cards in which I cheated. The students were not told that I was cheating, and after two wins in a row we asked them if they thought I was cheating, they all said it was just good luck. We continued and after another two wins we asked again if they thought I was cheating, some said yes some said no. After another two wins they all said yes. We used this to show that the significance of figures was simply a measure of whether a particular result is just chance or something other than chance. The students were not asked to do the calculation, but were simply asked to know the three ratios .1, .01, and .001, and
to understand that all these said that it was most likely to be significant and not chance, and that the three ratios indicated this increasingly.

2. **Examining Statistics.** The second theme was for students to use their new knowledge about maths and statistics to look at some actual examples. Fortunately a new publication (Plant et al. 1995) was available which contained a great deal of recent and interesting data. This was in fact the first data made available that actually showed a worsening picture of Aboriginal health.

In the mornings we studied averages and in the afternoons we would use the document to draw out interesting averages from the data in order to discuss their implications to comminutes.

3. **Evaluating Research Data.** The third theme for the fortnight was to look at methods of evaluating research data. To do this we invited a guest speaker from the local research school who explained a simple critique format (Ryan-Wenger 1992, pp394-401) and demonstrated its use to evaluate several research reports.

This took three days. When she had finished, we asked students to develop their own list of questions which were then used to evaluate another research paper. This was the Both Ways component, where the students considered what they had learned from the guest and combined it with what they knew about Aboriginal people’s attitudes to research to come up with a new method to critique research that would be more significant and appropriate to the needs of their people.

The statistical content is an essential element that to date I cannot think of a method for teaching using Both Ways, I cannot think of ways for students to rework this knowledge. They will need to access statistics embedded in data and statisticians are not likely to change the way they do things.

However if we look at research being carried out by Weeramanthri & Plummer (1994), some people are attempting to make the data more user friendly in its presentation. The bottom line though is that the students will need to understand statistics, both their creation and their use. Of course the use of art, which we worked with and I described in the previous workshop as an alternative metaphor for the presentation of Aboriginal issues is highly relevant in this argument, but it will be a long time before the statisticians do away with their significant numbers and replace them with significant art.

Having at first been frustrated by the suggested content of this workshop, I now felt comfortable with what I had done and expected the outcome to be of some value to the students.

**STUDENT ACTION GROUP REFLECTIONS**

I had decided in response to the continuing heated debate over the concept of Both Ways, to stop talking about Both Ways. So that when it came time for the action group to look at what had gone on in the workshop we focussed on the process rather than debating the rhetoric of Both Ways. This proved very successful. At no time did I disguise the fact
that I considered I was still working within a Both Ways framework, but I stopped focusing on the term.

The group was again motivated by this workshop as the students were given a real opportunity to comment on issues that had frustrated them in relation to research activities in their communities. The list of questions they created shows that the students were successful at Aboriginalising the process of research analysis.

There were few negative comments. The students were buoyed by the thought of connecting their daily experience of life and death with what researchers had been translating into epidemiological data for many years.

**PERSONAL REFLECTION**

As we proceeded through the workshop it became very obvious that in general the students had very little time for research articles, and comments and attitudes to the topic were mostly negative. When looking more closely at the situation it became clear that the students were concerned justifiably by the amount of secret and sacred information that has been collected and written about Aboriginal people, particularly in anthropological studies. Information they considered to be not for publication was readily displayed in books, such information that they could (and would) be punished for if they talked about openly. This workshop occurred around the time that the debate concerning the Strehlow collection of sacred objects was widely reported in the media. It appeared to be common for many researchers to go into Aboriginal communities to gather information, take a great deal of this information away and sometimes obtain PhDs. But in fact, as far as the students were concerned, the information collected was of very little benefit to Aboriginal people. Almost every student could give at least one example of a researcher coming into their community, spending time with them and leaving nothing behind. The National Health and Medical Research Council has taken up this issue and has published, “Guidelines on Ethical Matters: Aboriginal and Torres Strait Islander Research” (1991) which attempts to meet the concerns of Aboriginal people which were expressed so clearly by the students in the workshop.

Our poor guest lecturer was left frantically defending research, attempting to convince the students that it was not all as bad as they were making out. The students were polite but the individual was left somewhat put out by their comments, quite understandable for a person who had devoted their entire life to gathering statistical data and suddenly receiving such strong criticism. The debate between the students and the guest was however an excellent precursor to the students producing their own list of questions for evaluating research.
The students developed a questionnaire for use by Aboriginal Health Workers to assess research reports which they were able to take away and use at a later date, as follows.

**Questions to consider for Aboriginal Health Workers When Analysing Research**

1. **Who did the study?**
   - Are there Aboriginal authors/consultants, did these Aboriginal people have the right to speak for the group being studied?
   - Did the Author have the right to say what they said, e.g. does the author have a good reputation with the community?

2. **What was the study about?**

3. **Where was the study done?**
   - How long was the author in the community for?
   - What impact if any did the findings have on the community (did the findings have any lasting effect on the community)?

4. **Who was being studied?**
   - How did they inform people to get consent?
   - How did they define Aboriginal?

5. **Why did they do the Study?**
   - Did the concern about the problem come from the community, did the community contact the researcher and ask them to come?
   - Did they describe the problem in the community’s words or in the researcher’s words or both?

6. **What did they want to find out?**
   - Did they (the authors) hide what they were doing from the community?
   - Whose ethics committee did they go to if any?

7. **What kind of study did they do?**
   - Did they pay/include Aboriginal community people?
   - Was it Aboriginal owned information (copyright), should they have not put that information in print?
   - Was information collected in a culturally appropriate way, i.e. in local language, and were the people who collected the information approved by the community?

8. **What did they find out?**
   - Did they communicate the results back to the community?
   - Did they acknowledge Aboriginal ownership?
   - Were statistics described in an appropriate way?

9. **Could other things explain what was found?**
   - Did they attempt to look at the whole picture or just a part of the problem?
   - Did they get the wrong answer because they used culturally inappropriate methods?
   - Did they misinterpret information?

10. **Did they do the study properly?**

11. **Were there other things they should have asked about?**
   - Do you know a better community for this research?
Section 7: Implementing Both Ways

12. Do you think the study was worth doing?
   -: Did it look at an important problem?
   -: Does the study help find practical ways of solving the problem?
   -: Do you think the solution makes sense?
   -: In your experience will the solution work?

13. How does this study fit in with other studies?
   -: Does the study agree with your experience?
   -: Do the results agree with other studies you have read?

14. Can you use the results in your community?
   -: Does the research offer advice on how the study can be used by other communities?
   -: Is the result important to you?

Developed by Students in The Diploma of Health Science (Primary Health Care) in Grootjans, J. & Spiers, M. (1996)

I was very pleased with this questionnaire because it showed me that they were using ideas from both worlds. Some questions could be found in any questionnaire such as, “Were the statistics described in an appropriate way?” or, “Who did the study?” But there are questions which I have never seen in mainstream work but which are particularly relevant to Aboriginal people such as, “Was it Aboriginal owned information? (copyright). Should they have put that information into print?” or, “Did they have the right to speak for the community?” Other questions were given additional weight such as, “How long did they spend in the community?”

Each question was thought through in great detail. For example, the question about having the right to speak was related to the business of the researcher employing particular community members who divulge information they do not have the right to. As explained in Section 2, The Right to Know Aboriginal knowledge is governed by a strict ownership system and only certain people are allowed to give permission for this information to be used. The students felt that researchers often did not understand this crucial rule.

Issues such as how long researchers spend in the community were also given a special weighting, as the students felt that very often researchers fly in and fly out, travel down south and tell everybody how much they know. This really irritated the students who labelled them the “gammon experts”, (gammon is local slang for unreal, trick or make-believe).

The most important aspect of the questionnaire is that it is a workable tool, not only for Aboriginal people, but also for non-Aboriginals doing research in Aboriginal communities to use as a guide to some important issues before embarking on such research. This list of questions has now been published (Grootjans, J. & Spiers, M. 1996), and is evidence that
the publication stage of the scientific process as described earlier has been carried out and
the students are finally gaining peer acceptance of their ideas.

The maths and statistics section of the workshop went quite well. Despite not being able
to produce any new and brilliant Both Ways method for collecting or analysing data
students did develop a very good working knowledge of statistics and how they can be
used to a community’s advantage. This was done by beginning with something in common
use by Aboriginal people (playing cards) and expanding it to introduce a number of new
ideas.

Students may not be able to calculate their own complex statistics such as significance, but
they had probably gained a better understanding of the importance and meaning of these
figures. The students themselves realised the difficulty of this type of complex maths but
appreciated the approach we adopted and seemed to have a basic understanding of
statistical methods both during their assessment and from their evaluations.

I was generally satisfied with the result and with only minor alterations, such as finding a
research report that uses good methodology by standards the students could criticise,
considered it a useful workshop to repeat.

1996 WORKSHOP

By 1996 the previous group had moved on and a new group had started. I used a similar
structure to the 1995 workshop. The success in this workshop was based on its ability to
build on the previous year’s work.

I was however suddenly confronted with a new dilemma. I had only been working with
this group for a few months. During the discussion of data there was a great deal of tension
related to the real life experience of the data that was being presented, and my presentation
of this data as a non-Aboriginal person. This data and these numbers have a human
element. My efforts to draw out this human element brought too much emotion into the
workshop, hitting a raw nerve amongst some of the students. As things progressed
throughout the week, I was continually being questioned about my right to feel or discuss
such painful issues, as I was not truly connected. Our discussions about connecting
morbidity and mortality with real life were too close to home.

This was not the first and probably not the last time my connection to the root of the
problems for Aboriginal people was discussed. This created a division within the new
group, those who felt it should not have been said out of respect to me and those who
considered the questions legitimate. So that again, as with the previous group, I had to
both defend my position and protect the individual's right to open such a line of discussion.
The problem was how to lead this emotion into creative reconstruction of the destructive cause of the data, and not to leave it in the balance as must have appeared to be the case. However, as we progressed through the workshop the students' anxieties were resolved through satisfactory production of a useful product.

Once the dust settles after such an incident it is important to reflect on the dialogue that ensued. This student could have been making her claim directly out of Paulo Freire's, "Pedagogy of the Oppressed" (1974). There is no doubt that in the student's and Freire's eyes I come from the colonising group. These comments are a poignant reminder to me of who I am, where I come from and my role in such a group.

Yet another question I still do not have the answer to.

7.7: BOTH WAYS HEALING WORKSHOP

WORKSHOP PREPARATION

This workshop had the name “Health Issues” and as described earlier there was no other curriculum documentation to work from in developing the content. The new senior lecturer and I were beginning to work well together with only occasional head butting (albeit professional), and I proposed to use the workshop to look at Both Ways in health. As far as the senior lecturer was concerned she had no problem with this as long as it was related to practising health.

As I developed the idea I became aware that there had been much written on Both Ways in relation to education and a few other topics, but there was only a minimal amount of documentation on the notion of Both Ways in health. My intentions included the students presenting a seminar on Both Ways to express their ideas. We would spend the workshop developing and refining the students’ ideas, and preparing them for their presentation. We would also take a look at Both Ways in other areas and its development from a historical perspective.

I had also been putting a lot of thought into the idea of providing a quality health service based on culturally enhancing Aboriginal principles, since, ‘He who has knowledge has power’. This idea has been held as a carrot in front of the noses of students for a long time, i.e. the more knowledge you have the more power you will have. This is why action research is a never ending spiral of learning where you are never meant to quite get there, when you finally think you’re within reach of the power someone (who has most likely never heard of the saying) comes along and tells you what to do.

Another view is, ‘He who creates knowledge has power’. This implies that scientists are all powerful people, which we know not to be true. Scientists are also in the hands of
people who control the purse strings. Scientists may create knowledge but often it is not
the scientists who say whether the knowledge they create is valuable or not.

Chomsky (1992) has discussed these topics in some detail. Maybe then the saying should
be, ‘He who controls knowledge has power’. History would certainly show this statement
to be true. For example, consider Hitler and his creation of the Aryan ‘superman’; Stalin
and his science of the technocrat; and not forgetting the great American lesson of the
Vietnam war, where they lost control of defining truth, (needless to say they did not repeat
the same mistake in the Gulf War).

To transfer the idea behind this statement to Aboriginal Health Workers they must, as we
have already discussed, become involved in creating knowledge through researching Both
Ways as researchers themselves. The workshop was to revolve around the main focus of
developing the students’ ideas about Both Ways, whilst also keeping the idea of who
controls the knowledge open for discussion.

THE WORKSHOP

The workshop was with a smaller group of only 5, as several of the students had family
matters to attend to. It was to be held at Hamilton Downs, a youth camp about 50
kilometres from Alice Springs set in magnificent central Australian bush with a panorama
of flat open desert and the MacDonald Ranges to the south. This was a superb location as
we were to be on our own and could discuss things until well into the night with no one to
disturb us. It would also give the students from the desert the opportunity to be the
leaders and possibly teach the rest of the group certain things about their country as we
went on our afternoon walks.

The workshop had two main themes, the first was to look at the history and development
of the Both Ways concept over the past 50 or so years. This was to show the students
that many people had for many years been working on issues related to race all over the
world, and how these influential people had tried to deal with issues of racism. The second
was to answer the question, “Does Both Ways have a place in Aboriginal health?”

The first theme was developed through a series of discussions around a succession of
topics. The first topic was introduced with videos about Martin Luther-King, Nelson
Mandela and Malcolm X followed by a discussion on the development and preservation of
a unique black culture within American and South African mainstream societies, and the
black consciousness movement as a major political and religious force. We also discussed
the reaction of the white population and governments to the increasing power of these
groups.

The importance of this to our discussion was to highlight that Both Ways is not a uniquely
Australian Aboriginal concept, and that variations of it have existed in other countries
under different titles for many years. We can learn from these experiences of other countries as Indigenous or disadvantaged groups have attempted to develop their individual identity.

The next day we looked at a video called "Millennium" televised in Australia by SBS, which provided an interesting perspective on non-Aboriginal people searching for traditional wisdom, and an ongoing critique of many elements of modern society. My intention with this video was to focus on non-Aboriginal people's efforts to go Both Ways, i.e. to find a new wisdom that could incorporate the wisdom of the ancients, which for so long has been ridiculed by Western society using modern day wisdom.

My aim in the ensuing discussion was to introduce the idea that there were a number of people in our (Western) society who are openly scornful of the technological solutions to all our problems. These people are seeking wisdom from traditional people such as Australian Aboriginals. I hoped to show that even though the Western medical system, certainly a part of this technological revolution which was being offered to them as a solution to their problems was also being criticised by many non-Aboriginal people.

The next day we looked at Customary Law and discussed its history. We also looked at some of the more recent problems that had occurred when the two laws had come into contact. One example was a case of tribal punishment in one particular community which had led to a death, another was about the Northern Territory's law courts who had sentenced a man to traditional punishment. In both cases it seemed that the final results were examples of the two systems being incompatible and unable to work side by side.

The next discussion was about the religious adjustment movement in which Aboriginal people were attempting to find common ground between Aboriginal religions and Christianity; the various shapes this had taken; and its various successes and failures in different places. The purpose of discussing these laws and religions as such was to see if Both Ways in health could learn from the experiences of the two movements.

We then moved into the field of education where most has been written about Both Ways. We had some excellent examples in this area that came from all locations and from several different points of view, the most dramatic being the recording of Mandawuy Yunupingu's Boyer Lecture (1993) in which he described ideas such as the process of making cycad nut bread, and how the making of this bread required a delicate balance of ingredients and processes, as if the bread was not cooked properly and carefully it could be poisonous. This was used as a metaphor for the delicate balancing act required in education to bring the different educational elements or ingredients together.

Each afternoon, time was set aside to discuss our seminar presentations. At this point I had asked each student to develop and discuss their own perspectives about Both Ways. They were to speak for at least 15 minutes, and were expected to write their speech as well
as create any displays they wanted to use. Each of the morning sessions helped to develop the students' understanding of Both Ways and to make them think about what they were including in their presentations.

On this occasion the workshop was designed around discussing the idea of Both Ways rather than attempting to actually do Both Ways. The students were to give their opinions about whether or not they felt Both Ways was a good idea. The popular support for the student seminars was further evidence of broader acceptance of student ideas.

At the end of the intensive workshop period of developing speeches we travelled to Alice Springs and presented our ideas to a group of invited guests from health providers in Alice Springs. I did this as part of the process of teaching the students about the importance of sharing their ideas and also to help them gain confidence in the value of their thoughts. It was evident that after four years of study they would on occasion be expected to talk publicly and possibly lead discussion around their ideas. I was able to help the students prepare themselves for this activity by advising them of approaches to public speaking. I was providing an experience that they could learn from and use in the future.

**STUDENT ACTION GROUP REFLECTIONS**

This workshop created a number of mixed emotions in the group. They were being asked to present publicly their ideas about Both Ways and this created a lot of anti tall poppy sentiment amongst the students. The students showed great caution in what they were willing to say in their talks. There was a lot of anguish in this preparation with frequent re-writes before a final satisfactory product was produced. Although this process did much to improve the quality of the product the motivation for the changes had nothing to do with quality of presentation and everything to do with not appearing to be a tall poppy. It was impossible to negotiate the speech out of the workshop as this was an assessment criteria as set out in the curriculum.

I was introducing the group to other people's ideas about Both Ways first hand, whereas in the past I was presenting only my interpretations of such ideas in discussions and was labelled a supporter. This created a very different dimension in the ensuing dialogue. As the discussion was depersonalised students were disagreeing with other people's ideas. It was also interesting from the perspective that I was able to introduce ideas that I ostensibly disagreed with, such as Harris's two way schooling ideas.

The debate was stimulating and challenging. As discussed the students were instructed within the context of the workshop to come up with their own ideas and they did, which was also very rewarding and educational as these ideas became the focus of an extensive round of re-thinking my whole thesis.
Their reflections confronted me with my role as coloniser and the impossibility of bringing these two worlds together into some kind of harmony. The opposing roles of coloniser and oppressed along with the entire history of colonisation made any kind of harmony between the two worlds highly improbable in the minds of some of the action group.

The challenges and debates of the previous years were at last being clarified both for myself and the students through their new ideas about what we were trying to do.

**PERSONAL REFLECTION**

The venue certainly proved a real winner. Each afternoon after work we would go for a walk in the spectacular bush where we collected a lot of different bush food and medicine to be cooked up when we got back to camp. It was another very special experience for us all.

The workshop content was fairly well accepted, although in the early stages they had some difficulty understanding what point I was trying to make with videos like Millennium and Malcolm X etc. As far as they were concerned it was all very interesting but not relevant to where they were at.

The prospect of doing a seminar presentation really horrified the students, and it seemed they were afraid of this for two reasons. Firstly they did not want to fail because they might present badly after they had worked so hard to develop their ideas. This was probably due to a real lack of confidence on their behalf.

Secondly it seemed that there was a definite reluctance by this group to present their ideas to be shared in a public forum. The reason for this is hard to pinpoint but appeared to me to stem from a reluctance amongst the students to set themselves up for ridicule from various Aboriginal groups. In their view they had seen a number of Aboriginal people who have stood up to speak claiming to be speaking for all Aboriginal people and who were actually speaking only for themselves. They had also experienced the criticism by other Aboriginal people toward speakers who place themselves out in front of the crowd.

Despite their reluctance there was a real pursuit of excellence amongst several of the students who really wanted what they were saying to be right, which resulted in some extremely good debate about the meaning of Both Ways. It seemed that the need to commit themselves to public presentation was making the students feel as if they were backed into a corner and they really worked hard to clarify their ideas.

As it concluded there was a split in the thinking of the group. One half pursued the idea of balance and in their speeches copied Mandawuy’s life story example, describing things such as experiences in the past in which they had been forced to work things one way and that now they were attempting to bring balance into their working lives. The life stories
were personal histories of contact, the students described how they had coped with contact and the influence of non-Aboriginal society on their lives. As well, the students described how they had attempted to cope with this dramatic process of change while attempting to retain their own unique cultural identity.

The other half of the group particularly opposed the notion of Both Ways.

Their perspective was quite clear. In their experience whenever Aboriginal and non-Aboriginal knowledge came together it was always the non-Aboriginal way of doing things which dominated. To them, the idea of a balance was impossible to achieve because of the nature of the non-Aboriginal person, who in their experiences was a cultural aggressor reluctant to accept that they could improve the way they did things.

These students wanted very much to be in total control of ideas they would use. As far as they were concerned, they were here to study the way non-Aboriginal people did health care and they would decide at the end of the day what was appropriate or applicable for them. They did not like this business of using the workshops as a forum for discovering new ways of dealing with health problems by bringing together Aboriginal and non-Aboriginal knowledge. As far as they were concerned it was good to learn non-Aboriginal knowledge but they were reluctant to share their own in the classroom situation.

This was very much akin to Stephen Harris’s ideas (1988) of Domain Theory, but with the added emphasis that the students only wanted to take non-Aboriginal knowledge into their domain without sharing Aboriginal knowledge into the white domain.

This was hard for me to take, with my alternative point of view. But these students had both the right to their opinions and the right to express them in a clear and decisive way, just as the others who supported the idea of Both Ways did.

I decided in the future to continue to place everything on the table, i.e. Harris’s (1988, 1990) and Yunupingu’s (1997, 1993) ideas, and allow the students to discuss this in a group forum. Rather than presenting one set of ideas as the only possible explanation of Both Ways. I would offer the students alternatives and allow them to decide.

On further reflection it was only by using this process of Both Ways that allowed the students to develop their ideas. Rather than the mainstream approach of defining concepts, the students here were able to bring their opposing ideas to the fore. The trust between student and teacher was also vital in this instance, as the students were well aware that they were presenting ideas that were different to mainstream ideas, and although their ideas were debated, they themselves were not criticised.
1996 WORKSHOP

This workshop was repeated with a new group of students in 1996 and was structured in very much the same way as in 1995 with much the same material being used. The workshop was very successful on two counts, we had an audience to listen to the students talk about Both Ways, and the students were able to give a much more personal perspective of Both Ways. Our audience comprised of a group of nursing students and a group of medical students who had come together to discuss the idea of working with health workers. The perfect motivation for our students to talk about Both Ways.

The students themselves put together their talks with a real commitment to a personal understanding of the concept. They showed, through personal histories that they themselves lived and breathed Both Ways every minute of their lives. They showed the different ways that their lives had been a constant experience of cultures in conflict and how they had come to accommodate this experience.

They also showed that education was helping them stand up to imposed changes. As well, there was no demarcation between the urban and remote community students, each had something to offer from a personal perspective.

The fact that these ideas were spoken publicly, along with the positive reception that they received, was a real boost for the students in that they became aware that through education, they as individuals really had something important to offer in leadership to non-Aboriginal people involved in Aboriginal health. They were beginning to enter the debate on how Aboriginal health could be dealt with.

One disappointing aspect of this second workshop was that it became evident that I was working in isolation within the School of Health in regard to Both Ways. In spite of my efforts during staff development sessions and personal communications, other people were not using Both Ways as their guiding philosophy. The students made it clear that this was the first time in their four years of study that Both Ways had been raised in the classroom context. The group believed that the College talked about Both Ways as its philosophy but considered it to be meaningless rhetoric.

However this did not stop some insightful dialogue and a continued expansion of the group's understanding of the ideas as we developed further the debates of the previous group. This group did not support the Our Way approach as described by the previous group, and they were able to shed some light on broader views on this issue.

Figure 3 shows a model used successfully in one of our classroom activities. I introduced it during this workshop and it was very well received by the students as a guide for using Both Ways in every day practice. A colleague (Julie Tye) and myself developed this a few years ago and we have been using it ever since. It is an adaptation of Kathy Abbott's
model (1988) and Action Research, and can be used in any area where groups of people are working together to achieve some common purpose, for example health workers working to improve the health of a community.

When using this model the issue to be discussed is chosen. Issues can be anything from a medical problem like asthma to an issue such as how to be an effective manager. This issue becomes the central theme for discussion and is placed in the large middle circle. The issue is discussed and clarified as to the key concerns, e.g. we would discuss the increasing number of Aboriginal people who are suffering and dying from asthma.

In the model, each ring of circles represents a different time frame, and each line of circles represents an aspect of Primary Health Care. The inside ring of circles around the issue represent the past or the time before white contact. Students work in groups to discuss how this particular issue might have been dealt with in the past, and they put their key ideas into each circle which best represents their thoughts. For example in the case of asthma a student might say, "In olden times our people kept moving from season to season and this reduced the amount of dust in the camp", this would be placed in the hygiene circle.

Another student might suggest that, "People ate fresh, healthy food with no preservatives", this comment could be written into the food circle. There might also be comments on ideas such as bush medicines (in the clinic circle), and the influences of traditional family structures on asthma (in the family circle).

The discussion would continue until we had heard comments from all the students and written them into the circles in the inside ring. It is possible for students to place a large number of different ideas in any one circle or there may not be any comments to fit into a particular circle. Students will often think of things for the empty circle later in the discussion.

The second ring of circles deals with the present and students are again invited to first discuss in groups what is happening today in relation to the issue and then write their ideas in the circles. For example, the current treatment of asthma would go in the clinic circle, the type of housing people live in and the effects this has on asthma in the housing circle, preservatives in foods in the food circle or the effects of family break down on asthma in the family circle.

In the third ring of circles called the future we ask the students to consider their own future management of the issue. To do this they consider all the comments written in the inner and middle rings. For example, by considering and comparing the negative comments that can cause asthma or make it worse with the positive aspects that may help to prevent or improve asthma, the students can suggest a way to manage asthma more effectively in the future.
This is a very simple idea which is good fun and interesting for students to participate in. It is also possible to see from this example that I, as the teacher, am not the one with all the answers and for this to work properly I must be in partnership with the students.

The outcome of using something like this is also very interesting as when the students talk about the future they are actually coming up with new and interesting approaches to dealing with medical problems. These new ways of dealing with problems most importantly pay respect to the knowledge of pre-contact Aboriginal life.

**7.8: MANAGEMENT WORKSHOP**

**WORKSHOP PREPARATION**

This was one of the new workshops included in the revised curriculum. Its general aim was to teach Aboriginal Health Workers how to manage their clinics and, as was becoming usual we had no more to go on than the general heading. After discussions with the curriculum writers it seemed to be their intention that students should learn how to manage their clinics according to non-Aboriginal management standards. This was very frustrating for me as only the previous year we had completed a workshop with similar objectives and basically it left me with the task of trying to find things that I had not done with the students previously. We had covered budgeting, planning, writing objectives, etc. so the only option left now was to introduce skills directly related to management such as team building, organisational structure, and discipline.

Although I had worked in management for several years, I had no formal training in the area and was fairly naive about how such content could be structured into a workshop. To put it bluntly, I was out of my depth in this particular field and would need help, a lot of it.

It was also difficult to work out how to cover this topic under the principles of Both Ways as these particular concepts of management are very Western in construct. This is not to say that Aboriginal people do not have organisational structures, but simply that the Aboriginal constructs for these concepts are quite dissonant with the non-Aboriginal concepts. For example managers have developed the idea of team work, building teams and working in teams as a part of a their job, whereas in the Aboriginal context kinship provides the basis and construct for organisation. Within kinship all roles are clearly defined and outlined.

Tim Rowse, in his book, ‘Remote Possibilities’ (1992) uses the theory of domain separation to give a very vivid description of the dissonance between Aboriginal and non-Aboriginal organisations and the problems this is leading to.

This topic was approached by looking at the issue of how the Aboriginal person can survive in this very structured and obviously culturally specific management system.
The central theme of this being structural racism, in which the composition of the organisation is based on strict cultural and sexual lines, so that such procedures as meetings, staff selection etc. are subtly biased towards the dominant culture or sex. If people from the oppressed culture or sex are to survive in this environment they have to learn the skills of the dominant sex or culture. They are expected to relinquish their cultural or sexual identity in order to succeed.

During the workshop we looked for ways of surviving without losing identity, this was a complex question for a small group. Many people have been looking for ways of breaking down these barriers for many years and it is not easy.

THE WORKSHOP

Having established the overall aim as being how to survive in the white man’s management world whilst retaining self respect and identity, I had to find the best way to develop a workshop with the potential to achieve this.

The students wanted to do another bush workshop, so this time we decided to go to Daly River, a small Aboriginal community about 200 km from Darwin on the Daly River. This provided us with the opportunity to experience a fresh water environment, as in the past we had experienced both the desert and salt water which are both uniquely different. The difference with this was that we did not have a student who came from this area to look after us and act as our teacher, we were basically not a lot better off than tourists. However the students managed to find family in the area who could take us out for the day and show us first hand some aspects of the lifestyle.

We hired a bus, filled it with people (both students and what seemed to be an infinite number of family members,) and went out to a large mud flat and drove straight out to the middle, “Oh my God the bus!” Luckily it was the dry season, in the wet season (December to May) it is a massive inland lake. We collected long neck turtle, pigs, geese, goanna and kangaroo. It was a good day and we learned much from our family guides about this particular environment, how to get around and how to collect food. However, as visitors we did not get to keep a lot of what we caught and although we were very hungry we had to wait until we got home to get our bellies filled.

For the workshop guest speakers were organised to come in to introduce and explain the management concepts, and some local Aboriginal identities had been invited to come and discuss how they had learned to live within the particular non-Aboriginal management structures. Three days were organised to look at the following aspects of management:

• a personal skills audit;
• organisational structure and culture;
• team work, team roles and team building;
how to discipline a team member;
building self esteem and leadership.

The guest speakers first explained and described these concepts, Aboriginal speakers would then discuss how they had survived and what they had learned as managers within this somewhat hostile environment. I would then facilitate a debriefing session at the end of the day and the students, as a homework exercise, would discuss how all this information was relevant to them in their unique situations.

Whatever could go wrong in a workshop did go wrong that week, guest speakers did not show up; the community were not expecting us as they had not for some reason received the fax; and finally the two community leaders managed to be out of town for business. I was left attempting to cover all bases in an area that I had absolutely no expertise. This was a nightmare, I had nothing prepared except for the workbook I was going to use for follow up.

Each night I sat and attempted to prepare the program for the next day. Each night I sat with only the barest understanding of what information I needed to get across, needless to say the content was very shallow except in a couple of areas. As the students had no clear concepts to stimulate their thought there was very little follow up discussion to support the ideas I had discussed. To summarise this was an exceedingly deflating experience.

However one good thing did come out of it, on the final day we were able to get Dr Roberta Sykes as a guest speaker. Dr. Sykes is an author, a poet, a Harvard University PhD graduate, and a Torres Strait Islander. Although I had missed the boat for much of the week Dr Sykes hit the nail right on the head with her discussions of racism, hierarchies, and ways of dealing with these things. Although on the three occasions I have heard her speak publicly she has irritated the conservative non-Aboriginals in the audience, she excited the students with her ideas and was very well received.

It ended up being a workshop with rare but inspiring moments of interest, but overall it was a failure in my view, with very little to redeem it. I felt the whole idea would need a complete overhaul and I would have to try something completely different the next time it was run.

**STUDENT ACTION GROUP REFLECTIONS**

I was unwilling to talk about Both Ways at a time like this. The group was extremely disappointed at what had gone on and they were not shy to come forward with their comments.

These comments showed that the students felt this workshop was, “Next to useless”. However, one good thing did come out of the negative feedback, that it would take a lot to
get this group back into a method of education which spoon fed them knowledge, especially when this knowledge was seen as of questionable value.

PERSONAL REFLECTION

How to make sure this does not happen again?

Can you ever really control guest speakers? Basically it is impossible, but of course the solution to this is to have a valid contingency plan to back up what your guest is going to do. My problem here was twofold. Firstly it was a subject area about which I had little knowledge, and secondly the general content was so terribly dissonant and extremely difficult to fit in to the Both Ways approach. This then became a vicious cycle, because I had such a minimal grasp on the content it became much harder to make the idea fit into something I could truly call Both Ways.

Looking at the particular dissonance in this situation I must question whether there are some objectives that simply cannot be approached using Both Ways. Is there bottom line knowledge that must be understood in terms of non-Aboriginal parameters? Things like budgeting and grant applications have very few parallels in the Aboriginal world. On the other hand things such as selection criteria and meeting procedures do have obvious parallels and it is simply a matter of having their validity accepted by the mainstream organisations who conduct meetings in this environment.

Maybe, the main problem was that I had such a poor grasp of the topic myself that I could not see an obvious way to fit it into the model. This is an important element and it must be said that while doing our best, emotions such as anger and frustration often have a serious impact on our actions.

I think that in the future the workshop could be attempted again, this time with more commitment from guest speakers. The original idea was not unsound, it was in the implementation that problems arose and in reality the idea was never put to the test.

An alternative approach would be to start with a basic understanding of management in the Aboriginal context. Many topics could be discussed before moving into the non-Aboriginal context, such as organisational structure of a small band of people, how did they get on together, how did they communicate, etc. After considering these things first hand we could move into discussion and attempting to understand the non-Aboriginal context and draw parallels between the two.

The students were very angry to say the least and several came forward to let me know they were not happy. I was very ashamed and vowed not to repeat the experience.

At the end of 1996 the students finally brought to my attention a Both Ways method of doing this workshop. One of the students made it clear we should be asking the question,
"What is an Aboriginal manager?" rather than, "How to be a good manager". By adopting this as the thematic concern of the workshop we could then move away from the focus of learning non-Aboriginal ways of managing. This would enable us to focus our critique of management style from the perspective of the Aboriginal manager. In this way the workshop could truly find a Both Ways thematic concern.

The student as teacher, and the benefit of the dialogue within the action group is apparent in these comments. The students have shown me how to improve the workshop for the next group. As well we see the importance of a good thematic concern for any workshop. The earlier workshops failed to find a thematic concern to stimulate a Both Ways critique of content. Other workshops simply reinforced the status quo, this is not Both Ways.

7.9: THE ELECTIVE HEALTH PROMOTION PROJECTS

PROJECT PREPARATION

The elective project was set up as the culmination of the students’ four years of study and was designed to give the students the opportunity to put into practice everything they had learned over the last four years. As in all curricula much of the learning that had taken place in the previous years was to some extent erratic, in that the skills required to complete a certain task may have been delivered in the content of different workshops in different years. The purpose of the project was to bring four years of learning together into one learning activity.

To complete the project the student was required to learn and utilise skills in management, planning, teaching, writing, resource production, communication, computer skills, medical knowledge and data collection. The students had, at different times, studied each of these topics, and had completed assignments in these particular areas. It was hoped that the project would help the student to gain the skills required to bring all these topics together under one umbrella.

The project was to be a health promotion project on a topic of the student’s choice in their own community.

Each student would need to:

- select a topic;
- go through a process of planning how they could deal with the particular problem;
- implement their action to deal with the problem;
- decide on and use a suitable method of evaluating their project;
complete the reports on the project.

They were expected to utilise principles of Both Ways and Primary Health Care to guide the development of the project.

The principles of Primary Health Care include community ownership of and participation in the project. Each step required the student to involve the community, starting with it being a problem about which they were sufficiently concerned to want to do something, and including participating in the process of dealing with the problem. Hopefully the solution would be sustainable as the community would own the approach that had been taken rather than having it imposed from outside, therefore the process of dealing with the problem would continue long after the official reporting of the project had concluded. The group had worked on and studied this concept through their course and this was a chance for them to put it into practice in a substantial way.

Both Ways was also an integral theme that had followed the students for the length of their course, and again this was a chance for the students to implement a project that involved the utilisation of the Both Ways principles in their practice. They were expected to find a way of integrating Aboriginal and non-Aboriginal knowledge in their projects. This could be done in several ways. They could possibly incorporate processes appropriate to Aboriginal people in the implementation of their projects, for example the use of language or bush trips, or they could incorporate Aboriginal knowledge into the project such as knowledge about bush foods or traditional medicines.

The students had 15 weeks to carry out their projects, which had been reduced from the original curriculum by around 10 weeks. This meant the students had less time to complete their work and the overall quality of their product could be affected. My main concern was that it was not long enough, so special attention needed to be given to the selection of a project topic that was achievable over such a short time frame.

I felt positive about the approach to the project and expected that the students would come up with some very good results. My role was to monitor their progress, making regular visits to each student to assist where necessary with whatever hurdle they might be facing. Hurdles varied from having insufficient time to complete tasks to having difficulties with computers or analysing statistics. As well as trouble shooter I acted as mentor or facilitator ensuring that students were moving in the right direction. Even though the students had guidelines to follow they often needed a little extra help in understanding the detail of certain aspects of their projects or how the instructions related to them.

Students worked independently and came up with truly original ideas and approaches to dealing with their projects. I was extremely pleased with the results.
At the conclusion of the 15 weeks the students delivered a seminar describing their projects to an audience of guests. This time we had a large number of people show up and the students all talked successfully about their projects, impressively displaying that they had all followed a process incorporating Both Ways, and that they had adopted the basic principles of Primary Health Care.

EXAMPLES OF STUDENT PROJECTS

The following examples of the projects use descriptions taken directly from the students own reports. Names of places and people and other relevant information have been removed so as to protect students anonymity.

PROJECT 1

Raising Healthy Children

The student came from a small community of around 500 people with approximately 30 children below the age of 5. Of these children there were around seven who were dangerously underweight. They were the children of mothers who drink too much or who have other social problems.

As the student gathered information about these children, children who she knew intimately, she was able to show that these “skinny kids” as she called them went to hospital four times more often than the children whose weight was within the normal range. The student’s concern about this led her to want to do a workshop with these young mothers to discuss ways in which they could improve the health of their children.

The student decided to base her workshop around a piece of art. This work was a collage that detailed the steps to raising a healthy child, it contained representations of bush food, good store food and various other images to give advice to young mothers. The student obtained her council’s approval and consent to fund things such as demonstrating cooking food, and the loan of a vehicle to take the mothers hunting. She also solicited the help of a dietitian from her regional base. This dietitian came out and provided information about the selection and cooking of non-Aboriginal foods.

The workshop went ahead with the usual irritating hitches, which were eventually overcome by the student. The mothers were taken out bush and bush food was collected and prepared. Then the mothers sat down and the student explained in her own language the information the painting contained. This is a particular Aboriginal teaching method that has been used for many centuries. The student however was also able to incorporate a few non-Aboriginal concepts into her painting. The next day the mothers were taken to the
women's centre and were shown by the dietitian how to select and cook non-Aboriginal food products. The painting now hangs in the clinic and is a reminder to all of the mothers.

The project was evaluated quantitatively by monitoring the regularity of the mothers' visits to the clinic and the weight of the children over time. It was evaluated qualitatively by collecting the reactions of the mothers, dietitian and other people to the workshop.

This project was clearly one which combined knowledge and practices from the non-Aboriginal world with knowledge and practices from the Aboriginal world. In this case I feel there was a fairly even mix, it was a Both Ways project. It was also a project that was developed with the participation of the community and was clearly for many reasons unique to that community. It was truly Primary Health Care, this project was a great success.

PROJECT 2

Advice to Young Mothers

This student had just had a baby in the local hospital and during her stay in hospital had become concerned about the post natal advice that the young Aboriginal mothers were getting from the organisation. As she explains in her report, "The mothers are spoken to in English by people whom they have no real connection with".

The student believed that this led to a great deal of the information being ignored or misunderstood, which was evidenced by the poor attendance of these mothers at immunisation and weighing clinics. The student decided to base her project on this particular issue. She was also associated with the "Strong Women: Strong Babies" project developed by Lorna Fejo (1984), and wanted to stimulate the young mothers to join in with this on return to their communities.

The student decided to talk to each mother after their delivery. To support her talk she had developed a flip chart which contained a series of photos. As each photo was shown to the mother the student had a story that she could discuss to explain a different aspect of caring for her young baby. These included non-Aboriginal ideas of immunisation and weighing and Aboriginal ideas of having the child go through a birthing ceremony and having the grandmother as an important source of advice and leadership for the new mother.

To get the approval for this the student obtained permission from the hospital director as well as seeking permission from each mother before she spoke to them. An important factor that she explains in her report was the fact that she was an older mother which in Aboriginal terms gave her the right to teach the younger mothers.
She evaluated this project by contacting the community clinics where each mother was returning to and asked the clinic co-ordinator if the mother had done the right thing by the child and attended the clinic on a regular basis. This of course was difficult for many reasons as each clinic has a slightly different set of standards by which they judge the young mothers and therefore consistency with this evaluation may have been a problem. As well, the student asked each mother a set of questions, the answers of which were used to evaluate the flip chart.

This project also contained the essential elements of Both Ways and Primary Health Care. It was Both Ways in that it combined Aboriginal ways of doing things, language and the correct person giving the information, and non-Aboriginal knowledge about the importance of regular post natal check ups. Again a very successful project.

**PERSONAL REFLECTION**

After completion of the projects I realised the benefits of this kind of learning exercise over the formal workshop format where it is mandatory to find new and interesting ways to teach information each time you enter the classroom. The students learned much in those fifteen weeks and the total benefit would be incalculable. Yet as educators we have to rationalise it by introducing it to curriculum assessors as a form of assessment or work experience. My view is that this type of student work is an extremely valuable form of education and needs to be validated as such by the mainstream, as students learn far more this way than in a classroom.

The students here were actually doing the scientific process that I have emphasised in the development of this thesis. They are creating knowledge; they are using a recognised and clearly defined process; and they are producing their ideas into text so that it can be shared and scrutinised by peers and other health professionals. They are doing science rather than talking about it in contrived classroom situations.

A very interesting thing occurred between the old and the new curricula. The old curriculum had the project clearly defined as a learning experience and had developed a number of objectives which related to the different learning activities that the student would go through in the process of completing the project. These objectives were clearly defined into four categories including management, health promotion, clinical and professional studies with opportunity for the student to focus on any one. This focus, whichever the student chose would not exclude the learning that would take place in the other essential categories.

When the new curriculum was drafted people seemed quite confused at the way this was done in the original curriculum, and converted the four learning outcomes intended for the entire project into individual workshops. In other words a workshop on management, a
workshop on health promotion, a workshop on clinical studies and a workshop on professional studies. How can you bring about change with people who believe that the only way to teach is in a classroom? What was left was a project that was transformed into an elective, only rationalised by its use as an assessment tool. It was fortunate that there was enough room to play with the boundaries to allow it to be still utilised as a learning experience.

The de-emphasis on the project left us with a reduction in time and resources for their completion. We were on a tight schedule and needed to be very focussed. This also led to a possible reduction in size of each student’s project and made it very difficult for the slower students to get everything completed within the time, there was a great deal of pressure on each individual.

Surprisingly the group approached me to run a workshop to allow them the chance to get away from work pressures and actually complete some aspects of their project that they were having problems with. This should surely impress the critics of such a process who say there was not enough fixed content. The impressive thing for me is that it was student driven.

I would repeat this elective project in its current form. I would also like to convince some people that this is not simply an elective, but a valid form of education that stands as sufficiently creditable to gain time weighting in the curriculum for the objectives it can achieve.

The students appreciated the project and what it did for them. For some it developed a real sense of achievement and self esteem in seeing the whole project finished and reports handed in. They had not believed they would be able to do it. As well, they could see their own creativity and the possibility of repeating such a project in the future. For other more confident students it was affirmation of what they already felt they knew, this is such an important learning exercise for anybody about to conclude four years of study.
SECTION 8: ANALYSIS OF DATA COLLECTED BETWEEN 1995 AND 1997

The two years of data collection in the case studies demonstrated that there were some major problems with the philosophy and the implementation of Both Ways. This data presented in the case studies supports the growing body of negative literature about Both Ways. This section expresses my growing concerns about achieving the outcomes I had originally predicted for Both Ways.

An excerpt from Faust’s opening soliloquy summarises my feelings.

> For ten years now, without repose,  
> I’ve held my erudite recitals  
> and led my pupils by the nose.  
> And round we go, on crooked ways and straight,  
> And well I know that ignorance is our fate,  
> And this I hate.

Goethe (1775)

In addition to the problems in trying to implement Both Ways, I had decided to leave Batchelor at the end of 1997 for many different reasons and this necessitated some major reflection of where I had been, my experiences and where these would take me in the future.

What follows is a record of the reflective process that took place between 1996 and 1997 along with a major re-conceptualisation of where Both Ways was heading in my research. It includes both a critique of the failings in my conceptualisation and implementation of Both Ways as well as ideas about where to go in the future with Aboriginal Health Worker education.

8.1: CLAIMS MADE ABOUT BOTH WAYS PRIOR TO COLLECTING DATA

In earlier sections of the thesis I made claims about what I had hoped would be achieved by implementing Both Ways in Aboriginal Health Worker education. Several themes recurred in my description of how I thought Both Ways should work.

BALANCE

The first and most often repeated theme was of finding the nexus between the Aboriginal world and the non-Aboriginal world. The following comments drawn from earlier sections of the document show how this goal was described.
Yunupingu (1993) emphasises the importance for him as an Aboriginal person of finding a balance between the knowledge and heritage gained from his elders and the knowledge gleaned from his non-Aboriginal teachers. He wishes to retain his Aboriginality whilst functioning successfully in the non-Aboriginal world.

Wali Wunungmurra emphasised this notion:

*We can not hold back change which will happen whether we like it or not. But as a minority society we can adapt by finding common ground with the majority society. It is through an exchange of meanings that we can produce a 'two way' school curriculum. In an exchange of knowledge both sides learn from each other instead of knowledge coming only from the Balanda side. But Yolngu and Balanda knowledge will only come together if there is respect for our knowledge and where Aboriginal people are taking the initiative, where we shape and develop the educational programs and then implement them.*


Yunupingu used the Gamma metaphor to explain this notion:

*The Gamma is a perfect metaphor for Both Ways in that it describes the turbulence that is created at the meeting of two cultures. This gamma was used as a metaphor to describe an exchange of information between two cultures.*

Thesis page 135

Finding balance between Western mainstream knowledge and Aboriginal knowledge was seen as the driving force behind the Both Ways philosophy. To take this notion of balance one step further I went as far as to suggest that Both Ways could be a useful method for achieving reconciliation between the Aboriginal and non-Aboriginal worlds with the following comment:

*Both Ways appeared to provide me with a beacon of light to guide me out of this history of intolerance and racism into a process that mutually validates both Aboriginal and non-Aboriginal world views thus potentially removing racism and providing a new approach to reconciliation.*

Thesis page 95

**EMPOWERMENT**

The second theme described the inherent ability of Both Ways to empower students by giving them permission to critique and redefine Western knowledge. I argued that empowerment was of fundamental importance to the future of the graduate. Comments such as the following were made to emphasise the importance of empowerment:

*The students are encouraged to engage in a process of critical reflection of current practices in order to propose ways of improving that activity. Through studying and participating in this process of critical reflection and hypothesising methods to improve the situation, the students become empowered to take control of their personal and professional futures.*

Thesis page 6

Reflections of an early case study emphasised the overwhelming importance of empowerment to the final educational outcomes.

*Isn’t Both Ways partly about Aboriginal people with the students working in partnership in controlling the agenda? And isn’t this just what the students did?*
If in some instances the students want it to go 'one way', then maybe that is what should happen. Aboriginal people must choose what is right for them. If they choose a car instead of going places on foot, who am I to argue?

Thesis page 165

LEGITIMISATION

The third theme claimed that Both Ways would enable Aboriginal knowledge to be recognised by the mainstream as legitimate knowledge. I argued that in order for Aboriginal knowledge to be accepted by the medical profession, it must be presented as scientific. Aboriginal knowledge needed to be drafted in a way that the mainstream could accept this knowledge as legitimate. It was my belief that this could be achieved by fitting it into a scientific paradigm. Both Ways could engineer this fit.

Education needed to find a way of making the Aboriginal way of doing things a pivotal part of the solution to issues facing Aboriginal people.

Thesis page 35

The idea of framing Aboriginal knowledge as good science would, I claimed, achieve so much for Aboriginal Health Workers:

Both Ways can take the 'Aboriginal way' one step further to a point where not only do we accept Aboriginal knowledge, but we legitimise it through scientific method as equal and valuable scientific knowledge, and accept the possible benefits of it not only to Aboriginal people but to non-Aboriginal people as well.

Thesis page 137

A major feature of this stage of conceptualisation was to define science and to explore how Aboriginal Health Workers could become participants in the scientific process.

Both Ways must abide by certain conditions so that the mainstream medical world sees the knowledge the Aboriginal Health Workers develop as valuable. The Aboriginal Health Workers must create knowledge which is generally of some perceived value to mankind. The knowledge is used to predict behaviour, behaviour of everything including particles, stars, animals and human beings. (Note I avoid the use of the term reality. Since Popper (1972) there are very few people who still seek reality.)

Thesis page 125

This thesis argues that the only way that Aboriginal Health Workers can operate scientifically is to work with a new scientific paradigm, which should allow them to act as researchers and to construct knowledge that is appropriate to themselves and their people. The ideas that students describe must stand the test of scrutiny by their peers and other medical professionals.

Thesis page 125

ACTION RESEARCH

I believed that Action Research was the best available method for achieving Both Ways.

Both Ways actively motivates the students to become involved in research using Action Research. The students, both during workshops and whilst in their communities look into how they can balance the intrusive world of the non-Aboriginal with their own.

Thesis page 148
This became an important feature of my research and my teaching. Action research is underpinned by a commitment to empowerment of those being researched. The action research process is connected to everyday experience and I believed this would facilitate the students acceptance of it. These two features of action research are what made me believe this was the best method for achieving Both Ways.

AVOIDING DOGMA

One other claim was that Both Ways could not and should not become a dogma and that it should remain flexible and open to change and improvement.

_The definition of Both Ways cannot be rigid. It is constantly being developed through dialogue and research. It is important that this development continues so that educators do not become locked into dogma, which is the antipathy of the Both Ways philosophy._

Thesis page 6

This excerpt from the thesis is very important as it leads us into the next important reflective stage knowing that part of the original intention of the thesis was to critique the philosophy of Both Ways and if necessary, to take it beyond its current understanding.

8.2: CONTRASTING PREDICTIONS MADE ABOUT BOTH WAYS WITH RESEARCH FINDINGS

Section 8.1 outlines my predictions about Both Ways before data collection. The data drawn from the case studies will now be used to challenge these predictions.

In summary these predictions were that Both Ways will:

- facilitate students to find the nexus or meeting place between the Western World and the Aboriginal world in a balanced way;
- achieve reconciliation;
- achieve empowerment for graduates;
- value Aboriginal knowledge;
- be a legitimate scientific method;
- be best implemented using Action Research.

CASE STUDY SUMMARY

The table in Figure 16 is a summary of the workshops documented during the research so far. Column two describes the success or failure of each workshop judged using both personal reflection and the reflections of the action group. The third, fourth and fifth columns outline critical factors which I believe influenced the outcome of the workshops. Column three shows the location at which the workshop was run. Column four indicates the extent of the students' previous learning experiences with the thematic concern. Column five indicates the scientific tradition the content is drawn from.
<table>
<thead>
<tr>
<th>Workshop Title</th>
<th>Success of Both Ways</th>
<th>Location of workshop</th>
<th>Prior Learning Experiences</th>
<th>Scientific Paradigm of Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concepts and Theories of Health Case Study 1</td>
<td>Poor</td>
<td>Batchelor</td>
<td>Some</td>
<td>Bio Science Positivist</td>
</tr>
<tr>
<td>Clinical Practices Case Study 2</td>
<td>Poor</td>
<td>Batchelor</td>
<td>Extensive</td>
<td>Medical Science positivist</td>
</tr>
<tr>
<td>Counselling Case Study 3</td>
<td>Good</td>
<td>Batchelor</td>
<td>Minimal</td>
<td>Social science post-positivist</td>
</tr>
<tr>
<td>Health Promotion Case Study 4</td>
<td>Good</td>
<td>Batchelor</td>
<td>Some</td>
<td>Social science post-positivist</td>
</tr>
<tr>
<td>Language and Learning Case Study 5</td>
<td>Good</td>
<td>Remote</td>
<td>Minimal</td>
<td>Education Science Critical Theory</td>
</tr>
<tr>
<td>Epidemiology Case Study 6</td>
<td>Good</td>
<td>Remote</td>
<td>Some</td>
<td>Statistic Science Positivist</td>
</tr>
<tr>
<td>Both Ways Healing Case Study 7</td>
<td>Good</td>
<td>Remote</td>
<td>Minimal</td>
<td>Education Science Critical Theory</td>
</tr>
<tr>
<td>Management Case Study 8</td>
<td>Poor</td>
<td>Remote</td>
<td>Some</td>
<td>Management Science Positivist Theory</td>
</tr>
</tbody>
</table>

Figure 15 Table Showing an Overview of Factors Influencing Success of Workshop

Did Both Ways Facilitate Students to Find the Nexus or Meeting Place Between the Western World and the Aboriginal World in a Balanced way? And Did Both Ways Achieve Reconciliation?

I hoped to find balance between Aboriginal and non-Aboriginal knowledge. The health promotion workshop was a good example of the success of the concept of Both Ways. It showed the students describing their understanding of change and problem solving from the perspective of their culture. This clarification then facilitated the students understanding of Western concepts associated with health promotion. The students making a connection between these two concepts led to their having an improved ability to put health promotion into practice. This was later published by students in the Aboriginal and Islander Health Worker Journal (1996).

However, on occasions the opposite happened. There were particularly painful times when workshops failed to meet this objective. The focus on asking the students to express difference, which occurred in the early stages of these workshops, or emphasis on promoting a dualism led to an imbalance and total dominance of one world view. The best example of this was the clinical workshop in 1995. To my frustration, the co-researchers and myself seemed unable to avoid this.
The greatest failing in my view was the inability to implement the model successfully in the clinical field despite describing this as the area of greatest need. The reasons for this failing are very complex and are analysed in the case studies.

Is there a fundamental flaw in the notion of Both Ways? The attempts in these particular workshops to place side by side the world of the coloniser with the world of the colonised failed because of the dominance of the coloniser. These case studies are examples of the continuation of colonisation, in these circumstances Western knowledge dominated. Authors such as Sykes (1986), O'Mally (1993) and Bruni (1988) predicted these findings. Before this research can continue there must be a major reflection about the idea of racism and colonisation, and how these ideas currently effect my work.

Some of my peers considered that as yet the practice of Both Ways was not working. Some of the workshop case studies were obvious failures. At present and perhaps most significantly, these failures are in the clinical area. The question should be asked, "Can Both Ways ever work in a field such as this, that is so strongly controlled by the dominant paradigm and so opposed to criticism from outside of an inner sanctum of so called experts?"

*Health Care Systems based on the Western model have been so dominant, so widespread, and so powerful, that they have often been treated as being above question.*


One peer suggested, "It may need to be a matter of choice". At this point the dialogue needs to continue between students, teachers and practitioners.

The idea of two dissonant cultures was prominent in many discussions. Whenever participants are forced to describe difference, which Both Ways surely does, can a balance truly be found? Throughout our history it seems that social theorists and planners have too often focussed, in one way or another, on the difference between Aboriginal and non-Aboriginal, and on methods for remedying that difference.

**Did Both Ways Achieve Empowerment for Graduates?**

This story is synthesised from students' real stories. To protect the people involved, it is an adaptation of two real stories collected from students and graduates.

Linda was visiting the clinic one day when she was sick. The nurse saw that Linda was able to read and write and that she was good with English. The nurse approached her and asked her if she wanted to be a health worker. Linda was reluctant because it meant she would need to go back to school and she had hated school. Many years ago while she was at school she had been placed at the back of the class and told that she could not learn. Linda had no confidence in her ability to succeed but thought she might give at a go, with the strong support of the nurses she might make it. Linda completed her first year at Batchelor College and registered as a health worker and began to put her training into practice. She was happy taking orders and continued like this for a year. Her lecturers at College recognised her potential and asked her to
come back to further her studies. This was the first time anyone had complimented her like this so she decided to give it a go.
The more she studied the more self confidence she got and the more she asserted her position in the clinic, trying to take more and more responsibility. Linda gradually became a capable and independent and health professional.
Staff changed in the clinic and as new nurses came and went Linda gradually lost her support network. The new staff were challenged by Linda especially when she was placed in a management position which gave her a great deal of responsibility in the community.
Linda committed herself to looking after her fellow health workers, keeping them motivated and stimulated so that she could keep them in their jobs. The nurse managers who were supposed to work side by side with Linda opposed her every decision. Each time she did something they would send a report to head office complaining about what she had done. They did not speak to her directly about why they disagreed they simply undermined all of her ideas. Linda's superiors repeatedly took the nurses point of view in arguments.
Eventually, after this had continued for months, with no support Linda was not sleeping, was suffering migraines and gradually became more and more isolated at work. Her self confidence was continually undermined. Linda went to the local doctor for stress leave and was told by this person, the only doctor for 200 kilometres, that she was shirking and that she should get back to work.
Linda maintained diaries of everything and kept copies of minutes of meetings and memos that had been passed. Eventually, after resisting months of pressure to back down, Linda went to the anti discrimination board.
She won.

Although Linda was empowered enough to resist these people, several of the other graduates were not, some resigned and no longer work as health workers others simply returned to their old jobs without making waves. I respected their decisions to do this because I knew the pain Linda had gone through.

In the classroom there were great successes but the students' comments show that these were limited, and that empowerment was not possible because the mainstream gate keepers were all too eager to demonise and marginalise good Aboriginal ideas and so progressively destroy the self esteem of students. This thesis presents the case studies which describe the discourse of the action group. Data has not been collected from people who students describe as, "the main stream gatekeepers" and this would provide an interesting question for further research.

The following comment made during one action group reflection alerted me to the possibility of problems earlier in the research:

_We don't want to do it Both Ways, we want to do it our way._

Student comment (1995)

This comment stunned me, I was basing my PhD thesis on implementing Both Ways in health worker education. Consequently, for the last two years I have been reflecting on the implications this comment had on what I was doing both in my research and in my classroom practice.
My intention was that the students would emerge from a Both Ways education with the ability to make a difference in Aboriginal health and if necessary challenge ideas and practices they felt were inappropriate or lacking in some way.

*My explanation to them was that, "This was what Both Ways was all about", and "That there were a lot of bad ideas and processes in the non-Aboriginal world, and that they could take part in a process which facilitated improving such ideas and processes for their people".*

Thesis page 170

I became extremely worried about this ideal when a graduate stated:

*You teach us how good it can be and then we have to go out and face the real world.*

Student comment (1997)

These two student comments struck deeply and made me realise that there was something fundamentally wrong with the way I was defining Both Ways. There was something missing.

In the book, “Race Politics in Australia” Colin Tatz (1979) explains why the grand idea of Both Ways was bound to fail. He describes four reasons why race relations will fail in Australia and while all his reasons are important, it is his final reason that most concerns us here.

*It is highly unlikely that white Australia can swallow the proposition that black progress is, in part, contingent on their rejection of white society*

Tatz, C. (1979) p4

If Tatz is correct, and my research has led me to believe he is, then any notion of Aboriginal knowledge being used to develop solutions are doomed at best to marginalisation and at worst to demonisation. When the students leave the classroom there is no room for them to move, they re-enter the same old work structures that have been so successful at marginalising Aboriginal knowledge. The gate keepers continue to insist that they and only they know the solutions to Aboriginal health problems. And while there are some valuable attempts by Aboriginal people to find solutions they often survive only against extreme opposition, the Redfern Aboriginal Medical Service being a prime example.

Earnest Hunter (in Johnston, 1991) strongly challenged mainstream medicine with his comments to the Report of the Royal Commission into Aboriginal Deaths In Custody. He claims that too many schemes attempt tomedicalise what is essentially a social, historical and political problem generated by racism and poverty, and goes on to suggest that solutions lie in social and political reform that faces squarely the poverty and racism faced by Aborigines. Teachers must accept Hunter’s challenge and begin discussing history and racism in the classroom. Not only must we teach the meaning of ideas and concepts, we must explore the deeper meaning of these ideas, how they came to be, how they are sustained, and how they can be challenged.
In his book, "Traditions for Health: Studies in Aboriginal Reconstruction", Rowse (1996) suggests that Aboriginal people are reconstructing non-Aboriginal ideas into an Aboriginal understanding of these ideas, and that often the non-Aboriginal health professionals do not understand the Aboriginal reconstruction of the words. Would it be possible to bring these ideas of deconstruction and reconstruction into the classroom so that students can participate in the process of firstly helping the communities better understand what they the community are trying to reconstruct into their every day life, and secondly of helping non-Aboriginal Health Workers understand what the community has come to understand. This brings us back to the students' idea of, "Doing it our way".

Another distressing feature arising from comments made by both students and peers was that the theory and practice of Both Ways does not meet the needs of all students. It was felt that Both Ways, as described, was a teaching method particularly biased to the traditional Aboriginal learner.

This is a point of real concern as it has been argued throughout the document that the method should support multiple realities not just traditional Aboriginal and non-Aboriginal. My argument was that Both Ways can help find the meeting point between any culture and the Western world and in so doing will provide mutual respect and validation for all world views. Despite my intentions there has been a real perception by some that it has not met the needs of certain members of the group.

**Did Both Ways Value Aboriginal knowledge?**

The rhetoric behind Both Ways is extremely positive in that it aims to validate the Aboriginal world view and then place that valuable knowledge in a balance alongside various non-Aboriginal world views. However, this research shows quite clearly that while the notion of finding balance is possible the Western world is not ready. While there is a growing minority of people who appreciate the value of Aboriginal knowledge, the vast majority of mainstream gate keepers are not yet ready to have their ideas and positions of power challenged.

On the other hand the various publications produced by the students are greatly valued by fellow health workers around Australia who respect the ideas that the students present. Many comments have come back to the students complimenting them on their work, all this goes to contradict the problems in the fist paragraph.

When mainstream ideas are complimented by the students their ideas are accepted, but when their ideas challenge mainstream authority they are difficult to sustain, even if the knowledge has been produced out of a rigid quality process.
Was Both Ways a Legitimate Scientific Method?

The Epidemiology workshop was one example of good scientific process in which the curriculum objective was to prepare the students for their role in reading research reports and epidemiological data. To give this workshop a Both Ways flavour I challenged the students to develop their own structure for critically analysing research reports. During the workshops there was much open dialogue about the Indigenous perspective of research including what the community liked and disliked about research. We began by discussing the students' understanding and personal experiences or research and moved on to examine non-Indigenous research critique methods as well as data on ethical issues in Indigenous research. The students were then, as a group, set the task to design and trial their own critical analysis format on a research article.

The result was an example of the Both Ways pedagogy in action (Grootjans & Spiers 1996). This was an experience in which I felt humbled as the teacher in the presence of these students and their ability to produce the work that led to a published article. This published article is further evidence of the success of the process.

The students in this instance were able to express how they had worked through their ideas scientifically, and this was accepted for publication as legitimate knowledge. The idea of doing Both Ways scientifically was not enough to get past the gate keepers in other workshops. The reasons for this are many, and as yet quite poorly understood. Where knowledge that challenges the dominant view is generated, there is a need for further investigation into the role of the knowledge gate keepers.

Was Both Ways Best Implemented Using Action Research?

Other concerns raised argued that Both Ways will only ever be a marginal success without Aboriginal community involvement in the process. It is also emphasised that Action Research must embed itself in its context, actively collaborating with the people with the problems helping them to solve their own problems.

Financial constraints within the School of Health prevented community based delivery. Both Ways had to be delivered at Batchelor College, in isolation of the students' communities. This is contradictory to what was known from my own personal experience and the many years of experiences of the Remote Area Teacher Education Program (RATEP). Also there have been constant requests from Aboriginal communities for community based education to be standard in Aboriginal education (Burns, 1995 and DEET, 1995).

In spite of the history of these demands, the cost of such a program, together with the narrow focus of the curriculum, has made it impossible to achieve this goal. There was no option but to focus my investigation on campus based case studies except for the few
experiences described at Hamilton Downs and Croker Island (which in themselves were not community based workshops as defined by Batchelor College, 1991).

Workshops such as Language and Learning, which did take place in the community and attempted to achieve community involvement in the workshop, were extremely successful. This case study is strong support for the experiences of RATEP. The management workshop which was held in a community which had no contact with the students failed miserably, which implies that the workshops need to be more than just located in the community, but need to collaborate with the community in the teaching process.

While it could be said that the lack of collaboration with the community made this defective Action Research, students did however work through Action Research Cycles which involved critical dialogue about issues of concern to health workers. This was a highly rewarding experience for all concerned.

8.3: DIALOGUE ABOUT RESEARCH FINDINGS

COMMENTS FROM PEERS AND COLLABORATORS

Gathering information from peers and students sent shivers up my spine, I was very nervous about this part of the data collection process. I had completed a difficult period of collating and recording eight years of journal records and it was of considerable concern that ideas and beliefs documented in the thesis may not be well received; that the points the discussion was trying to make may not be understood; or that the students would say that was not what they had meant. It would have been easy to stop the process right there and hand the whole thing in unfinished. But of course that is not what collaborative research is all about, validation comes from a mutual consent for the final draft, and it is that mutual consent from the collaborators that makes this research and not just a nice story.

With some trepidation the draft document was distributed to collaborators and peers by mail or delivered personally. Eventually a number of people read it and gradually the comments began to filter back. Surprisingly for me the document commenced a whole round of dialogue, so that not only was there interesting feedback on my work to date, but also discussion and further expansion of the ideas.

This in itself was a real emotional high as the document was having a positive result. Beyond my wildest dreams the document was stimulating a lot of constructive discussion. Suddenly all kinds of people were contacting me and wanting to discuss ideas from the document with me. Peers, students and significant individuals, including Kathy Abbott, were among those given the document, and it seemed they all wanted to tell me something.

The document was stimulating discourse and it seemed that everybody had something to say. For those already on their own journeys it was helping them think about their
experiences. It enabled them to recognise their own experiences as valuable learning rather than just isolated and irrelevant events. Several people felt very strongly about some of my experiences and revealed they themselves had similar ones.

It also became a starting point for some newcomers who had not yet commenced their journeys. I was reminded of my own arrival and the void in information which greeted me. It was encouraging that people were seeing it as an interesting reference point to stimulate their own future learning and direction.

A collection of the discussions I had with various people about the document; their reactions and points of view in reply to some of my comments; and their general overviews of the document, is presented.

A MOMENT OF INSPIRATION

While talking to a student about the thesis over dinner in a restaurant, a large group of tourists sat next to us. They were a group of pensioners on holiday and we could hear them talking about visiting the jumping crocodiles and their day trip on the hovercraft. They all looked in good health and good humour. The student made a simple but poignant comment, “None of my family are as old as that, all my people have died young”.

This apparently simple, off the cuff statement was the major reason for our work. We seem to have come to accept as a fact of life that there are not many old Aboriginal people. We blame the victim, we blame their culture, we blame everything except ourselves. We work hard to remedy such deficits in Aboriginal people but fail to see that it is this process of imposed change that is contributing to the problem. We must refuse to accept a life expectancy of Aboriginal people of between 54-60 years as acceptable or normal. It is not. We must stop blaming the victim, they are not at fault, we must look in the mirror to find the cause to such problems.

We should not forget the work of Dr Kerry Kirke (1970) who demonstrated conclusively that defective genetics were not the cause of high Aboriginal infant mortality. Kidd (1997) has shown that an attitude of blaming the mother was evident amongst nurses responsible for the care of young Indigenous babies. When politicians eventually stopped blaming the mothers and using Indigenous culture as an excuse for inaction health researchers began to look for effective ways to solve the problem which focused on equitable service delivery and Aboriginal infant deaths suddenly dropped by a massive 430% in only a matter of years.

This was why the students and I were spending so much time learning new approaches to Aboriginal health, so that one day we might be sitting in that restaurant and it will be a group of 70 year old Aboriginal pensioners doing the bus trip.
It is often amazing how small, simple events like this can have such a powerful impact on one’s thinking

THE STUDENTS’ COMMENTS ON BEING OBSERVED

After looking through the first draft document the students shared one major concern, the feeling of having been ‘fish bowled’. This implied that they felt their every comment and reaction was recorded, which in many ways was true. In some of the descriptions they could see themselves and this brought back for them a variety of feelings and emotions. Several had used their own journals to reflect on my reflections and to cross validate my comments.

There was no rebuttal of any of the events and situations described in the thesis. My descriptions were accepted as valid. This and the fact that the document brought back such strong and varied emotions for the students was strong support of its validity of my interpretations.

There was no real reply to the students who felt they had been placed in a fish bowl, as they felt that so much of themselves had been documented in the work. I explained that the data had also recorded a great deal about my actions and thoughts during the research, but of course this is not entirely true as it is their reactions that were being recorded. Not one of the students wanted any section changed or withdrawn. However some students wanted more included in descriptions which enhanced the document. All of the students gave consent for me to continue. Again this was a real sign of the congruency of the data with the student’s view that this type of data needs to be recorded for the use of future staff in Aboriginal Health Worker education.

PEERS’ COMMENTS ON THE USE OF NARRATIVE

The writing style gave rise to much comment, especially from peers. The most common comment ran along the lines of, “Do you think they will let you get away with writing your thesis like that?” When asked what they thought about what was being said, comments such as, “I really enjoyed the style”, “It really made me think about what I was doing”, and “It really made me remember my own experiences”.

The reason for writing a thesis is to contribute to the debate in a particular field. The comments received stand as testimony to the fact that amongst the first reviewers at least, people were thinking in response to the document. The dialogue that I was having with people implied that they were not only understanding what was being said but were also showing a real sense of connection, a sense of empathy with what the students and I had worked through over the years.
This is really thanks to Social Ecology which promotes such alternative presentations and assisted me in developing my argument for the validation of this method of presentation, as well as thanks to the editor who helped me so much in improving the construction and presentation of the story.

The readers comments enhance the validity of my document in that within this close group of people working or studying in the same field, there was a real sense of connection. There was no great dissonance with what was being written but for almost everyone there was a sense of involvement or connectedness, with several readers making statements such as, “I could have written that”, or “This has motivated me to write my own story”.

The fact that the response to date has been so ‘connected’ adds real support to the validity of the narrative style. Even though there was sometimes disagreement with my interpretation of experiences this did not lead to negation of the document. It did, however, often lead to dialogue on particular points of view. More importantly, as discussions continued I discovered that this dialogue, being dealt with through a non-threatening genre was in fact helping to give people strength to accept the validity of their own view points. This in itself both assisted in the dialogue and, in most cases, actually enhanced the strength of the document, as these view points were incorporated into the body of the document as additional clarification of particular points in question.

So the non-threatening, connected nature of the document has really enhanced its ‘share-ability’, something I was desperately aiming for.

**ISSUES AS CONTENT**

A particularly interesting comment stemmed from the use of Action Research to focus on issues within the curriculum rather than specifically defined content. One student explained quite simply,

> *If I had done nursing or teaching or something like that I would have known what the end point was going to be. Someone would have made it clear to me what I had to know, I would learn it and be tested to make sure I knew and that would be the end of that. But with this way of teaching the end point was not clear, what I had to know was not clear and my assessment was based on my process rather than my content. The other way is so much easier.*

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Student Comment (1996)

How right she was. This impressed me as she confirmed what I had only guessed at, that the students had worked very hard during their time. It was pleasing that the essence of what was taught was that there are no absolute answers to any problem; that the search for answers is really endless; and yes, life would be a whole lot easier if there were right and wrong answers to everything.

This sentiment was supported by peers who used this method. Their only concern was that teaching using this framework is a lot harder than having a formula to follow and
absolute answers for students to know by the end of the workshop. But as the answers are still unclear, to teach clear answers would be absolute deception on the part of the teacher.

The student’s comment, although made in frustration, to some extent supports Both Ways in that a committed student will be placed in a situation of having to think about solutions to issues rather than being told the answers. Surely most employers would rather employ someone who can think through a problem than someone who thinks they know the answer to every problem. There are times when the person with the answers will be right but there are also times when they will be wrong. On the other hand the person who can think through each issue will at times be wrong but at least they will be creative in their mistakes.

PERCEPTIONS OF THE MERIT AND SUCCESS OF THE THESIS

Some peers suggested that this study has only been a partial success and that the idea of Both Ways is only partially successful. In response to this I would like to make the point that the success of this study is not the outcome of the study, but what people will do with these ideas in the future.

The potential benefits of Both Ways to Aboriginal Health Worker practice are shown in this research. There were times when the outcomes of the case studies were disappointing and other times when the outcomes were successful. The implementation could have been improved, and on some occasions totally revised.

All this effort is wasted if people attempt to duplicate my apparent successes. This effort will have been worthwhile only if people use my experiences as a stepping stone to improving theory and practice, and if people ask themselves the question, “Where to from here?”

Dogma is the curse of any future development. This thesis is not a dogmatic praise of Both Ways education it is only intended to be a stepping stone on the very long path to improved Aboriginal Health Worker education.

8.4: MAJOR ISSUES EMANATING FROM THE DATA

Many issues remained unresolved throughout the time of the research. These are issues that impacted on the final results and need further consideration when entering into the next phase of the Action Research cycle.

ABORIGINAL KNOWLEDGE

One major issue concerns the problems associated with Aboriginal knowledge. A great deal of Aboriginal medical knowledge falls in the category of restricted knowledge, such as
particular healing practices. These restrictions limit who can speak about it and when it can be mentioned by Aboriginal people. This is contrary to the situation which exists in Aboriginal education where the processes are usually public information. As long as teachers continue to look at how people are taught rather than what they are taught, which may itself be restricted information, there will be few constraints. In the clinical context we may need to investigate areas which are sensitive. This would explain the success experienced with the model in the non-sensitive or process orientated areas such as health promotion and counselling.

THE 'MIXED' GROUP

Barriers for students against unrestricted communication are numerous. They include the fact that the working group consisted of at least four significantly different cultures, Yolngu - 3 people, Tiwi - 3 people, Desert - 3 people (incorporating Walbiri and Warramunga) and another group of people from all over. Students were reluctant to share ideas amongst each other as this could be offensive. Information which is acceptable to discuss in one culture, is restricted in another culture. Students are aware of this and are unwilling to offend each other, so are obviously guarded about what they discuss.

This suggests that homogeneous groups could be taught in their own regions where there was a common language and a common culture. However, although this method would be beneficial in some workshops the benefits of working in mixed groups was unquestioned by students in other situations. This aspect of planning requires a great deal of careful negotiation with students.

OWNERSHIP OF INFORMATION

There was a strong awareness among students about the ownership of information. This was highlighted by students in the workshop on research report critique. The students were unwilling to discuss information for which they had no ownership or for which they did not have permission to discuss. They made this clear in their criticism of people who did break these very strict rules.

Inclusion of people in workshops with ownership of such information could lead to a settling of this problem by reducing the reluctance of the students to share ideas.

PRYING

As described earlier, it seemed that I was in fact prying into areas I was not wanted. Some students stated that they felt this to be the case, making it clear that they had experienced many years of such prying and that they were now, “Sick of it”. They had had enough of people who came for a short while, gathered information and then left with their research papers and qualifications.
In my mind this was not the type of information necessary to make Both Ways work. In fact for Both Ways to work it was essential that the complexity of Aboriginal culture was validated, including Aboriginal law related to knowledge and health. If this law meant strict confidentiality then we had to learn methods to work within the parameters while respecting the right of individuals not to share knowledge. In each area there were things that could be discussed, but it was the clarification of what could and what could not be discussed that was so difficult to achieve in isolation from the people responsible for that information.

If the workshops were truly community based, elders could be present as mentors and leaders in the learning process and there would be no need for confusion about what could and could not be said.

**CONTEXT BASED ISSUES**

The Both Ways methodology relies on there being issues for investigation. As has been repeatedly discussed the success or failure of a workshop relies very heavily on the ability to identify a real and crucial issue for research. This was clearly seen in my own inability to identify an issue for the management workshop where the students just could not, emotionally or intellectually engaged the issue I was trying to focus on. If this issue were more relevant, the outcome of the study would be a great deal more meaningful.

This idea again supports the notion of community based workshops, as when we are in the communities the issues are so much more obvious and the outcome of the students’ research so much more immediate.

**COLONISATION**

The power of the absolute. Working in an accident and emergency unit illustrates the power of absolute performance in medical practice. From a personal perspective I find these types of units and these type of situations to be totally impersonal. In an emergency situation the staff of the unit develop a method of total focus on the problem and devote their entire energy to solving the problem. There is a rational and aggressive adherence to procedure which leads (usually) to resolution. The main aim of educating health workers is to help them develop an understanding of why Western practitioners adhere to procedure. O’Mally (1993) suggests that this mind set is the mind set of the coloniser and unless it is recognised as such this mind set will dominate and continue to fail.

The people whom the students perceive to be the best role models in their clinics are people who have been trained in these areas. They work in remote area clinics and carry out procedures in an absolute and precise way without questioning. The students see this and have, over time, developed a profound respect for the success of such objectivity and
are eager to be able to copy their performance in similar situations. To date Aboriginal Health Workers’ formal training in this area has been probably only ten to 25 per cent of that which the nurses have received, with the bulk of their knowledge in this area coming through observation. The problem with this is that every time a new nurse comes to the clinic they may well practise their procedures differently, and just as often they are unable (through lack of time) to explain the variation.

When the Aboriginal Health Worker attempts to carry out a procedure in the same way and does not follow a particular nurse or doctor’s method the Aboriginal Health Worker may be corrected and possibly shamed. This leads to a reluctance to attempt procedures in the future for fear of being shamed again. Most nurses and doctors tend not to accept variation to their personal methods, they believe their procedures are best and are reluctant to accept that there are possibly ten different ways of achieving the same outcome.

This scenario illustrates many complex problems for the teacher to overcome. In essence the things that are happening in real life clinical situations cannot easily be changed, so the teacher has to work on the attitude of the student towards the procedures, and must spend just as much time promoting the self esteem of the student as teaching the methods. A student who is confident in what they are doing is less willing to accept unfounded or biased criticism of their performance, particularly if they understand what the nurse or doctor is thinking. The workshop must really develop the self esteem and confidence of the student.

There is little doubt that this commitment to procedure is at times culturally offensive as discussed in detail earlier in the research. Ian Anderson (1993) comments on this failure in dealing with Aboriginal people, and suggests that students must begin to consider ways of overcoming the times when Western medicine is culturally offensive.

**ROLE MODELS FOR ABORIGINAL HEALTH WORKERS**

A student’s role model can be a problem that all education institutions face in preparing students for the real world in which some of the concepts and ideas they are taught are ridiculed and/or not understood. In this instance, it included the most basic philosophies taught by the College, Primary Health Care and Both Ways. My role in the classroom was to facilitate the students to develop a personal perspective of these issues. An example of this was the Both Ways work shop run at Hamilton Downs, where each student left the workshop knowing what they believed Both Ways to be after close scrutiny of different ideas about the issue. This was a highly successful workshop and each student showed in their seminars that they had developed a personal understanding of the concept.

On return to their clinics however, they were often confronted by people who have their own very strong views about such issues. Some of the students fail to promote their ideas
which therefore go unpractised and untested, and in the long run are forgotten. In some cases students' views were aggressively opposed and the students simply avoided implementing them and again they were forgotten. The attitudes of the students' role models back home are often openly confrontational, and is something I have experienced on at least three occasions with staff in the communities being obstructive to the students' progress.

Why does this occur? The reasons are as varied as the people themselves. It has been said that some people are afraid of losing their jobs, as it is felt that Aboriginal Health Workers may eventually take the place of nurses and that this is the source of opposition. It would be impossible to test the validity of this statement as there is constant denial at local level of this motivation.

There is also the, "I am right, you are wrong" attitude of many people. Many people simply believe that Both Ways is wrong or they have their own personal perspective on how Primary Health Care should work. Without publications and official descriptions of these philosophies then these unique and often very personal approaches to defining such concepts will continue unabated and there will continue to be any number of definitions.

The solution to this lies in the continued promotion of Aboriginal Health Workers as the experts in Both Ways Aboriginal health, and the ongoing publication through written articles and oral conference presentations by Aboriginal Health Workers about their research to improve on the medical approach to Aboriginal health. This is a slow and perilous process but as I have already discussed it is the final, crucial element of science, the opening up of ideas to public scrutiny. If non-Aboriginal health professionals cannot be forced to accept the inappropriateness of some of their medical procedures then ultimately Both Ways is doomed to become merely an interesting classroom technique rather than an approach to improving the health of Aboriginal people.

**DISSONANCE**

Dissonance affects everything that we are doing and everything that we have already discussed. This is the dissonance between one of the central ideas of the thesis: that all knowledge is open to critique and improvement, and the real world view which often does not accept the notion that knowledge created by scientists can be improved by so called untrained people. This dissonance is very closely connected with the previous issue and all the issues discussed so far.

In Both Ways we are asking students to attempt to improve the way health care is practised by reviewing the value of those practices through the eyes of Aboriginal people. What the mainstream wants from the course is people who can do Western medicine exactly as is presumed correct through Western eyes. When the students exit courses
without absolute conviction in the correctness and procedural impeccability that the nurses expect then they, the students, are perceived to be failures.

It is not uncommon to have to deal with situations where community nurses or visiting doctors ring up to say that this or that student cannot for example, take a temperature. They make it very clear that all they want is for the student to take the temperature correctly. There is little or no consideration of complex cultural and social issues, such as those discussed in great detail earlier, which the student must overcome before they can perform this procedure. It is not that the course creates the uncertainty, but that it is failing to help the students cross various barriers, and as long as we continue to avoid this as being a crucial aim of the course, we will fail to find a solution to the problem.

In the early stages of the course official drop out rates were as high as 75 per cent, and were probably closer to 90 per cent in reality. I believe it is primarily due to the lack of cross cultural awareness in the clinics and in the classroom that leads to this excessive rate. If we are ever to overcome this high rate we must work with the students to find the cause of, and to overcome the problems. It will take a long time before the attitudes of people in the bush will change, so in the short term the answer must lie between the students and the teachers, and from this interchange we will impact on the attitudes of the people out there.

With the present level of cultural arrogance and when faced with such a mountain of dissent how can this idea of Both Ways proceed? In the long haul the only way ahead is for the two world views to be accepted and clarified. By this I mean that people must state where they stand and be willing to debate their position. This is what this document is about, and hopefully it will be widely read so that debate can begin, a debate that is essential so that the students are not the ones who face the bulk of the criticism as has been the case in the past and where lecturers are isolated from the debate by classrooms, offices and infrequent and painfully short visits to communities.

When will the nursing and medical professions realise that they have no right to continue to colonise Aboriginal Health Workers and their role?

**CURRICULUM CONSTRAINTS**

Can a teacher really ever set out to teach under a particular framework when the curriculum is in opposition to that framework? As discussed in section six, by the end of 1994 we were without a curriculum but the intention of the drafted changes at this time were to change the overall philosophy from a negotiated, issues driven curriculum to one that was directed and strictly defined.

It was the fact that the curriculum redrafting process was only half finished that saved the outcome of my investigation, and it was only my ability to manipulate the objectives that
allowed the research to continue. How much better it could be with a curriculum that supported Both Ways rather than opposed it.

REAL WORLD PRESSURES

My assumption that the model can be isolated from the real world was terribly naive. There was a whole world of pressures out there that had very little to do with education, including managerial, economic and peer pressures. These may be of only peripheral interest to the philosophy discussed but have a significant impact on the way the ideas are implemented.

The managerial pressures related to an increasing economic rationalist approach to management decisions demanding that everything is recorded, accounted for and costed. While this in itself is not a bad thing, in the ever-decreasing economic environment in which funding was decided on the basis of outcomes, the question for us was what outcomes were to be the measure of our success? It is this debate, as well as the Vocational Education & Training (VET) guidelines which forced us into developing competency standards (National Training Board, 1992). These competency standards were automatically linked to practices that are easy to measure, i.e. clinical skills. Such demands can have a dramatic effect within a philosophy which is actually attempting to describe new methods of performing skills as opposed to meeting a set of predetermined competency standards. These events impacted heavily on the research.

There also seemed to be constant pressures for quantity rather than quality. From a personal perspective I would rather have one graduate who really knew what they were doing than four or five who were not truly confident. There was also a significant impact caused by the amount of time available to spend with each student. As economic pressure grew to force an increase in the number of enrolments and graduates, so the risk of reducing the quality of the graduates was ever increasing.

These influences were out of my control and quite frustrating, I had to learn to live with them or get out. However, they have ultimately had a significant negative impact on the outcome of this investigation, such as the inability to run the course in the students’ communities.

I once again return to the metaphor that the journey of this thesis is a helpful list of road rules rather than a street directory which tells you where to go.

Walk behind me and I may not lead
Walk in front and I may not follow
But walk beside me and let us enjoy the journey

THINGS I HAVE LEARNED

The following list is a summary of what I have learnt while undertaking this research.
1. To always search for better educational theory and teaching practice. Nothing is ever perfect, and I really believe that after several years of commitment to Both Ways it is possibly time for Aboriginal education to move beyond Both Ways. The issues surrounding colonisation remain a major concern for me.

2. To trust the students and work collaboratively with them, they can help you do things better, their ideas will stun and impress you beyond belief. My greatest joy has always come from the excitement of watching the students come up with answers to my problems. My greatest problem, as you will see from some instances in the case studies was, on occasions not listening to them.

3. To respect the Aboriginal elders, they have an unsurpassed knowledge and wisdom. The students know, and I was taught, this fact. Repeatedly throughout the case studies it was apparent that the students could have done so much more if the elders had been around to guide and support them.

4. That the community must be the focus of the students' participatory inquiry through community based workshops. This was an issues based curriculum, the issues for the students are in the community, and we as facilitators must find ways of either bringing the community into the classroom or taking the classroom to the community. I believe this was evident in the case studies, as was the fact that the community should have been more of a focus in my research.

5. Using a rigorous method is positive learning. The case studies have shown that the students have many good ideas that need to be brought into the open and tested through good rigorous research methods which the students can do themselves with support.

The National Aboriginal Health Strategy Report, the Royal Commission into Aboriginal Deaths in Custody and many other reports and documents as described in the introduction, were shown by the case studies to be right. Aboriginal people can solve their own health problems if they are prepared for this in their education.

6. To be patient, nothing happens quickly even though you may want it to.

8.5: WHERE TO NOW?

Why were some workshops such as the Counselling and Communication workshop so successful? Had I in fact gone beyond Both Ways? I had asked the students to clarify their world view on a particular issue and improve on it. It has already been discussed how Aboriginal people live in a world which is uniquely defined within their culture, that they have their own understanding of the meaning of particular items from the Western world. Some people have suggested that Aboriginal people have taken to technology such as guns and cars and therefore their culture is changed forever.

Of course their culture has changed as all cultures change, however according to Christie (1985) it is unlikely that Aboriginal people share the same understanding of guns or cars as the people who make these suggestions. 'Guns' and 'cars' have been reinvented into the Aboriginal world. This is what was happening in the successful workshops. The students
were clarifying their understanding of Western ideas, then working to improve on their understanding with the intention that this improved understanding would be of benefit to their clients. We did investigate ideas from the Western world, however the emphasis was not to place these ideas side by side with ideas from the Aboriginal world, as the rhetoric of Both Ways implies. The emphasis was on reinventing these ideas and technologies into the Aboriginal world through dialogue.

This idea then becomes the focus of a new theory, with the need for a new phase in the Action Research cycle. In the next research phase there is a need to consider the way racism has impacted on this research.

Is there a way that the continuing colonisation of Aboriginal Health Workers can be brought into the classroom? Why is what we are teaching ‘best practice’? By asking students this question we are enabling the student to discuss issues of power. For example, to what extent is the way we measure a person’s temperature best practice as Western medicine insists it is. Or, is it only best practice because the coloniser insists it is? With this question in mind we enter into a true critical process, as would be suggested by Freire (1973).

Both Ways as it has been used, leaves us open to accepting the value of Western medical practice without examining the power it has over us. It should, as part of the educational process, include an examination of the idea that demanding competence in Western medicine is part of a continuing process of colonisation.

Again using the example of taking a temperature we could ask the question, "Who can help you be good at doing this?" The answer would most likely be, "The nurse." The question can then be asked, "Why is this person the best one to teach you this? What makes the nurse the expert?"

As described earlier in this thesis Both Ways has six central and often repeated themes as its focus:

- Finding the nexus or meeting place between the Western World and the Aboriginal world in a balanced way;
- Achieving reconciliation;
- Achieving empowerment for graduates;
- Valuing Aboriginal knowledge;
- Being a legitimate scientific method;
- Best implemented using Action Research.
Additions to these could include:

- Letting go of non-Aboriginal knowledge as different and separate from Aboriginal knowledge;
- Being critical of current practice in order to improve it;
- Reconstructing Western concepts for the Aboriginal world.

The data collected provided strong critique from both students and peers. It made me very aware of what I was actually doing, which was not merely to test Both Ways but that on occasions I have attempted to prove Both Ways.

It appears that there were two possible directions for the future. The first was to work with the action group to continue to search for ways of improving the practice of Both Ways. The other approach was to not be dogmatic about the theory. This was, of course, extremely hard for me as I had invested so much time and energy into understanding Both Ways and putting it into practice.

Although there have been real difficulties in finding a Both Ways balance, the idea of working alongside the students helping them present their ideas professionally and testing their ideas with rigorous research methods has proved very rewarding. We have successfully moved away from a rigid, content driven educational method that focussed on giving students answers to often abstract problems. The case studies have shown that the students have successfully participated in creating useful and meaningful knowledge. Knowledge that stands the test of publication and significant critical analysis by a variety of peers and professionals.

This notion of collaborating to create knowledge was judged by the students and myself as worth continuing. As time went on my job became less and less to share my ideas alongside the students’ to a point where today, a great deal of time is spent showing students how to test and present their ideas rigorously. This may be a point for major reflection or new theory development.

The problem remains however, of when will society be ready to accept these ideas when they contradict a Western point of view? It is this which will be explored in greater detail in the next phase of the research.
SECTION 9: THE DEATH OF BOTH WAYS AS I KNEW IT

After reviewing the data it was clear that in order to find a way forward a number of issues which were holding the graduates back from achieving their goals would need to be challenged. This evidence was leading me to the conclusion that there were three main reasons why for me Both Ways was dying.

An analysis of the data will show my own refusal to let go was an issue. The warning signs of the limitations of Both Ways were in fact evident very early on, but I failed to see them. This blindness was due partly to a naivety on my behalf that stemmed from my strong commitment to the particular dogma of Both Ways, and partly because of my relationship with student's which I now feel may have stifled the students own personal process of empowerment. My unwavering support for Both Ways was obscuring the path forward for the students.

The data also showed that the reaction of employers and co-workers to students became additional barriers to their progress. The reaction to ideas developed through Both Ways was leading to "othering". The student's solutions were treated as "Aboriginal ideas" instead of potential solutions.

Both Ways requires the students to express their Aboriginal culture. Once this is expressed, for example in the student articles on counselling, the students may be seen to be describing how they are different. Describing difference is not the expressed purpose of Both Ways; rather producing a new way of dealing with problems faced by Indigenous people is the expressed purpose. The student's ideas however may be perceived as an expression of difference. The dominant culture experiences this difference in the classroom or in the work place and identifies the group that is different as "the other".

The student's ideas appeared to be threatening to some people and exciting to others. The graduates in some locations may have, by acting as independent thinkers as they had been taught, appeared to threaten the positions of non-Indigenous nurses in positions of authority, but this was not because of direct requests from graduates for nurses to vacate communities. This was a perceived threat as the Aboriginal Health Workers were now seen by some employers as able to undertake management positions which in the past they had not been prepared for. As students began to work through problems successfully, as shown in the data collected in 1996 and in the follow up interviews with students, conflicts often occurred between the nurses in clinics and the Aboriginal Health Workers. Their achievements were not recognised and often ridiculed, and their ideas were either ignored or opposed. The student's co-workers were refusing to let go of their ideas about how things
should be done. Having graduates who presented new ideas became a challenge to the established order.

I observed graduates proposals being classified as “Aboriginal ideas” this led to well intentioned people coming out of the woodwork to help put the ideas into practice. Standing back and letting go could have lead to graduates developing projects from conception, through to implementation, and on to evaluation. The co-workers by treating the graduates as “Other” rather then as peers with good ideas failed to let go. Letting go could have allowed the graduates to develop as independent professionals able to manage their own projects.

Both Ways set the graduates up in some circumstances as targets of apparently racist behaviour. This behaviour was often carried out by good people but I now understand that even well intentioned “othering” is a form of racism. This thesis now argues that Both Ways has contributed to racism against the students and left the graduates without the skills to deal with this behaviour.

An understanding of the impact of refusing to let go and othering on this research is essential before proceeding “beyond Both Ways”. This understanding will facilitate the development of strategies in the education of Indigenous health workers to overcome or reduce the impact of refusing to let go and othering on graduates.

### 9.1: THE VANDAL: MY REFUSAL TO LET GO

I have written a narrative titled, The Vandal in order to highlight the personal turmoil that has confronted me during the time this research was undertaken, and as such it offers some important insights into very important ethical issues in cross cultural research and education. To what extent have my cultural blinkers placed me in a position of causing cultural damage? To what extent could my own actions be defined as racist?

The answer to this question highlights the deep personal turmoil that has confronted me.

To begin with a story:

There was a young boy about the age of 14 who lived in the centre of Sydney. On the way to school for the last nine years he had passed a big old wall built with large bricks that with time had become grey and dirty from the filth of the city. Most of the time, as the boy grew up, he thought very little about the wall, it was just there, another obstacle for him to get around on the way to school.
As he grew older he began to think that this wall was ugly and wondered why the older people did nothing to improve the look of the wall, or maybe even pull it down altogether. He started to think about what he could do to the wall to make the street look better. It was an obstacle, an ugly eyesore, and it stopped the city from looking good.

Each day as he passed he thought and thought about what he could do until finally he decided to do a painting on the wall. This was going to be no small painting, this was going to be a mural. A mural that would hide the ugliness of the entire wall. As soon as this idea came into the boy's head he knew that he was going to do something really important, he thought he may even become famous if he did a really good job.

He wanted to do it all by himself, he wanted to achieve something for the first time in his life. He had no money to buy paint so he went out to find work. He found a job selling newspapers on the street corner, and after saving his money for a few weeks he had enough money to start buying paint. Late at night he would sneak out to begin, he knew it would take weeks. In the afternoon he would go to work selling papers and in the night, when his parents thought he was asleep, he would climb out of his bedroom window to paint the mural.

As time went on and the painting neared completion he could see that the mural had turned out to be beautiful. The ugly wall had been hidden. He had achieved his dream and it was coming close to the time that he could rest easy. While he was painting he became certain that this was what he wanted to do for the rest of his life. He thought he had done such a good job that he would like to go from city to city finding projects that he could do to improve old and shabby buildings.

On the final night as he prepared his brushes so that he could put the finishing touches to his masterpiece, a bright light suddenly flashed on him and two police jumped out from behind a tree yelling, "Got you!"

"What's wrong?" cried the boy, "What have I done wrong, all I have tried to do is make this ugly wall beautiful, you should be thanking me".

The officer was angry, "Just look at what you have done, you've ruined one of Sydney's most historical buildings."

The boy was astonished, he did not understand what the officer was talking about.

The officer could see the boy's astonishment so he grabbed him by the collar and took him across the road and into a park that was adjacent to the wall.
All of a sudden it was clear to the boy this was no ugly brick wall, this was a beautiful cathedral. For all this time the boy had failed to see the big picture.

This story is an all too common metaphor for what happens when non-Aboriginal people meet Aboriginal and Torres Strait Islander people.

Albert Camus in his novel “The Plague” makes this point;

_The evil that is in the world always come from ignorance, and good intentions may do as much harm as malevolence, if they lack understanding. On the whole men are more good then bad; that, however, isn’t the real point. But they are more or less ignorant and it is this that we call vice or virtue; the most incorrigible vice being that of ignorance which fancies it knows everything and therefore claims for itself the right to kill._

Camus, A.1970 p146

Camus was speaking of the right of governments to carry out the death penalty. This quote has relevance here as my ignorance was leading to cultural death. Each of us should reflect on the things we do while in a cross cultural setting. We should ask ourselves how our actions impact on other people, because even if a person acts in good faith their actions can have a negative impact on others.

I have learnt and incorporated many cultural norms into my teaching and I have avoided offensive topics. However in the final analysis, what I lacked has been a detailed analysis of the impact of my teaching on the culture of the students.

On reflection, my greatest fear is that what has happened has had a destructive cultural impact. However, to think of myself as a racist is a difficult and painful personal thing. I am not talking about a conscious antagonism to Aboriginal people; rather I am concerned that my unconscious behaviours may have had a negative impact on Aboriginal culture. Young explains this phenomena when she describes cultural imperialism:

_Cultural imperialism involves the universalisation of a dominant group’s experience and culture and its establishment as the norm. Some groups have exclusive or primary access to the means of interpretation and communication in society._

Young, I. (1990) p59

My behaviour has been the result of positive intentions and a belief that what I was doing would only help Aboriginal people. In the final analysis however, some of my actions in this cross-cultural context may not have been culturally safe.

My fear is that I was no better than the boy in the story trying to fix something that I did not understand, “the ignorance that fancies it knows everything”.
Aboriginal people are going through a period of rapid change. Both Ways, as part of its rhetoric, places Aboriginal students in control of the pace and form of change. However, Yunupingu’s (1993) definition of Both Ways adopted at the beginning of my research has as its fundamental doctrine that Both Ways facilitates the best of both worlds.

This statement places the very best interpretation on the process of change, but if we adopt this assumption we must also accept other basic counter principles:

- that if we are looking for the best we are also rejecting the worst;
- that if we rectify problems from the Aboriginal world with ideas from the non-Aboriginal world we think these are better.

In the hands of an ignorant or inexperienced teacher Both Ways can become a dangerous weapon. While the rhetoric exists that the student is in control, choosing from both, there is still nothing to stop the teacher from influencing the thoughts of the students and having a potentially disastrous impact. Van Dijk states.

> Basically, the enactment of social power entails social control over others. This control applies to the range of possible actions and cognitions of others: more powerful actors have the means and resources to influence the actions or the minds of others less powerful.


We must differentiate between the overt action of groups such as the Ku Klux Klan which have the expressed intent of destroying what is different, and the unintentional impact of a teacher who tries to think of teaching methods especially suited to the needs of traditionally oriented people. Those in this latter category believe that education is about giving people skills to survive the future. This is an honourable intent, but these teachers believe that at least some of these skills can only come from the white man’s domain. These teachers see the culture of the group as a problem that must be overcome in order to be successful. When people expect something to become a problem it does. The seeming truth of these predictions is best explained by the self-fulfilling prophecy described by Merton as far back as 1948:

> The self-fulfilling prophecy is, in the beginning a false definition of the situation evoking a new behaviour which makes the original false conception come true. The specious validity of the self-fulfilling prophecy perpetuates a reign of error. For the prophet will cite the actual course of events as proof that he was right from the very beginning. Such are the perversities of social logic.

They never see the intricate web of complexity of the culture that they are working with; their remedy is for one brick in the wall. They look long and hard for what they call a culturally appropriate method of teaching.

Every action in a cross cultural setting is capable of having a significant negative impact on another culture. This is why each of us must reflect very deeply on what we do when working in such a context. When we work in the cross cultural context we run the risk of becoming cultural vandals. The difference being that the paint on the wall is far less permanent than the changes to Aboriginal culture.

Both Ways as it has been described in my thesis is no different to the above example in that it is also about describing and then rectifying difference. The end result has the potential to be exactly the same as that of overt racists, except that the intent is different.

Maryanne Cline-Horrowitz refers to Kant in her discussion of the impact of charity on people:

Kant maintains that the recipients of pity are insulted by being humiliated. Their suffering announces their inability to overcome their own problems; for individuals usually only tolerate misery when they cannot relieve it.


There has been one consistent problem in my approach to working with Aboriginal people. My teaching style has focussed on positively facilitating Aboriginal people to survive in a rapidly changing environment, however there was no concern for the fact that each interchange with my students was leading to cultural change. My dream of doing my bit for Aboriginal health was impacting on the culture of the people. Facilitating change to bring about an improvement in Aboriginal health was my focus and I was blind to the impact of this. I did not understand that in some instances it may have had a negative impact on the culture I was working in.

It may be argued that this is too self-critical, that all cultures change and that Aboriginal people are no exception. Why is there a problem with facilitating cultural change if it is for the benefit of Aboriginal people?

Australia’s history of contact with Aboriginal people is deeply scarred by this need to change culture, and even today the political agenda seems to be working toward convincing Aboriginal people to conform to the dominant culture’s ways. After 200 years of trying and failing with different methods of forcing Aboriginal people to conform to our Western view we have found new ways of forcing Aboriginal people to change. We no longer
openly kill Aboriginal people, we no longer openly steal their land, we no longer openly take their children away, we no longer openly isolate them in missions and we no longer openly try to assimilate them. (Reynolds has written several historical texts, which describe Australia's colonising history of contact with Aboriginal people.) Rowse (1993) and others such as Mowbray (1990) describe a new process which they label Welfare Colonialism whereby our government maintains Aboriginal people on welfare, making them dependent on government handouts for survival until it can use the attraction of economic success, improved health and better education to convince them to be assimilated into our way of seeing the world.

This is assimilation, and I no longer want to be a part of it.

Cultures such as Jewish or Chinese are found all around the world and yet they are always recognisable as Jewish (Seltzer and Cowan, 1995, comment on the Americanisation of the Jews) or Chinese (Betty Lee Sung, 1987, discusses issues of the colonisation of Chinese culture in America). Their cultures have always changed and developed to meet the needs and demands of the times, but despite the changes these people have always been able to retain their unique cultural identities. They have preserved their languages, religions and social structures in spite of using flushing toilets, driving cars and running successful businesses. Their refusal to integrate completely into the host culture may have contributed in part to the continued racism against them but this refusal is paradoxically a form of self-defence against racism.

Fanon states

> Every colonized people—in other words, every people in whose soul an inferiority complex has been created by the death and burial of its local cultural originality—finds itself face to face with the language of the civilizing nation; that is, with the culture of the other country. The colonized is elevated above his jungle status in proportion to his adoption of the mother country's cultural standards.

Fanon, F. 1968.p18

Can Aboriginal people go through these inevitable changes and remain uniquely Aboriginal, or will these changes destroy Aboriginal culture forever and force them to lose their unique identity? History has shown this loss of identity to be the goal of the colonisers in many parts of Australia. It is up to Aboriginal people to resist unconditional change as they have done for 200 years; to reject things from the colonising culture which may be culturally damaging; and to reject things with preconditions which force cultural degeneration. It is the height of ignorance to assume that what is different is wrong.

In the 'Tao of Physics', Fritjof Capra (1975) suggests that the Western mind is dominated by the pursuit of truth. He goes on to claim that in a large number of Eastern cultures truth is not given the same weighting as in our Western culture. In these cultures the dominant
pursuit has been in the quality of life. This fixation with truth however, has led us to assume arrogantly that other cultures are wrong and that they should also pursue truth. This pursuit of truth carries with it the baggage of an entire Western culture.

Our enormous technological advancement, which some would claim has been gained at the expense of rapid, uncontrolled social change, is withheld from Indigenous people until they are willing to accept the truth of ‘truth’. Racism stems from a arrogance in the Western mind that believes we can improve all things by encouraging others to copy the Western way. To improve anything, it must be the same. We ignore the fact that other cultures have an intrinsic quality that does not necessarily need to be destroyed in order to be improved.

All cultures have a right to exist; in fact individuals in all cultures have a right to thrive. It is a constant irritation to me that people can spend a lifetime trying to save the whales or spend millions of dollars tirelessly saving mountain gorillas and yet people ignore the plight of cultural groups who find themselves continually being absorbed into dominant cultures. Matthews (1988) and Pepper (1984) are amongst many authors who give an interesting and valuable account of the impact of ecological disasters on the health and well being of humankind. Ecological diversity is seen as a world imperative, but only now are people finally becoming aware of the importance of cultural diversity to the future survival of mankind.

Cultural diversity is just as important an issue for the survival of the human race as ecological diversity. Humankind must learn to live with things without destroying them. There are so many aspects from these ‘other’ cultures that we can use to sustain and revive our own.

Our Western culture has made many social sacrifices for the sake of technological improvement, while several other cultures, Aboriginal cultures included, have developed highly complex and sustainable social systems without technological advancement. Cultural systems based on respect for the environment and respect for other people are examples of these. Helen Watson’s (1989) "Singing the Land Signing the Land" gives us a more detailed description of social complexity within Aboriginal culture, she equates this level of social complexity with a high order mathematical system. If these social systems are destroyed through assimilation then they are lost to mankind forever.

**RECOGNISING THE MISTAKE**

I have lived and worked with Aboriginal people for 10 years, and I began by being interested. The series of diagrams that follow is an attempt to describe the four stages of
my personal development beginning with showing students that I was interested in what I was experiencing.

On arriving in Arnhemland my eyes were opened wide to something that I never knew existed, a cultural group that had survived the onslaught of Western culture. My schooling had led me to believe that Aboriginal culture was extinct. My teachers had been wrong.

Each day brought a new experience, each experience brought a new awakening. The reader can possibly see an image of a wide eyed, open mouthed new comer from the east coast walking around looking at everything and asking far too many questions. Like a sponge I soaked up everything around me. I was interested, deeply interested in what was happening and wanted to know everything (see figure 17a).

My teaching however, was at that time unaffected by my interest. I had done nothing to change what I was doing in the classroom. My methodology was good textbook teaching, and the content was again straight out of the textbook.

![Figure 16a: Stage 1](image)

At first I was just a sponge for information, much like an anthropologist who objectively records events being observed within a culture. One particular event woke me up. I was teaching a group of students about the Western scientific view of human conception and birth, and the workshop had proceeded quite well. All students had done very well and I was feeling very good about myself, so on the Friday afternoon we went on a hunting trip, which provided a refreshing break from the pressures of the classroom routine.

We were relaxing on the beach after a good feed of bush tucker when one of the students told me a story of how he was conceived. It had nothing to do with the Western view. I realised I had to wake up, it was no good ignoring this knowledge in the classroom as I had been doing, it needed to be respected in the educational process in some way. I had taken the next step
(see figure 17b).

I began to look for ways to incorporate Aboriginal knowledge into my teaching. The most common way being to attempt to raise discussions about issues that confronted students, especially in areas where other people or I perceived cultural conflicts had occurred. One example was discussing Aboriginal perceptions of cardio-pulmonary resuscitation. Health workers were being accused of deserting non-Aboriginal staff during emergency events, and by discussing this in class I believed that I could help the students overcome this problem.

Although I was developing a great respect for some aspects of the Aboriginal perspective I was still, at this point, inevitably seeing many cultural practices as problems that could be overcome by good education.

Some of the things being taught could quite possibly have had a negative impact on the culture of the people. In these circumstances the students sometimes resisted the knowledge being offered and I assessed this as a failure to learn rather than a rejection of what I was teaching. Resistance to education can be seen in many ways, for example in Australia only 35 per cent of Aboriginal youth reach years 11 and 12 (National Review of Education for Aboriginal and Torres Strait Islander People, 1994). Also, in some remote communities English is only spoken to non-Aboriginal visitors, while on most other occasions the people speak their own languages. This is a major deterrent to English proficiency. This lack of proficiency in English language and non-attendance at schools are seen as either a failure of the students or a failure of the educational system. In some circles mainstream schools see these outcomes as a form of Indigenous resistance to what may be deemed the practice of assimilation.

![Figure 16bStage 2](image)

This is one of the great paradoxes that confronts educators today, Aboriginal people want English proficiency for their children but resist colonisation by refusing to speak English in their communities. Aboriginal people want education for their children but resist forcing
the children to school as they remember the schools' attempts to colonise their culture in the classrooms.

What I was doing did seem better than ignoring Aboriginal culture in the classroom, but this did not take away the need to look for something better. I had started work at Batchelor College and heard a lot about this philosophy called Both Ways, but I did not get a very clear understanding of what it meant until I witnessed the band, Yothu Yindi. I was deeply impressed by their ability to combine two musical systems into a new and exciting form of music.

Later, Yunupingu's (1993) idea was further clarified in some of his writings and especially in his speech from the ABC's Boyer Lecture Series where he expands his ideas stating that education has to give a value to Aboriginal knowledge, a value in equal balance with non-Aboriginal knowledge. Other Indigenous authors such as Langton (1994) have begun to explore the notion of valuing Aboriginal cultures as part of the reconciliation process.

The model had changed again, the Both Ways teaching practices were teaching me how to value Aboriginal people's world view. Valuing the Aboriginal way became the focus of the way I taught, in fact it became the focus of my research (see figure 17c).

![Diagram](image)

**Figure 16c: Stage 3**

Valuing Aboriginal knowledge is done by participating in Action Research where students are asked to reflect on solutions to problems by laying Aboriginal responses to the problem alongside non-Aboriginal responses and picking the best of both to deal with the issue. The idea is to confront students with an issue and use a combination of both Aboriginal knowledge and non-Aboriginal knowledge to improve the situation. Aboriginal solutions were considered just as important as non-Aboriginal solutions. Students were asked to describe and think about these alternative solutions and decide which combination of solutions would suit their particular contextual needs. Having a balance between the two knowledge systems in the classroom was of utmost importance in this method.
However, after completing my research it became obvious that not all was well.

The idea of Both Ways excited me for a long time and I was totally committed to it as an educational philosophy. It was my belief that this was an educational philosophy that could facilitate the students’ retention of their Aboriginality whilst being successful in the non-Aboriginal world. It was this belief that motivated me, and which I set out to research.

Yunupingu uses the metaphor of the ‘Gama’ a story which describes the mixing of fresh water and salt water in the tidal reaches of rivers in his country. This balanced mixing of water is seen as a metaphor for how Aboriginal education should function with a balanced mixing of the two knowledges. Watson (1989) describes this notion of balance in Aboriginal education in detail in “Singing the Land, Signing the Land”.

I have discovered that the actual real life metaphor is more like a cyclonic surge tide which engulfs all before it. Both Ways ignores the unwillingness of the non-Aboriginal world to permit a balance. Non-Aboriginal knowledge and its gatekeepers are all powerful and reluctant to accept critical comment.

Michael Foucault (1980) suggests:

\[
\text{We are subjected to the production of truth through power and we cannot exercise power except through the production of truth. This is the case for every Society, but I believe that in ours the relationship between power, right and truth is organised in a highly specific fashion. \ldots\ldots\ldots There can be no possible exercise of power without a certain economy of discourses of truth which operates through and on the basis of this association. We are subjected to the production of truth through power and we cannot exercise power except through the production of truth.}
\]

Foucault, M. (1980) p93

Giroux (1988) describes the need for education to consider its role in preparing the students for their responsibilities in a political and social context.

What has been said here is connected with much that has already been argued earlier in this thesis about the cultural arrogance of non-Aboriginal people. The rhetoric associated with Both Ways is a utopian perspective in that it expects that non-Aboriginal people will accept change. I think the reality is different, Aboriginal people have been colonised by a very dominating culture.

My research has shown that on occasions, when you attempt to describe the differences between the two knowledge systems and place them side by side for consideration, this can
become either a positive or negative valuation. In terms of Aboriginal knowledge two things happen. Firstly, many students feel vulnerable when their knowledge is laid bare and resist participating. Previous contact with the colonisers has shown that when this happens there is all too often a ridiculing and negating of Aboriginal knowledge. Secondly, non-Aboriginal knowledge has a visible power, it is the people who appear to be best at this knowledge who are in positions of power; who earn the most money; and who are seen to have political influence. They are also the gatekeepers who give praise when things are done 'correctly' and who ridicule and criticise when things are done differently.

Because of this, students desire access to non-Aboriginal knowledge at the expense of Aboriginal knowledge. This is the core of the cyclonic tidal surge which I describe.

The problem seems to be that we are constantly trying to remedy problems apparently caused by difference. As described earlier, the Western mind has constructed a world view that believes very strongly in a right and wrong way for everything. It seems that groups who work with Aboriginal people in the cross cultural context believe they can improve the situation if procedures are followed according to our scientifically proven methods. Non-Aboriginal health professionals believe that health problems can be solved with Western treatments, they do not recognise the culturally embedded structures that support the success of such treatments. When this solution is given to Aboriginal people it is given with all this social baggage attached.

Our teaching methods and our healing methods are based on remedying perceived deficits in Aboriginal culture. Both Ways, despite the idealistic rhetoric, is just one more attempt to remedy difference, and as a result of this attempts to lay the two ways side by side in harmony. The power of the non-Aboriginal knowledge is so strong however, that despite the rhetoric it overpowers Aboriginal knowledge.

Glazer (1997) describes North America's failed efforts at multiculturalism and integration of schools and neighbourhoods of Afro-Americans and Anglo-Americans. He believes that this failure is partly due to resistance to assimilation from the Afro-Americans. He poses the question of whether this type of integration will ever work or whether racism should be overcome first.

After three years of deeply reflective research the final piece of the puzzle is becoming clear. Control is the enemy of culture, we the lecturers must learn to let go of control. We must let that responsibility go to the community elders; to our Aboriginal peers; and to our students. If we cannot accept this as a precondition to working in the context then we have no right to be there. We must let go of the need to construct labels for our students which
stereotype them; we must let go of remedies to problems which are all too often based on these false stereotypes and not on what we see in front of our eyes.

**Letting go** is the missing piece of this particular puzzle (see figure 17d). Letting go of the need to examine or change stereotyped Aboriginal culture as part of the educational process or as part of a process of situation improvement. Maori nurses describe a process where they become the gatekeepers for Maori cultural safety, and in this way they have forced the non Maori New Zealanders to let go of their solutions for Maori people. Maori nurses have firmly taken responsibility for improving things for Maori people (Papps & Ramsden, 1996).

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
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<tbody>
<tr>
<td>INTEREST</td>
<td>RESPECT</td>
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<tr>
<th>Stage 3</th>
<th>Stage 4</th>
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<tr>
<td>VALUE</td>
<td>LETTING GO</td>
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**Figure 16d Stage 4**

There has been endless debate about the methods in Aboriginal education and this thesis has described many of the problems encountered with such methods. As teachers our search for and debate about methodology based on culture has hidden significant factors and so caused many of the failings in our educational systems.

Letting go is not about letting go of our passion for what we do or our interest in the students, it is about letting go of the agenda; letting go of control of outcomes; and letting go of the need to use comparisons of difference in the classroom.

Each time a student enters a classroom there is a chance they will be seeing something new. It is how the new information is dealt with which concerns the teacher, how to make it most useful to the student.

The student must deconstruct the information so that they can understand several things about the new knowledge, what is the fundamental factor which makes the particular idea work; what element of the idea is unnecessary cultural baggage; and what is the relationship of this knowledge to the colonisers.
Deconstruction has been described (Derrida in Coward & Foshay, 1992) as a process by which language or words are broken down and examined to place them in their true political and social context. Pirsig’s deconstruction of quality in education (1974) is an excellent example of this process.

The student is asked to break down the idea or deconstruct it, to really find out what makes it tick. It is important for the student to debunk the culture loading of each idea. Each idea has cultural baggage, in other words it is constructed within a particular social, economic and political framework, it has an essential element which makes it work and other elements that are defined by the culture in which it is embedded.

A typical example of this is the house. Each culture designs and builds the house to meet their own particular cultural needs. Today we are only just beginning to redesign the shape and structure of the house to meet the particular cultural needs of Aboriginal people. Pholeros et al. (1993) attempts to analyse the way the Aboriginal people of the central desert region reconstruct ‘home’, a basically Western construct, to meet their developing dwelling needs.

The motor car has also undergone this social reconstruction to meet the needs of Aboriginal people. Aboriginal people need to move entire families when travelling, and thus we have seen the prevalence in Aboriginal communities of vehicles such as the troop carrier. In the first example we are seeing a physical change, while in the second there is no physical change in the vehicle itself but the discovery and use of a vehicle already available which meets the needs of the Aboriginal traveller.

The previous two paragraphs once again run the risk of constructing false labels for the students. The reality is that each of us is an individual who constructs each concept with which we are confronted to meet our own individual needs. Although many of us choose to identify with different cultural groups we have the right to be individuals within those cultural groups and not have people predict our views on the basis of stereotyped labels.

The classroom becomes a place of reconstruction, individual Aboriginal people have been doing this since first contact. It is a foolish person who suggests that Aboriginal people are losing their culture because they are using things such as guns and cars for hunting. This is nonsense, the gun is simply an improved way of meeting particular cultural obligations.

Rowse (1995) attempts to analyse and describe several Indigenous constructs of Western health concepts. He argues that a better understanding of these concepts by non Indigenous workers will help to improve the success of programs.
One example of how concepts can be looked at differently is the shop, which in our culture is a place where we buy our life necessities according to our budget. It has been said in some circles that some Aboriginal people go hunting in the store. As a hunter, what you get is based on opportunity and advantage so that what you buy in the store is based on what you need at the time, not what you might need two days later. Shops and money have been forced on Aboriginal people, but to build and stock shops in remote communities according to the Sydney experience displays an arrogance that assumes all people should be the same. This is an arrogance that leads to inevitable conflict, conflict over money and conflict over best dietary practices, which may in turn lead to poor health.

Deconstruction reduces the importance of the tyranny of method in the education equation. In teaching this way education can be seen as a three way triangle between the teacher and their method; the students and their need and ability to learn; and the knowledge offered in the classroom and its importance and relevance to the student. All this takes place in a particular context which in our case is the Aboriginal community.

![Diagram](image)

**Figure 16e Deconstruction**

This model (figure 17e) emphasises the students' way. In all educational contexts too much is taught that is judgmental and useless. When it is judgmental it is not culturally safe, when it is useless it is not used. By forcing the student to redefine the use and usefulness of knowledge for a particular cultural context we avoid the focus on difference, we avoid all the negative implications of education. One example of this from the case studies could be seen in the Health Promotion workshop in the group discussions around change.

The New Zealand experience is that they are building a process of cultural safety into the relationships between Maori and non-Maori people (Papps & Ramsden, 1996). The essential feature of this is that it is the Maori who builds, shapes and monitors these processes.
This provides a good example for Aboriginal Australians and Torres Strait Islanders. If a person is not willing to submit themselves to be judged on these standards, again they have no right to be there.

Aboriginal people have been trying to find ways to cope with the colonisers for over 200 years.

Letting go gives the Indigenous people of Australia a chance to get on with being whoever they want to be, unconditionally. It also gives us as colonisers a chance to live in a world of reconciliation with Aboriginal people. Reconciliation is something we non-Aboriginal people need to do, it is not something Aboriginal people can do without non-Aboriginal people examining their role as colonisers.

The final piece of the square came out of frustration with the lack of achieving sustainable change through my actions. It came at a point when I was ready to go and leave it all behind. Letting go and actually going became my complete focus. I do not believe that going was necessarily the best outcome, learning how to let go at all times was the action I had been looking for.

![Stage Diagram](image)

**Figure 16f: End Stage**

If a person can learn to work simultaneously with all four corners of the square at the same time, they will have a much better chance of achieving reconciliation in education, and indeed all aspects of our non-Aboriginal relationships with Aboriginal people (see figure 17f).

Non-Aboriginal interactions with Aboriginal people should be based on a balance of all four behaviours and a respect for each person’s right to be treated as an individual.
9.2: BOTH WAYS AND OTHERING

Regardless of the rhetoric in this thesis which outlines the nature of the research as a journey to discover new things about Aboriginal Health Worker education, ("One thing that I hope you understand about my journey is that there is no beginning and no ending") and the use of references from authors such as Cooke (1990), ("... you can't have it Both Ways"), and McTaggart (1991), ("Beyond Both Ways"), I failed to be responsive to the data in front of me. Rowse goes further in stating quite clearly:

Better that those delivering services adopt a stance of cautious experimentation and leave themselves open to advice (and even direction) from Aboriginal Health Workers and other local 'experts'.

Rowse, T. (1996) pxi

It is fine to read something and understand it vicariously, as I had done repeatedly while reading for the thesis, however Action Research has given me an opportunity to gain a deeper experience-inspired understanding of these authors' warnings and shown me my failing to truly understand their messages.

My findings support the warnings of Cooke, McTaggart and Rowse, while adding a new level of clarity to cross cultural educators in understanding cultural imperialism. Not only should we as educators be aware of our own role in colonising students, which is what is implied by both McTaggart and Cooke, we need also to be aware that the 'real' society outside the classroom is not ready to accept that there are many ways of seeing the world and that all have a place. When we forget this as educators we doom the students to failure. As they attempt to take ideas explored in the utopian classroom they will, as this research has shown, be cut down.

I allowed Both Ways to become a dogma rather than one stage of an ongoing process of change. How many times do Aboriginal people implore non-Aboriginal people to listen, and how difficult, for even the most committed of non-Aboriginal people is it to listen. My experience has been a very good example of non-Aboriginal people refusing to listen.

Jayaratne & Stewart (1991) discuss why objectivity is an illusive goal, but they also suggest that at times objectivity have a real role to play. They describe the pitfall that I have allowed myself to fall into:

Although absolute objectivity is not possible (even if it were desirable), the pursuit of objectivity, as a goal, does have potential to protect against several forms of bias. For example a researcher who has an investment in a particular theory may tend to use methods that are likely to produce selective findings.

This is also partly an indication of the relationship between myself and the students and the impact of this relationship on action group discussions. A true and open discourse in a participatory collaborative process would avoid the situation occurring where students were reluctant to speak their minds.

As was discussed in The Vandal, colonisation does not have to be a negative force shaped on malevolent intent. In this instance it was a relationship built on trust and respect which silenced the loud voices of dissent from the students, as they knew I was doing my best and they trusted this effort.

Letting go is essential to the future success of the thesis, letting go of dogma; letting go of control; and allowing the students to find their own voice in true participation and conscientisation.

Both Ways remains a successful teaching tool, but it should only be used when educators recognise and understand the limitations and hazards of using it. The case studies have shown that Both Ways is a process that can lead to the validation of Indigenous knowledge. Any process that advocated inclusion of Aboriginal knowledge into the classroom process was a major step in the right direction for Indigenous educational pedagogy, especially considering the continuing failures of so many other educational theories at the time. For Aboriginal people, being part of the solution most definitely places a strong value on the knowledge that Aboriginal people bring into the classroom with them. This is a process that for the first time could lead to recognition of Aboriginal knowledge as a legitimate part of any solution for Aboriginal people, this was a major step in the process of building self esteem for Aboriginal students.

The information critically developed using Both Ways processes is used to help people describe Aboriginal people as the other. A comment by Fanon has helped me understand that the problem with Both Ways is that the dominant group invents inferiority.

Fanon states:

The feeling of inferiority of the colonized is the correlative to the European's feeling of superiority. Let us have the courage to say it outright: It is the racist who creates the inferior.


Aboriginal people become ‘the other’ talked about and described. They are seen as the problem that experts, non-Aboriginal people, work to solve. This is the essence of marginalisation.
Michelle Fine (1994) has written a critique of othering:

*Early in the century it was noble to write of the other for the purposes of creating what was considered knowledge. Perhaps it still is. But now, much qualitative research is undertaken for what may be an even more terrifying aim - to 'help' 'them'. In both contexts the effect may be othering: muting voices; "structure" imported to local "chaos"; Others represented as extracted from their scenes of exploitation, social relationships, and meaningful communities. If they survive the decontextualisation, they appear socially bereft, isolated, and deficient, with insidious distinctions drawn among the good and bad themes. Distinctions from us are understood.*

Fine, M. in Denzin & Lincoln (1994) p79

Thomas also lends weight to the argument:

*A discourse of alterity that magnifies the distance between 'others' and 'ourselves' while suppressing mutual entanglement and the perspective and political fracturing of the cultures of both observers and observed.*


These quotes outline the essential problems with ‘othering’, describing how the other can be a construction by one for the particular purpose of the production of knowledge about the other, or on occasions for the purpose of empowering ‘them’. This process, as described by Fine, for whatever purpose is corrupted and quite frequently achieves exactly the opposite result. The knowledge produced is often of uncertain validity and the empowerment that results is tenuous. Fine goes on to describe how othering is a tool of domination and colonisation.

We measure others by how they are different to ourselves. ‘Ourselves’ becomes the calibration for how we see other people around us. This comparison seems to be an easy process and is inherent in a lot of what we do. I was first aware of this situation when I arrived in Arnhemland and was stunned at how well the Aboriginal people could understand me and predict my behaviour. It also seemed easy for me to learn about Aboriginal culture because of how different it was to my own. The student’s advantage was that they had seen it all before, for me it was all new.

Anderson (1993) uses comments from Black American respondents about being researched:
We know white folks but they don’t know us, and that’s just how the lord planned the thing. ..... Now they are great ones for begging you to tell them what you really think. But you know only a fool would do that.


While it at first appeared easy for me to measure others’ behaviour against my own calibration, to place them under the microscope, my beliefs about Both Ways were colouring my findings. As Anderson’s respondent suggests, I was hearing what I wanted to hear and not hearing what I didn’t want to hear. It was not easy to understand my own actions and recognise that it was these that were colouring my understanding of the ‘other’. As the importance of this realisation became understood this research became more and more an examination of my own actions, feelings and motivations in this context, and less of an examination of the students’.

Teaching students to work within the ideal that two knowledge systems need not be mutually exclusive is also an important feature of Both Ways. This becomes a major classroom activity where the teacher poses questions about where and how these two knowledge systems interact and become compatible. The outcome of this is also intended to build self esteem as the students become aware that they are the ones who, by the nature of the knowledge they bring into the classroom as Indigenous people, should be the most skilled at this process of finding and describing the nexus between a multitude of realities.

Some of the teaching techniques I have found most useful at achieving Both Ways, such as the Life and Cultural Survival Model and the Past-Present-Future process, have achieved results in the classroom that I have not experienced with other methods. Some of these results include dialogue with students about the importance of Aboriginal knowledge; enjoyable two-way teaching sessions where both student and teacher learn; tangible outcomes where there is a final product at the end of the class which the student can potentially include in their professional repertoire; and increased self esteem and conscientisation as has been discussed in the previous paragraphs.

While these experiences have become important learning it is also important to record that although recognising the successes of Both Ways, the data has signposted some warnings. The comments have continually referred to ‘the classroom’ as being the place for Both Ways activity, which suggests that Both Ways has assumed that what happens in the classroom or in a journal publication will automatically be transferred into the real world context of health practice. This failed assumption has been that the Both Ways process and classroom dialogue alone will bring about empowerment, that as the students bask in
the outcomes of valuable learning sessions they will automatically have enough self esteem to take this learning out into everyday practice. This has not happened.

As described in the reflection, one of the more painful criticisms from the action group was that, "Both Ways is only for traditional Aboriginal people". If the students are correct then Both Ways has played into the hands of the colonisers as yet another tool of oppression. The students’ consciousness of this issue points to the possibility that they are aware of ‘othering’ taking place, they are aware that ‘traditional knowledge’ as constructed by me is perceived by them as more important. This is another potential limitation of Both Ways in that it could be used by the mainstream to either glorify the ideas of the students or demonise them. Both Ways may be used to create arbitrary divisions between Aboriginal people and thus facilitates the divide and conquer process.

This research has shown that Both Ways has been a successful classroom activity but that it has failed to take the real world into account. The research has failed to take into account the repeated warnings from authors such as McTaggart and Christie to consider the students’ context. The context that the students are embedded in is one that tries to continue to marginalise and colonise Aboriginal people. It is of a Western world view that continues to live by the social Darwinist ideal of the dominant culture with all other cultures classified as ‘other’ and so being inferior in the Western mainstream opinion.

Despite these research findings Both Ways remains a valuable tool which needs to be expanded. It needs to take into consideration the true context of a fourth world nation struggling to retain a unique identity. This identity is dynamic and ever changing and is embedded in a domineering powerful culture that is reluctant to accept the right to exist of minority alternatives.

Fanon states;

\[ \text{I find myself suddenly in the world and I recognize that I have one right alone:} \\
\text{That of demanding human behaviour from the other.} \\
\text{One duty alone: that of renouncing my freedom through my choices.} \\
\text{I have no wish to be victim of the fraud of a black world.} \\
\text{My life should not be devoted to drawing up the balance sheet of Negro values.} \\
\text{There is no white world, there is no white ethic, any more then there is a white intelligence.} \]

Fanon, F. (1968.) p.229

Fanon suggests that by participating in a discourse about how Aboriginal people are better or worse then white people they become participants in a process, which describes them as
the other and therefore dehumanizes them. Fanon rejects this dehumanization by demanding humanity.

9.3: THE REFUSAL OF OTHERS TO LET GO

It could be said that this research is looking for an easy way out by blaming the Western authoritarian world view for the failing of Both Ways. Davis-Floyd & Sargent (1997) provide a salient commentary on authoritative knowledge:

But frequently, one kind of knowledge gains ascendance and legitimacy. A consequence of the legitimation of one kind of knowledge as authoritative is the devaluation, often dismissal, of all other kinds of knowing.


Blaming authoritative thinkers may be seen by some as a cop-out of mega proportions. Although some may hold this opinion, the data shows that it is the minority of people who impose the authoritative position and who caused problems for graduates. The only way forward in the education of health workers is to incorporate into this changing pedagogy an examination of the barriers that the students will face when they attempt to implement their ideas.

The context that the students find themselves embedded in is one which may enact a system that will take steps to make the students’ ideas redundant. It is an examination of this context that will lead the students to a better understanding of the impact their ideas will have when, as graduates, they attempt to implement them in their respective work places. Students will not always be confronted, there are many people that will support them and their ideas. In the experience of this research however, if the students’ ideas are confronting for the mainstream, it is highly likely that mainstream systems will come out fighting to see the ideas rejected.

Among groups subject to racial prejudice the defence can be developed that they are a race as good as any other or even in some respects better. This is a defence that is dangerous as it is unneeded. To use the rhetoric of the enemy to fight the enemy is often to become the enemy. For it is at most culture that needs defending and asserting, not a race, of course, the same is true of human rights.

Crick, B. in Hannaford, I. (1996) pxiv

Critics of the students did not base their accusations on a legitimate discourse but appealed in one way or another to race to diminish the ideas presented by the students. Race is used
by the mainstream to demean and diminish the students’ ideas just as the word feminist has been used to diminish women’s ideas.

One method of diminishing is the marginalisation of ideas as previously discussed. Young (1990) suggests that:

*Marginals are people the system of labour cannot or will not use.*

Young, I. (1990) p53

In our context the marginalisation is of ideas which are placed on a pedestal, this process is so demeaning as there is almost an element of surprise that Indigenous people are capable of coming up with good ideas. The mainstream then attempts to re-use the idea in different places. This creates a new problem in that it is not the idea that is successful but the process by which the idea was obtained and implemented. It is the process which needs to be repeated not the idea.

Another method used to diminish students’ ideas is that of tokenism. Mainstream tokenises Indigenous people’s ideas so that they cannot gain experience and skills for professional autonomy. Young (1990) describes this as the powerlessness of marginalised groups in that their ideas are not considered valuable:

*Powerlessness also designates a position in the division of labour and the concomitant social position that allows persons little opportunity to develop and exercise skills.*

Young, I. (1990) p56

In this way a few people placed on pedestals are continually approached to be on committees and to take up management positions. These people remain in minorities within the system and are given token recognition at meetings and are often made to feel that their ideas are only useful as the Aboriginal component of a solution. They are excluded from the overall process of decision making. If they do speak out they are put back in their place with comments such as, “That’s a good idea”, implying that it’s a good idea for a black person or, “You shouldn’t comment on that because that’s an area for the experts”, implying, “Leave that up to us”.

Assimilation of ideas is yet another method. Young (1990) describes this as “cultural imperialism”:
... to experience how the dominant meanings of a society render the particular perspective of one’s own group invisible at the same time as they stereotype one’s group and mark it out as the Other.

Young, I. (1990) p59

With this technique Indigenous people are chosen for projects because of their known compliance with the general thrust of the project. In this way there is the appearance of consultation with, and inclusion of, Indigenous people. Their names appear on committee membership lists giving the semblance that the committee has consulted with Aboriginal people when in fact it has not. People become the recipients of solutions from the dominant world view, solutions they do not understand and are not included in the development of.

An all too common method is that of divide and conquer. This is when non-Aboriginal people set Aboriginal people up to fight battles for them, and is particularly evident in the process that has occurred over the last 10 years which implies that the more ‘traditional’ a person is, the more credible they are. This process creates a painful divide for Aboriginal people, as governments place traps for Aboriginal people in which natural and imposed cultural differences between them are used to create divisions through selective distribution of funds. As Rowse has suggested:

... community consensus - over what is tolerable and what should be done about intolerable things - may not be easy to achieve ...


However some administrators use this lack of consensus to fabricate divisions and at times divide the community.

If the students are correct in their claim that Both Ways, “is only for traditional Aboriginal people”, then it has indeed played into the hands of the colonisers. As well as highlighting traditional differences there has been a process where conservative Aboriginal people are pitted against the so-called radical Aboriginal people. The connotations of the radical Aboriginal are such that they are demonised and made out to be destructive. In this way are set up to compete with other Aboriginal people and do the dirty work for the system. Rowse (1996) describes the result of this process of attaching funding to programs that plead traditional affiliations as:

... a false fixity in the definition of Aboriginal tradition.
On the other hand he argues for:

... the value of understanding custom and tradition as historically dynamic and contested.


This brings us to the demonising of the students' ideas. Demonising is to some extent a last resort used when all other methods of excluding Indigenous knowledge fail. In this case the people use their mastery of the English language and their networks of like-minded administers to paint the Indigenous person as a demon. They describe how the Indigenous person's ideas are somehow inferior and how these ideas will harm the very people they are meant to benefit. This abuse is not based on fact but on opinion, they gain ascendancy because of the sheer weight of numbers that the non-Aboriginal people have in the halls of power.

A great number of people may think that what is being quoted and described here is extreme and that these events do not really ever happen. As evidence I include a brief discussion downloaded from an Internet discussion listserv. It is of course a one-off commentary, but in my opinion it is such commentary where an individual uses 'authoritative' knowledge to destroy the value of Indigenous knowledge. It is a reply from a doctor to a bulletin board posting by a traditional healer in South Africa.

From Ian Thirsk                     To: Doctor's Dialogue

Subject: Re: Candidates for the Medical and Dental Council Election.

Date: 12 may 1998 09:51

Dear Ngoma,

Your post has been sitting on maladoc for quite some time and I am rather disappointed no one has replied. Perhaps all are so broad minded that they have no strong feelings, or are just too polite.

Western medicine evolved to replace traditional medicine, showing itself superior because of more potent remedies with superior results based on a scientific understanding of the pathology of disease process, proven by painstaking research and continuous re-evaluation. We still have a lot to learn and hence a vast amount of effort is expended in the critical appraisal of current therapy and the careful conducting of controlled clinical trials.
There is of course bad medicine, and there are bad doctors, but no one pretends this is good and there exist mechanisms for dealing with these problems.

If Africa is to progress into the new millennium, it needs also to change by a similar route. I would suggest to you that there is in the new South Africa no place for the uncontrolled use of herbal remedies which - if they work at all - must contain potentially toxic drugs in uncertain doses. In many cases no harm is done but in some cases serious overdoses can occur and even death results.

If I was to do such a thing as a doctor I would (or at least should) be struck off the role, and be prosecuted for manslaughter, why should it be acceptable for a traditional healer to do it?? You can produce no scientific evidence or controlled clinical trials to show you really know what you are doing. Why should you be allowed to use potentially dangerous treatments on a public, especially a public largely uneducated and largely unable to assess what it is letting itself in for?

If a herbal treatment works, let's find out its active ingredient, its side effects, its proper dose, and if it proves useful, manufacture it in known doses so it can safely prescribed. It is beyond me that we have such careful controls over western medicines, yet allow virtually unbridled practice of herbal medicine. They are all drugs. They should all be subject to the same standards.

As to the spiritual side of traditional healing - this I think concerns religious sentiment and not medicine. People certainly do have spiritual needs and it is a failing of western medicine that it does not deal with this aspect, but western medicine and the medical council has no religious remit - mans spiritual needs it leaves to the churches.

Ian Thirsk, Surgeon
Ngwelezana Hospital, KwaZulu Natal, South Africa.

Indigenous Health Network - list (1998)

I spent ten years of my life working with students looking for the nexus between the Aboriginal world view and the non-Aboriginal world view but I failed to see the potential damage to my utopian ideal by people with fixed world views such as Thirsk’s. These people may be in a minority, there are a number of well intentioned people out there, however just one short second of racist behaviour can destroy a whole year of good work.

If I so chose, I could pick Thirsk’s argument to pieces, word by word, providing arguments from Foucault and Illich to contradict this man’s statements, but that is not the reason for
including these comments. My intention was merely to show that whatever our graduates do, there will at times be opponents who are vehement and highly articulate in debating, particularly if the students' ideas appear to threaten their authoritative worldview.

Arguments may be put that Thirsk's comments have an element of truth. The problem is however, that Thirsk's comments are based on a fairly conservative interpretation of what Ngoma is saying. In fact Thirsk's greatest criticism is that Ngoma's thoughts cannot be controlled by Western medicine, they are outside Western medicine and are in fact a threat to Western medicine. Thirsk's criticism is because Ngoma is the 'other' who cannot be controlled by the mainstream 'health police'.

Thirsk may indeed even be in a minority of one, but I doubt it. The list has brought a number of strong replies to his point of view from more liberal thinkers who see the flaws in his arguments. What should be learnt from this research and from these comments is that if the graduates are taught to recognise and value their culture as an essential element of the solution to Indigenous health problems, but are not prepared for confrontation by people such as this, they may be doomed to be destroyed by them.

Our students, who by the very nature of the solutions they come up with may be labelled as the other, are at risk of being treated in the way Thirsk treats Ngoma, with contempt. If the students do not, in the first instance have an idea of what is going to happen to them, and in the second instance have a notion of what the instruments of marginalisation are, how they can deal with such experiences. They are doomed at least to a difficult time, and as has already been the experience of some graduates (described in their feed back), they will fail.

On page 125 I argued that

"the only way that Aboriginal health workers can operate scientifically is to work with a new scientific paradigm, which should allow them to act as researchers and to construct knowledge that is appropriate to themselves and their people".

The barriers put in the way of good ideas does not change this statement. It is now essential to move the next level, education of health workers must not only prepare students to adopt a rigorous process for critical discussion of new ideas using scientific process, they must also learn to consider and recognise the context by which they may find their good ideas devalued.

Popper (1994) states;

... the greatest value of culture clash lies in the fact that it can evoke a critical attitude. More especially, if one of the parties becomes convinced of its inferiority, then the critical attitude of trying to learn from the other will be replaced by a kind of blind acceptance: a blind leap into a new magic circle.

It is inferiority that educators of Indigenous health workers must work against, through discourse, which explores the context of assimilation and colonisation.

In this way preparing the students for this context is to help them gain insights into what may happen and how to deal with it if it does. What has been described in this section is the context that has the potential to destroy the graduates, their self esteem, their sense of empowerment and their sense of being able to deal with problems as they arise. Real empowerment will come when the graduates discuss this context, describe it for themselves for their own circumstances and suggest practical ways to deal with it. A utopian dream, my utopian dream, was easily destroyed when reality struck.

During the re-conceptualisation of the thesis it has become evident that exploration of the context is an essential part of the teaching process for Aboriginal Health Workers. This new focus gives Both Ways a whole new identity as far as the thesis is concerned. It allows as an additional component of the teaching process, a phase of discussion which explores the key complications that may be faced by anybody attempting to implement change in a complex and authoritarian environment. This adds a new and very rewarding dimension to Both Ways which opens it up well beyond its present limitations.
SECTION 10: RECONSTRUCTING BOTH WAYS

10.1: DECONSTRUCTING AND RECONSTRUCTING

“Traditions for Health” (Rowse, 1996) and “Housing for Health: Towards a Healthy living Environment for Aboriginal Australia” (Pholeros, Rainow & Torzillo, 1993) take a very lateral view of Indigenous health problems. They deconstruct contemporary non-Indigenous constructs of Indigenous people.

Rowse (1996) uses this method to understand several issues facing Aboriginal people in the central desert region around Alice Springs. For example, in his analysis of the Healthy Aboriginal Life Team (HALT) program which deals with petrol sniffing in Central Australia, Rowse (1996) explores the power relationships that have developed between HALT and the Aboriginal communities. These power relationships in themselves hide the disempowering nature of the HALT program.

The HALT program has been held up by health service providers as an example of a culturally appropriate method for solving Aboriginal health problems. Examples of HALT’s work can be seen in the text “Anangu Way” (1991) and more recently “Keeping Company: An Intercultural Conversation” (1996). Both of these texts impress their readers as the program developers have helped Aboriginal people tell their stories by allowing them firstly to paint their ideas using the dot styles of the central desert, and then explain the metaphors within these paintings. Both books are constructed in this way.

This style of helping people talk through their art has become one method by which participants are empowered to speak using a medium they are comfortable with. They are visually beautiful and would not fail to deeply impress most readers. Rowse (1996) however, in examining the power relationships in this process finds reasons to criticise the process:

HALT took an important step in respecting the extent to which Aboriginal adults differ from non-Aboriginal adults in their notions of what is problematic about petrol sniffing. However, it was also easy to be too knowing about that - that is, to know what Aboriginal adults could and should do on the basis of their traditions.
Rowse, T. (1996) p71

It seems that Rowse finds problems with HALT’s approach in that they find singular solutions to complex issues, and he suggests that these solutions are essentially what HALT wants to hear and advocate. He considers this to be an abuse of the power relationship between HALT and its client group, and if he is correct, this becomes another example of The Vandal or ‘othering’ of Aboriginal people by experts.

I am not necessarily in full agreement with Rowse’s stance but I am very interested in the method he uses. He attempts to use his skills of analysis to examine several things within
each project, the first being complexity and the second being the power relationships. The attempt to incorporate these two ideas into his critique has highlighted some interesting information in a way that puts a new and exciting slant on thinking about Indigenous health.

Pholeros, Rainow & Torzillo (1993) provide a different approach to dealing with Indigenous people. They worked together in a community in South Australia over an extended period of time to monitor and improve the maintenance of housing. They worked with the community to establish a self-help system where local people were trained to monitor and repair their own essential services. It was hoped that this program would improve the health of the community by reducing disease contact rates.

They suggest that:

*Major improvements in the morbidity of infectious disease suffered by Aboriginal children will only occur with major improvements in their living environment. These improvements depend on the strategies outlined in this project.*


Their approach is in contrast to that of Rowse as it involves a strong element of community participation. The word participation is used instead of involvement because it seems that a strong and ongoing element of community control was present throughout the project. This can be seen particularly in chapter nine which is in essence a list of writings from the co-participants in the community.

The second element they use is refusing to blame the victim and they strongly suggest that the problems with Aboriginal housing are due to poor construction and poor maintenance. They use very basic environmental health principles to bring about remarkable improvements in general community health:

*All too often the shibboleth of culturally appropriate housing in fact provides a mechanism for service agencies to avoid their responsibility to ensure that housing programs provide functioning and maintained health hardware.*


This short statement indicates that they are also attempting to confront the potential for vandalism by well-intentioned helpers. Quite clearly these people who talk about culturally appropriate housing have fallen into the trap of talking about the ‘other’ and have put up barriers to real and simple solutions with the dogmatic focus on one element of the problem.

Their method includes knowledge from extended engagement with the situation; community participation in decisions made; a critique of the current programs and why they have failed; a refusal to blame the victim; and an ability to think laterally about solutions. An example of their ability to think laterally can be seen in their redefinition of the house.
The community may be seen as the house and the houses as simply rooms within the house.


Again these models could be critiqued from the standpoint of the relationship between the service providers as experts and helpers and the Aboriginal community as needing assistance, and the difficulty inherent in such relationships for true participation (Rowse, 1996).

This problem is obviously one that must be faced by every person working in Aboriginal development as non-Aboriginals and members of the dominating group, including Rowse. The paradox is that as experts at the local level, within a system that demands experts and actually moves to construct us as experts, the academic, professional and political worlds demand that we speak to enhance our careers or to gain funding. In fact our future success in what we believe in depends on our ability to speak. And yet if we speak, we run the risk of disempowering our clients; of speaking of them as the other; and of locking them into unacceptable dogma.

This thesis has talked about letting go as the way into the future for myself, as a non-Indigenous educator working in this context. This leaves us with no option but to educate the students about the use of these methods and then leave it up to them to decide on the usefulness of the approach for themselves and their communities.

A passage from Nonie Sharp’s, “Stars of Tagai” (1993) struck me as an exceptional insight. The book is written as an anthropology of the Torres Strait Islands.

... he was putting the two worlds together, not as an association which meant a melting pot of the two cultures, but in the complimentary of their dissimilarities. In ‘drawing the best of both worlds’ the school would, he believed, create something ‘totally unique’; yet that ‘something’ remained explicitly within the tradition of the Zogo le (the Acts) of Malo.

As first Meriam Man’s life illustrates, the originality of a new synthesis implied the cultural growth of Second Meriam Man, a growth which nevertheless remained attached to its source; a new synthesis did not mean the extinguishment of the old synthesis. There is a double movement here of changing and continuing, in which ‘innovation’ carries with it continuity, in which continuity bears also change.


The title Meriam Man refers to Eddie Mabo and the text refers to a period in Mabo’s life when he had faced many challenges living on the mainland and learning the ways of non-Aboriginal people. The question to be asked is, Does this statement support Both Ways or is it something quite different? My interpretation is that it expands Yunupingu’s (1993) description, in that it explains clearly how Meriam Man remains embedded in his culture while moving forward and changing. These comments very strongly support the students’ notion of, “Wanting to do it our way”, as well as Yunupingu’s notion of drawing on the best from both worlds. What was missing from my interpretation of Both Ways was the acceptance that any change needed to guarantee continuity of culture.
This seems a contradiction, but it is only a contradiction from the outside looking in, from the perspective of the experts’ need for social reform to bring about better health. In fact social change is possible while embedding that change in the past, having one foot going forward and one foot in the past.

*The problem with ‘social engineering’ is not the ambition to transform in itself. Rather it was the fact that the mandate to ‘socially engineer Aboriginal people cast them in a passive role and implied that the non-Aboriginal people knew very well what they were doing.*

Rowse, T (1996) pxii

Without Sharp’s comments Rowse seems almost to be apologising for non-Aboriginal behaviour by suggesting that their behaviour was based on benevolent intent. But looking at the two comments together, shows that culture is not fixed nor can it be fixed. This adds yet more clarity to Yunupingu’s (1993) wish to retain his unique cultural identify but by using Meriam Man’s added perspective to retain that identity through change.

Several Indigenous authors have now begun to critique Both Ways, (Langton, 1996 and Arbon, 1997) and have commenced a very negative dialogue about the pedagogy, claiming that Both Ways has become an excuse by non-Aboriginal people who wish to keep controlling the agenda of Aboriginal education. If we reflect on the work of Pholeros et al. and Rowse and balance their voices against the ever more critical voice of Indigenous people, the argument is that non-Indigenous authors continue to dominate discourse in the fields of health, education and research dialogue to the exclusion of Indigenous voices.

*We believe that the process of colonisation is ongoing and that some people despite stating that they want equity failed to examine how they themselves can be exclusionary and racist. Thus adding to the oppression of Aboriginal and Torres Strait Islander people.*


These authors also claim that:

*Now that we as Indigenous people are living and learning in the dominant social structure where the written word is dominant, we are studying for cultural continuity and maintenance.*


Comments such as these are becoming an extremely strong feature of Indigenous discourse, and are balanced by a new mood coming from other third world peoples.

In the recent past the philosophy of cross cultural nursing was called Trans-cultural Nursing, and is a theory first described by Madeleine Leininger (1970). It appears that Leininger advocated client analysis methods adopted from anthropology to understand the culture of the client in order to better manage that client’s care. Leininger suggested:

*Trans-cultural Nursing uses a comparative focus to study patterns, expressions, values and lifeways within and between cultures.*

Leininger’s theories have been taken up world-wide and in Australia her advocates have published texts such as, “Transcultural Nursing in Multicultural Australia” (Omeri and Cameron-Traub, 1996). These authors describe Transcultural Nursing:

Transcultural Nursing focuses upon comparative holistic cultural care, health, and illness patterns of individuals and groups with respect to differences and similarities in cultural values, beliefs, and practices with the goal to provide culturally congruent, sensitive, and competent nursing care to people of different cultures.


Bruni (1988) provides a strong critique of Transcultural Nursing and details several problems with the theory. Firstly the perception of culture as static and the problem of stereotyping people. More importantly she suggests that any theory that is to be used with Aboriginal people must:

... highlight the need to address structural factors - economic, political and social - in explaining the ‘creation’ of their ill-health and their inability to redress the situation.


Bruni’s comments stress several points that are very similar to the reflection carried out in this research. This highlights the fact that theories such as Transcultural Nursing, even though at the time of their conception were original and thought provoking, are now becoming dogma, often barring researchers from moving ahead into phases of theory critique and development. To expand on Bruni’s key concerns, my comment would be that these theories are based on analysing how people are different from ourselves, which is evident in the above quotes from both Leininger and Omeri & Cameron-Traub, and that by analysing the difference there is a risk of unspoken inference that the ‘other’ is inferior.

The other integral problem highlighted by the reflection in this research is the potential for the description of difference to lead to an inference of inferiority. Any participation in a discourse about how people are different is participation in construction of the ‘other’ and this can potentially lead to racism in one of its many constructs.

Other authors have attempted to overcome problems they believe to be inherent in Leininger’s theories, including Papps & Ramsden (1996) who document the process they call Cultural Safety or Kawa Whakaruruhau This is a major advancement on Leininger’s notion of Transcultural Nursing and provides excellent insights for educators working in a cross cultural environment. Their ideas are based on two central themes.

Cultural safety in nursing and midwifery education and practice provides a focus for the delivery of quality care through changes in thinking about power relationships and patients’ rights. The skill for nurses and midwives does not lie in knowing the customs of ethno specific cultures. Rather, cultural safety places an obligation on the nurse or midwife to provide care within the framework of recognising and respecting the difference of any individual. It is not the nurse or midwife who determines the issue of safety. It is consumers or patients who decide whether they feel safe with care that has been given. Cultural safety within nursing and midwifery addresses power relationships between the service provider and the
people who use the service. It empowers the users of the service to express degrees of felt risk or safety.


It was interesting to notice the resonance between these authors’ experiences with the findings in the reflection of this research. It can only be asked at what stage will Australian nurses accept Aboriginal people controlling a major section of the nursing curriculum, and having the right to pass or fail nurses on the basis of their cultural safety. Initiatives such as the establishment of the Council of Aboriginal and Torres Strait Islander Nurses should be viewed as moves in the right direction (Coulthard 1997).

In the first round of conceptualisation for the thesis I failed to look at health theory beyond the borders of the Northern Territory. This short excursion into nursing theory has proved interesting from the perspective of being able to recognise the similarities in theory development. If we look at Leininger in the 1970’s as being at the forefront of significant developments in nursing we can also see the parallel with Harris who followed similar lines with his Two Way concept. Both theories were based on an ethnographic exploration in the first instance of nursing care and in the second case of teaching practice. Both theories are now being criticised for similar reasons, that the ethnographic approach used tends to lend support to a process which talks about the client group instead of with the group. Rahman makes the point:

Participatory Action Research is opposed to certain interpretation of historical materialism that views social transformation as primarily the task of a ‘vanguard’ party assumed (itself) to have a more ‘advanced’ consciousness relative to that of the masses.


The discourse currently taking place is attempting to explore the notion of power relationships in the process of empowerment. Power relationships in the classroom; power relationships in the clinic; and even, as Rowse has suggested, power relationships in rhetorical discourse. What I find most invigorating is that to a great extent it is Indigenous people who are gradually beginning to dominate the dialogue. In the past the so-called outspoken Indigenous people such as Roberta Sykes and later Mandawuy Yunupingu have, to a great extent, remained lone voices. Now the tide is turning and it is Indigenous people including Marcia Langton and Veronica Arbon who have added their voices to this discourse.

Rahman (1991) has attempted to explain the importance of hearing the voice of the oppressed minorities:

It is a tragedy of the first order that these very intellectuals in their great wisdom not only fail to recognise the limitations of their knowledge and understanding. They also do not recognise the alienation between themselves and the people, overlooking or denying the new dialectics they introduce in the social scene by assuming revolutionary leadership even if this were fully well intentioned.

If the first paradox which must be understood before pedagogically moving forward is, ‘to move the students forward while remaining routed in their cultural identity’, the new paradox this research faces is ‘to educate without leading’.

This paradox is illustrated in the educators’ relationship with the student. Educators such as Giroux (1988) have constantly argued for a participatory and collaborative relationship between students and teachers, especially with oppressed minorities. But these words become rhetoric in the complexity of putting the ideas into practice especially when hidden structures within society, that have developed over many years, demand that the educator’s relationship with the students is built on uneven power. In our teaching practice we are expected to be in the vanguard or we are considered a poor teacher. Research imposes behaviour on us which forces us to again be in the vanguard or our research is considered inferior. The paradox being that in this environment the rhetoric that informs what we do is ‘empowerment’. How can we both lead and empower, are the two not contradictory? This is exactly the point that Rahman (1991) has made.

If we accept this perspective, and this research indicates that we must, an exploration of the power relationship between student and teacher must become part of the classroom dialogue. So that the student is not only embedded in the real world context they will be confronted with on leaving the classroom, but must also be asked to consider the power relationship between their knowledge, the teacher and the real world. This new pedagogy constructs a new web of complexity for the student to explore. A new Indigenous author, Shino Kinoshi makes an exciting observation as to why this exploration is so essential:

*The marginalised body in history is powerless. It has been studied extensively by the privileged examiner/expert (a self-proclaimed normative body), who renders the marginalised body silent by virtue of its subordinate status.*


Kinoshi continues with a very clear understanding of how she views the future of education for Indigenous people, and why all students must attempt to explore these disempowering constructions in the world around them:

*It is of utmost importance to realise and remember that the black body has been demonised and made monstrous by and for, the white oppressor, and these are not inherent characteristics of the black body.*


Both Kinoshi and Rahman make it very clear, as do many other Indigenous authors, that if there is to be a future for Australia’s Indigenous people as Indigenous people it can only happen after an exploration of the power relationships between Indigenous an non-Indigenous people. Has Both Ways as defined within this research achieved this outcome? The evidence would suggest not.

Arbon (1997) offers a good explanation of why she feels Both Ways has failed to provide the solutions it originally espoused:
At Batchelor College while strong notions of transformation exist in the "bothways" concept no paradigm of dialogue and contestation exists. This stagnation and narrowing of underpinning philosophy weakens the educational process as contests from strong Indigenous points of view are suppressed and deeper understanding of the issue is inhibited.

Arbon, V. (1997) p3

She also advocates an approach to Indigenous education:

... as students we experienced “education as the practice of freedom”. Our lecturers worked with us, confronted us, encouraged us, showed us and believed in us, supported us to reach our potential and helped us to see the historical, social and political processes which position us as powerless and peripheral in Australian society.

Such an education position demands processes which address rights at every phase of learning, deconstructs the ideologies that predominate and unravels the meanings in word, text and practices.


At this point we begin to explore what theories students can use to go one step further. This research will explore with students the use and practice of deconstruction as a method for exploring power relationships in word, text and practice. Derrida (1983) uses the term deconstruction as the name of a method which will allow people to understand the political and social implications of written text. Deconstruction is a methodology which allows students to explore how society has and continues to construct text. Social construction is how meaning is given to language, and how language is used in conversations between people to describe practice and communicate ideas. Deconstruction explores the means by which language is constructed or given meaning in a social interaction. It allows researchers to explore words used in conversations and words used in text. This method highlights the power relationships found in text. Deconstruction achieves this through a historical analysis of the use of words in various texts, and it shows how the meaning of words change in response to changing social and political climates. An example of this can be found in the earlier exploration of racism in the reflection.

I believe that this method can be taught to Aboriginal people and incorporated into their practice as a method for understanding the power structures that impact on their lives as a colonised minority in their own land, and the forces at hand that maintain this situation. As Arbon (1997) has pointed out, this is essential as all too often education has allowed Aboriginal people to participate in the debate only if they do so on the terms of the colonisers. As this research has revealed preparing Indigenous people to be part of the debate achieves nothing except to force the graduates to become part of the process of marginalisation and disempowerment for other Indigenous people. Deconstruction could give the students the opportunity to create a new Indigenous discourse that includes an examination of the continuing process of oppression that has constructed the Indigenous victim of oppression as a demon.
Shino Kinoshii has used this method quite successfully. In her article in the journal, "Black on Black" (1998) she explores the powers which have constructed the Aboriginal as a demon. Her interesting work provides us with an insight to the use of Derrida's methodology by Indigenous people. By using an historical analysis of the presentation of black people's bodies, she is able to highlight the way this discourse has contributed to the colonisation of Aboriginal peoples lives.

10.2: DECONSTRUCTING THE THERMOMETER

What follows is a description of how this process of looking for the hidden meanings which govern and control an objects use could work. As an example I will analyse something as simple as the thermometer. It is only an example, and of course in the future it will be the students who undertake this process with issues that are far more crucial to them at the time. I include this simple and practical example merely to illustrate my intentions.

We know the thermometer as a benevolent piece of equipment used by doctors to assist them in assessing their patients' medical conditions. Each time we go to hospital or to the doctor we have our temperature taken by the nurse or the doctor and the result is written down and recorded in our medical file. In our society temperature has become an important indicator of illness. As a child I remember telling my mother how sick I was feeling yet still being sent off to school because I did not have a temperature. I also remember being woken up in the middle of the night in a hospital bed desperate for a good night's sleep, only to have my temperature taken by a well-intentioned nurse following orders. I vividly remember the first thing I was taught as a student nurse, how to read a thermometer. All these different events in my life, and I believe in many other peoples lives too, go together to convince us of the importance of the thermometer.

From the patients' and health practitioners' perspectives the thermometer has been unquestioned as a tool of great importance. This section of the thesis attempts to use Jacques Derrida's methods of deconstruction to gain glimpses of the thermometer's meaning in a political and cultural perspective in order to discover the place the thermometer takes in our cultural make-up. Derrida suggests that there is, "Nothing outside the text" (in Wilson 1998). In this instance the text is represented by the different frames of the thermometer's use and this is what I attempt to analyse.

The thermometer's stated purpose is to measure temperature. John Hopkins (1966) suggests that it appears to have been first described by Galileo in around 1611. Awarding Galileo this honour seems to be contentious as there are three other contenders, Santorio (another Italian), Drebbel (a Dutchman) and Fludd (a Welshman) for having first designed the thermometer. They too attempted to describe the workings of the thermometer at around the same time. Hopkins (1966) suggests that the idea for the thermometer
developed from an earlier novelty experiment which had created a water fountain from a large glass bulb with a long thin tube for the neck which was filled with water. As the water was heated it would pour out of the tube as if it was a fountain, much to the amusement of onlookers. Galileo, also credited with improvements to the telescope and finding evidence to support Copernicus’s theories of planetary movement, modified the thermometer so that the rise and fall of the water in the tube could be used to compare temperature in different circumstances. Several interesting findings began to appear, and various letters between Galileo and others describe the great curiosity when it was discovered that the temperature of well water did not miraculously heat up in winter, and in fact, although it felt warmer than in summer, it was actually cooler.

Improvements to the thermometer continued and its uses expanded. The improvements included sealing the thermometer (which excluded atmospheric pressure) and the use of spirit instead of water (as spirit expanded more when heated). Galileo and others were describing this instrument as a machine to look at temperature, they called it a Thermoscope.

Hopkins (1966) states however, that the greatest battles were yet to come and these battles were predominantly over the standardisation of calibrations between different companies who built these new machines. In the beginning each company developed their own calibrations. Hopkins (1966) describes several instruments in museums that have up to 18 different sets of calibrations being used simultaneously. This gradually narrowed to the three standard measures of temperature still being used today, namely the Celsius scale based on a boiling point of 100 degrees; the Fahrenheit scale boiling at 180 degrees; and the Reaumur scale with a boiling point of 80 degrees. The one most commonly used in Australia today (since decimalisation) is the Celsius scale, while other countries such as the United States stick firmly to Fahrenheit.

These calibrations allowed scientists to incorporate temperatures into their abstract equations for describing events in the universe. The thermometer stopped being a machine and became a delicate instrument which was used to measure and monitor temperatures of water, environment and various other scientific and technical circumstances. Later on the combustion engine and other machinery was made safe by thermostats governed by thermometers which regulated the temperature to prevent over heating. Overall the thermometer became a very useful tool to support our rapid technological advancements where success depended on temperature regulation.

In the medical field, fever was known to accompany illness. According to Foucault (in Rabinow 1984) family members were responsible for health and as the primary healers had long used various methods of easing a persons discomfort by reducing fever using cooling baths and/or herbal remedies. These remedies were usually in the hands of female family
members who cared for the sick people at home, sometimes under the guidance of healers if and when such services could be afforded. The measure of fever was done by a comparison of one’s own body temperature with that of the unwell person by using the hand to touch. This was of course a very subjective judgement, in other words it depended very much on the healer’s perception of temperature.

In the 17th and 18th century when responsibility for healing moved out of the home and into the hands of medical practitioners in institutions, the practice of monitoring temperature in order to record the passage of fever became more organised. According to Hopkins (1966) it was Santorio who first started to use Galileo’s Thermoscope in medicine. The creation of hospitals and development of the thermoscope coincided very closely and it was not long before the thermometer was being commonly used to monitor patients’ temperature in a highly professional and organised way.

*The enlightenment philosophers maintained, one should think of the world as God’s machine.*

Wilson, E. (1998)

Doctors at the time had accepted Francis Bacon’s quest for truth along with Newton’s definition of all things in nature as being put together like a machine, as being the way that the human body should be researched. Albeit it had a soul which made us different to animals, but it was still a machine that could be mapped and explored to find cures for illnesses not even heard of. Through research and with time the body’s machinery would be completely known and be able to be healed. The thermometer was a useful tool in this process in that it was completely objective. You could not trick the thermometer, what it said was always true, it was a perfect ‘machine’ for measuring the workings of another ‘machine’.

Through years of research doctors began to recognise that temperature was a measure of the body’s energy metabolism, and that during illness the metabolism was increased in response to hormones which triggered an order to rid the body of the invading organism or to repair a wound (Tortora 1994).

The thermometer became one of the first tools for the objectification of the body and was later followed by more and more sophisticated methods of discovering the workings and mis-workings of the body. On attending a clinic the patient’s medical history was taken, and although this was of course very subjective information many doctors emphasised that it was the most important feature of any accurate diagnosis (Boucher & Morris, 1982). A major book in the Nurses Reference Library series, titled, “Assessment”, went so far as to say that taking a good history is 80 per cent of making an accurate diagnosis. After taking the history the doctor would then proceed with a barrage of tests, beginning with the all important temperature, as a process of testing theory.
These tests were evidence that:

- the subjective information collected in the history could not be trusted and that there was a need to check the patient’s words;
- the body was a machine that could reveal secrets that the sufferer could not recognise;
- the doctor was an expert who knew more about the person’s body than the person.

Even though the thermometer in reality is simple to use, it gradually became a tool by which the body was subjugated or ‘pacified’, a term first used by Foucault (in Rabinow, 1984). The doctor would no longer have to depend on the untrustworthy descriptions of the patient, but could use the thermometer which would change the patient’s suffering into an objective temperature measurement of, for example 38 degrees Celsius. There was no longer any need for confusion or uncertainty as the doctor was in control. The patient’s subjective musings were no longer to be trusted.

The thermometer’s objectification was also the beginning of a process whereby human suffering could be reduced to a long list of test results. It was no longer important that the patient felt hot, what was important was whether or not the patient had a temperature.

It was also the beginning of a move away from a holistic approach to the human condition, even though it was known that fever is part of the body’s systemic response to disease. The way that temperature is dealt with by our medical practitioners reduces it to a point on a graph, fever becomes a mechanism to measure the body’s (or the machine’s) level of dysfunction. In several instances of client management doctors are left with little to offer the patient other than reduce their fever which, I might add, they can do quite successfully with medication such as paracetamol or aspirin.

The thermometer was a means by which the doctor could separate himself from the patient, there was no longer any need to touch the patient to feel their fever. This lack of contact gradually expanded as stethoscopes replaced ears, X-rays replaced touch and eyes and machines replaced common sense. More importantly there was no longer any need to take into account the patient’s perceptions and feelings as the tests were able to do the job more simply and accurately.

The thermometer was also the first in the line of professional equipment that needed to be studied through special training in order to grasp its full implications for the process of healing. In other words the thermometer increased the level of complexity in the care of the sick. This technicalisation of illness expanded from the thermometer being a machine to aid in the healing process to an ever-increasingly complex technology. This process isolated the family and the untrained individual from the role of caring for their sick. People were
being excluded from healing by the creation of technical procedures. Today people learn to
care after years of special training in which trainees learn the language of medicine, which
itself goes a long way to excluding the sick from self-care. No longer could you say, “He
has a fever”, the statement by the professional had to be, “The person’s oral temperature is
38 degrees Celsius”. This result was plotted on a complicated graph which, in many cases,
the client could not understand.

Illich states:

\textit{Medicine reinforces a morbid society in which social control of the population by
the medical system turns into a principal economic activity.}

Illich, I. (1976) p51

Foucault on the other hand takes this one step further and suggests that medicine is a
mechanism for maintaining social order and more importantly economic production:

\textit{The sudden importance assumed by medicine in the eighteenth century originates
at the point of intersection of a new ‘analytical’ economy of assistance with the
emergence of a general ‘police’ of health. What is the basis of this transformation? Broadly one can say that it has to do with the preservation, upkeep and conservation of the ‘labour force’.}


The thermometer does not consider the person's social and psychological contexts. The
objectification of fever implies that it does not have a social position and that all cultures
and individuals respond to fever in the same way. Whoever you are or wherever you come
from, fever is fever. Of course this is not true, as I have already explained temperature
taking has gradually and increasingly moved into the hands of an elite professional group of
medically trained people, and even though our society knows fever is associated with
illness as most cultures do, the way that fever is dealt with in each society is culturally
laden with the values and social procedures created within that society.

In Aboriginal health, the thermometer has become a tool of colonisation and
‘deculturalisation’. The medical process of creating the docile, compliant patient is similar
to the way that Aboriginal people are culturally colonised by the medical profession. The
young Aboriginal patient is taught from a very early age about the all-knowing, all-healing
doctor, and the thermometer becomes a magical piece of equipment that appears with
monotonous regularity which the client is not taught to understand, it stands as evidence of
the doctor’s power. It is something that is not understood and is a mystery to most
patients.

\textit{The child learns to be exposed to technicians who, in his presence, use a foreign
language in which they make judgements about his body; he learns that his body
may be invaded by strangers for reasons they alone know.}

Illich, I. (1976) pp121

What is also ignored is the fact that there is already a way of dealing with fever (a social
construction) within the culture that is being invaded. This social construction has many
elements including the value that is placed on it. For example what comes first, the temperature or the pulse or the respirations? The teachings of the St Johns Ambulance Brigade include the ABC (Airway, Breathing, Circulation) of casualty management. What they teach implies that a person’s breathing and heart beat is more important than their temperature. However if you touch a person and they are cold and dry this is a fairly good indicator of their (un)health. How many times, after a St Johns first aid training course, has someone, in good faith attempted to resuscitate a client long dead, because they were taught that if there were no signs of breathing or heart beat, to do cardio-pulmonary resuscitation (CPR). Who counsels the emotional trauma that results from such an event. How do they deal with the pain of assumed failure when their ‘patient’ is taken off by the ambulance in a body bag because The St Johns training program has given a low level of priority to feeling for body heat. Different cultures may give temperature a higher or lower priority than heart or lung as a measure of illness. Wiminydji and Peile, (1978) describe the importance of heat and cold in the Aboriginal construct of disease.

The thermometer may well be imposing another world view on clients who, in order to access the benefits offered by Western medicine, have to undergo a form of cultural colonisation as their view of the world is ignored or ridiculed.

In order to gain access to the benefits provided by Western health care the client has to submit themself to the passive-patient nature of the system, thereby refuting or blocking out the spiritual, holistic and family centred nature of healing inherent to Aboriginal health. The objectification underpinning the Western healing process is in complete contrast to the Aboriginal healing systems based on holistic health (Nathan and Japanangka, 1983, Reid, 1980 and Morgan, Morgan & Slade, 1997).

As well as creating the passive-patient, the Western medical system constructs a culturally neutral body and uses an ever-increasing number of technical bodily invasions to understand the functions of the human body in isolation of its cultural context. The sick person is not only docile, but is assimilated into a cultural void which only accepts physiological data as fact and works to exclude all else.

The medical profession makes an enormous effort to deal with Aboriginal health to the extent that there is an enormous health industry that makes its livelihood from attempting to solve Aboriginal health problems. As most of the illnesses that plague Aboriginal people are said to be caused by lifestyle the natural outcome of this process is to problematise Aboriginality, the solutions to these lifestyle problems often involve changing Aboriginality.

Health practitioners become so focussed on dealing with the urgent medical problems, and health researchers are so focussed on the social and environmental causes of disease that they miss the solutions. The medicalisation of Aboriginal health hides the true cause of
disease which stems from Australia’s history of poor relations with its Indigenous people; the continuing low social status of Aboriginal and Torres Strait Islander people; and the very failure by governments to actually see themselves and their lack of commitment to reconciliation as a cause of the problem.

Commenting in the Royal Commission into Aboriginal Deaths in Custody, Ernest Hunter suggests that:

... while these schemes are welcomed they medicalise what is essentially a social-historical problem generated by racism and poverty.


I am reminded here of the story of the cave dwellers who sit and worship the sun’s reflection on the rear wall of the cave. They are so locked into worshipping the reflection that they live their lives in the cave in a very restricted and limited way, failing to see that the solution to their dilemma is to turn around and see that the origin of the reflection provides them with an actual escape to the real world, not just a reflection of its possibilities.

Aboriginal health cannot be dealt with by doctors alone, it is a political problem that can only be dealt with through strong leadership and a recognition within that leadership of the basic human rights of Indigenous people.

The thermometer has become an important part of the medical profession's bag of tricks for dealing with health problems and as such it helps in the process of:

• mystifying medicine;
• pacifying the patient;
• objectifying the symptoms;
• neutralising culture; and
• stealing the right to self care.

If this machine, the thermometer, carries such social baggage can it really have any use in a society where its use has been so culturally entrenched? The answer must be to use the machine as a test for fever as was its original intention, as a device which gives the individual a chance to understand a little bit more about their own health. The objective of social reinvention of the thermometer should be to understand and, if possible, reinvent its cultural baggage.

With the new electronic thermometers there is certainly an opportunity to demystify temperature and allow individuals access to the information that it can give. This should also result in the breakdown of the language used to talk about and record temperature by the medical professions. As long as the mystery is taken away from the language of the
thermometer, the sick person will no longer need to be passive but can become an active participant in its use.

Once a patient gains knowledge about the use of the thermometer they must also, due to both personal and cultural reasons, gain the right to dispute its findings. In this way the person’s world view will gain significance in the understanding of the readings taken from the machine, in this way we remove it's objectivity and cultural neutrality.

With these changes an environment is created where the individual can make decisions about managing their own illnesses, a choice of either self care or of seeking help. The only way for people to be treated as individuals by medical professions is if they retain an element of control over decisions made about them by these people. In fact a person's temperature is an individual thing and will vary according to each individual's physiology. Knowledge about your own condition is the perfect way to retain a necessary subjectivity from medical professionals.

10.3: DECONSTRUCTION IN PRACTICE

Deconstruction is a method that allows the deconstructor to gain an understanding of what underpins an idea. This underpinning construct is created by society and is capable of changing with time. The notion of ‘fixed meaning’ is a tool of conservatism which attempts to avoid change. This is illustrated in the gradual redefinition of the word ‘family’ and the reluctance of conservatives to accept any redefinition of this term. In this way particular families that are considered to be ‘not normal’ are excluded from the systems of society. An example of this is the refusal of Australia’s Federal Government to accept the working mother as shown by the recent withdrawal of support for child care.

In the first instance, students must learn to discuss this process of construction in relation to everything they learn. They must also understand how this process may set up opposition to their own reconstruction of concepts as they work towards new ideas.

If the students learn this it will help them gain a better understanding of the world they will confront when they obtain employment. If Aboriginal Health Workers are to be successful agents for change they must not only know the problem solving processes for achieving change, they must also know that this change may bring about conflict with the various gate keepers.

It is this higher level of conceptualisation that was missing from the original thesis, and it is this that can help the students gain more insight into how they can construct a new future for themselves.

Deconstruction could be brought into the classroom in many ways, one example being story telling. The following is an example of three stories about the same boy.
STORY 1: AS TOLD BY THE DOCTOR

Wamut was evacuated from the community last night, terribly below standard weight for his age and suffering from severe diarrhoea. He was severely dehydrated and needed fluid replacement urgently. An Intra Venous Infusion was inserted and a nasogastric tube placed in situ. The child was also acidic caused by loss of electrolytes, this caused increasing respiratory distress and would have been fatal had we not commenced fluid replacement therapy instantly. We continued fluids with potassium replacement until stable, with continuous ECG monitoring to ensure maintenance of pulse stability. Potassium levels are also being monitored. He is stabilising well, it’s amazing how such simple medical procedures can resuscitate these children so quickly.

Mum came with him but was very little help as she had little English. However this is obviously a case of neglect, we will need a DOCS referral.

We will keep him in and continue nasogastric feeding until he has gained weight and his condition has completely stabilised. It might even be worth keeping him longer to fatten him up, things are not going to change for him at home and we will only have him back in a few weeks.

STORY 2: AS TOLD BY THE NURSE

Last night Wamut came back again. This is one of our most frustrating cases. Ever since he was born Wamut has been coming back two or three times a year and each time with the same thing, diarrhoea and low weight for age.

We go through the same old routine each time. After a couple of days his mother goes off drinking down at the town camp and we have to feed the kid up again. He is such a beautiful boy, he really loves us here and we love him too.

Each time he comes we contact DOCS to complain about his mother and as usual they do nothing. Of course it’s because he’s Aboriginal. They know that if someone like me took him home I would do a much better job of raising him and he’d probably be a doctor or something when he grows up.

These mothers, they only come in with the kids to get on the grog you know. The government pays them all sorts of benefits to come in from the communities and before you know it they’re off, down to the drinkers camp spending all that money on grog for their brothers, uncles, aunts and whatever. We can’t teach this one anything, they just can’t learn.

They’re much too primitive to understand about things like germs or calories, The government just keeps pumping the money into communities, they get heaps more than us you know, it’s just not fair really. All that money and still nothing changes, Wamut is still here and he’ll just keep being brought back.

STORY 3: AS TOLD BY THE MOTHER

Last night I took my boy up to the clinic, he had bad diarrhoea, the health workers told me he would have to go to hospital as he was really sick. It took them three hours to organise the plane and all the time that little boy was getting worse. This made me angry but there was nothing I could do.

I was very glad that he was going to the hospital because they can help him there. When Wamut was born his grandmother told me that she had seen a bad sign while out hunting and that he would always be sickly. She was right, Wamut has to go to hospital all the time, it seems like the doctors are the only ones who can help him.

I am 18 years old and my husband is a little older, and has several children to other women that he also looks after. This makes things very hard for me as he is away from home a lot and I never have enough money to buy food for Wamut. We just give him damper so at least he has a full belly and will stop crying from being hungry.

When I go to hospital with him, the nurses make me feel shame. They speak loud in front of my friends and all the time they tell me I do everything wrong. They don’t
know how hard I try they just blame me all the time. I tell them what my grandmother said but they get angry. They shame me so much I have to leave the hospital. I go and stay with my family. They’re drinkers but I’m out of that hospital where I’m shamed all the time.

Any way, Wanut and I will go home again soon and he will be well for a while. I can’t do anything because the doctors are the only ones who can fix him up with their medicines.

The idea for these stories was borrowed from Werner and Sanders (1997). They can be used to as a tool to bring deconstruction into the classroom and assist the students in understanding how meaning is constructed by society. The student would then proceed to discuss:

- how the different story tellers gained their descriptions;
- the structures that construct the child as a victim; a victim of culture and poverty; a victim that can only be helped through the benevolent actions of medical system;
- how the medical system is unknowingly disempowering the mother from being able to care for the child herself;
- ways of challenging these constructions;
- possible barriers to these challenges.

Understanding deconstruction is not easy, as Derrida seems only to want to deconstruct the word rather than attempt to affix a meaning. This is of course, what we would normally expect but Derrida, true to his philosophy has refused to comply to our demands. So in suggesting the use of deconstruction as a method I can only find the following comments.

*Deconstruction is not a method and cannot be transformed into one.
It is not an analysis in particular because the disseminating of a structure is not a regression toward a simple element, towards an indissoluble origin.*

Derrida, J. 1983

On the surface it appears that these comments leave me very much out in the cold, however Derrida seems to be looking for something much deeper than method. He himself says that his quotes are often misused and taken out of context.

What we are left with is a process of examining the context, Derrida suggests:

*For me, for what I have tried and still try to write, the word has interest only within a certain context where it replaces and lets itself be determined by other words.*

Derrida, J. (1983)

If we accept this we must accept that no word or combination of words can be assigned meaning without understanding their context. This is why these three stories are so useful in taking the student into deconstruction as they force the student to consider the context
from which each narrative stems. Using these stories helps the students understand that there can be no fixed meaning without consideration of the context of both the authors and the readers.

10.4: FINDING A VOICE

LESSONS FROM FEMINISM

There are few people now who would question the contribution that feminist discourse has made in recent times to the overall body of modern thought. In fact feminist discourse is now contributing to a number of varied discourses in the academic field ranging from the re-evaluation of empirical science, to post-structuralist and post-modernist philosophy. Feminist discourse has achieved its legitimacy against a background of often vehement opposition through a long and sustained process of political and scientific feminist activity.

There are many things that a marginalised group, such as Australia’s Indigenous people can learn from examining the feminists’ struggle. Feminist experiences can be used to support the Indigenous struggle to achieve equity in the fields of academic and political discourse. Feminist authors such as Patricia Clough (1994) and Margaret Anderson (1993) describe and advocate the shared common ground. The following comment by Esther Ngan-ling Chow (1996) highlights the impact that feminism is having on each of these discourses:

Feminist scholarship is becoming increasingly inclusive and comprehensive, bringing the standpoints and experiences of diverse kinds of women and men, different racial-ethnic groups, and different classes into the core of analysis.


There are several common factors which are shared in these discourses, however I would suggest that it is the idea that these groups are oppressed by another group that is the fundamental link. In each of these instances the tools of oppression are similar. It is the analysis of these tools that can be and is being shared between the groups. Some would argue in contradiction of this claim, that feminism has more recently been dominated by a particular group. Clough (1993) suggests that:

... a ‘bourgeois white feminism’ has steered the movement in a particular direction.

Clough, P. (1993) p1

However feminist discourse has become ever more diverse incorporating many schools of thought. Clough goes on to explain:

Feminist thought increasingly has been marked by debates, often difficult but profoundly productive, about how to articulate the differences among feminists and therefore how to theorise a feminist politics characterised by diversity.

Clough, P. (1993) p1

Taking these into consideration this section will now take a brief look at some of the recent trends in feminist discourse. It is intended that this examination will help Indigenous
discourse as we examine how feminism has met the challenge. Of particular interest to this thesis is the women’s search for a ‘feminist voice’ and the different ways that feminists have found their voice in the face of a powerful opposition.

Different women have taken different roads, some have accessed current mainstream methodologies to espouse and support feminist ideals while others are using Critical Theory to provide a critique of mainstream theories from a feminist perspective. Yet other women are searching for a unique ‘female voice’ to publicise their ideas. These ideas will be examined along with an exploration of how they have been sustained in the light of severe opposition.

**IN THE MAINSTREAM**

The question must be asked; Has feminism tarnished its cause in the fight for the survival of its voice, by building its own ivory tower using the same tools of authoritative oppression to sustain its identity, or has it successfully managed to avoid building its own systems of oppression and marginalisation of non feminists? Browning (1992) gives these ivory towers the title ‘special interest fiefdoms’.

Jane Duran in her book, “Towards a Feminist Epistemology” has argued that mainstream methodologies can in fact be useful to feminists, and poses the question:

> Is it possible to employ a tool of analysis that has already been shown to be androcentric in its origins and its goals for feminist purposes?


Later in her discussion she goes on to answer this question in the affirmative:

> I propose to argue, first of all that the mere fact that analytic epistemology has been, in its major constructions, an androcentric method should not mean that it cannot be reconstructed and used for feminist purposes.


Duran begins by critiquing mainstream methods (or to use feminist jargon mainstream) and then goes on to describe how these methods can be reconstructed so that they can be used by feminist authors. This is a useful point, how can someone critique what they do not understand? By calling it androcentric or ethnocentric, feminists are attempting to demean the value of mainstream discourse, but this feminist discourse in itself is limited by the fact that the voice of critique is marginalised in that it is feminist. Lynda Birke sites Evelyn Fox Keller to explain this point:

> At least part of the reason why present scientific methods are held to be better than others - to give greater truth - is that, as Evelyn Fox Keller suggests, they have become historically associated with masculinity. Other ways of knowing have become synonymous with the feminine - and accordingly held to be less true.

Birke, L. (1986) p152

If we take these comments into consideration we have a situation whereby true critique should come from within by taking on the androcentric world view at its own game. In this
way the Indigenous person or the woman must at first submit themselves to and become accepted by the mainstream ethnocentric and androcentric world view. Once this acceptance has been gained and the woman or Indigenous person has sacrificed their own identity they are then allowed to rediscover themselves if they can, and use their hard earned knowledge to provide an internal critique of androcentric discourse.

The question could be put, "Why should the self be so sacrificed in the pursuit of rigour?" But this presents another different debate. Does the student always have to relinquish their identity and become a member of the oppressive group in order to achieve recognition? These questions are themselves asked with a sense of irony at their very prospect.

There is however a higher order of understanding that these claims make beyond the above critique, which is that the student does not have to submit to the tantalising offerings of those in power to become powerful. The student can understand the mainstream discourse without submitting to it. This brings into mind Yunupingu’s (1993) suggestion that if an understanding of the dominant world view can be gained through education, this will make the Indigenous person twice as good as the non-Indigenous person as they then have an understanding of two perspectives rather than one. The experience gained through this research would indicate however, that all too often an understanding of the dominant paradigm is gained at the expense of the Indigenous (or feminist) paradigm.

If educators can find a pedagogy that functions so that this sacrifice can be avoided then surely it holds true that to be criticised in the language of the oppressor is more painful for the oppressor, than to be criticised in an alien language. Although this statement appears to demean the language of the oppressed this is not my intention, however who could dispute the value of turning the foes’ guns against themselves.

**IN CRITICAL THEORY**

Another form of feminist discourse can be found in the writings of feminists who follow critical theory as established by Habermas (1968 & 1987). As this thesis has described, there are many forms of critical theory and feminists have both borrowed from and significantly expanded thinking in these schools of thought.

One of the greatest strengths of the women’s movement has been its ability to bring small groups of women together to engage in consciousness raising. These women talk about their problems and discuss ways of dealing with them. They become aware of their situations and take part in activities to alleviate their shared concerns. This international process of consciousness raising has done a great deal for the plight of women in both the first and the third worlds.
An example of critical theory in action is the Grameen Bank which has established a system for ‘micro financing’ village women in Bangla Desh, by providing them with small loans for small projects. They take on the people (in this case women) who are usually rejected (in this case by the big banks). The program has been enormously successful in improving women’s welfare through small self-help programs (Wansbrough, 1997).

“Feminism and Critical Pedagogy”, edited by Luke and Gore (1992) brings together articles by a number of women working and researching in this field, and provides some interesting issues for any person working in the area of critical pedagogy. They openly engage the rest of feminism in their critical reflections as is emphasised by Elizabeth Ellsworth:

The master’s tools will never dismantle the master’s house. And to call on students of colour to justify and explicate their claims in terms of the master’s tools - tools such as rationalism, fashioned precisely to perpetuate their exclusion - colludes with the oppressor in keeping the oppressed occupied with the masters concern.


This is strong criticism for those feminists who argue for working within the mainstream frameworks.

It appears that these women have to some extent fallen into the same trap as myself and that there is a reluctance on behalf of mainstream gatekeepers to accept the validity of the knowledge being produced by such groups of women. Birke (1986) outlines the problems that women face in having their voices heard:

If a group of women working collectively in a self help health group discovered something about the way that their bodies worked (by, say, sharing experiences or by self examination), then this would not be held to be scientific. That judgement would be partly on the grounds that the methods were not ‘Scientific’ and partly because the knowledge cannot be proven to others, since it would be held to be idiosyncratic, subjective knowledge. If, on the other hand, a sample of women were used as subjects (or rather, objects) in an experiment done by someone else, then this would be more likely to be classified as scientific.

Birke, L. (1986) p 147

I include this statement in full because it summarises the problems that our students have faced in having their ideas accepted by their similarity to the problems faced by women who choose to argue for a feminism that operates to the exclusion of mainstream values and rules. This quote gives a good example of how the system works to exclude values expressed by oppressed people whether they be women, Indigenous people, or other marginalised groups.

**A WOMAN’S WAY OF KNOWING**

Many women also argue that women have a unique way of knowing and engaging the world which needs to be recognised as legitimate. This has obvious similarities with my earlier discussions of ‘world view’ and how Both Ways works to ensure that the Indigenous
world view is heard and treated in an equitable way. A number of authors have described this voice and tried to see it gain recognition as a valid way of knowing. Lorraine Code (1991) makes this very strong point:

Some theorists have maintained that there are distinctively female - or feminine - ways of knowing: neglected ways, from which the label 'knowledge', traditionally, is withheld. Many claim that a recognition of these ways of knowing should prompt the development of new rival, or even separate epistemologies.


Code goes on to describe these characteristics as:

... women have an edge in the development and exercise of just those attributes that merit celebration as feminine: in care, sensitivity, responsiveness and responsibility, intuition and trust.

Code, L. (1991) p17

The debate amongst women who employ this school of thought revolves around how to make this voice heard by the mainstream. They include discussions about how this voice is marginalised and diminished by the activities of the oppressor. The other question that these women must face is how to make their voices uniquely feminine rather than betraying their beliefs by adopting the masculine voice to argue the feminine case.

Feminist post modernism - with the possible exception of the strand relying mainly on Cixous - suffers from the same defects. Any theory borrowing largely from Lacan borrows from a thinker whose analysis of culture is that it is derivative of la langue paternelle. Cixous has attempted to describe language of women, and in this sense has gone against Lacanian theory in its boldest form.


Susan Hawthorne (1991) takes a different extreme to Duran as far as a feminist voice is concerned. She advocates complete separation of woman from the mainstream through women's groups believing that this will be empowering. In this way she advocates setting up a system that is completely separate from men:

Separatism is politically motivated strategy for empowering women and undermining patriarchy.


The overarching problem with this discussion is that it tends to argue in favour of a meta-narrative, which implies that all women must use one voice or they are accused of using the masculine voice of the mainstream. This rhetoric has the outcome of limiting women's horizons as well as narrowing their field of study and genre of language. This internal conflict tends to lead to further marginalisation as men hunt in packs to discredit this new way of knowing, "See the girls bicker!"

The solution to this is to allow women to explore multiple voices, mainstream, critical and the woman's way, so as to allow expansion of women's discourse into many fields and many endeavours, and so adding valuable contributions to women's empowerment.
This discussion has many similarities with the discussion so far in the thesis, in that much of the argument in favour of Both Ways is that it gives Indigenous people, and therefore Aboriginal Health Workers, their own unique voice. Also, like feminists, health workers have suffered from the same problems in that too often both groups have found themselves relying on the voice of the coloniser, and even when they managed to use their own voice they were marginalised and further discriminated against.

Amongst all this angst women have come a long way, with political and social changes continuing today. Who today would dare to suggest closing down women’s rape crisis centres, refuges, health centres, family planning organisations or indeed suspending the EEO legislation? Yasmine Ergas (1994) gives an account of some of the developments over the last 30 years.

AN INDIGENOUS VOICE

Feminists have travelled further down the rocky road of success in establishing their voice than Australia’s Indigenous people. As we can see this voice has successfully taken many paths and it appears to be all the healthier because of its ability to engage so many world views within the movement. For Indigenous people the development of a voice has been slower, mainly because of the weight in numbers of feminist researchers on one hand and Indigenous authors on the other (Diana Bell, 1991). After spending years looking for literature on Australia’s Indigenous health I was stunned by the depth and variety of literature on women’s issues. The depth of publication of academic literature is one of the major contributions by feminists to the progress of the women’s movement.

What Aboriginal people can learn from this process is how the women’s movement has sustained itself and thrived in spite of enormous opposition. Features that stand out in the academic domain include, the establishment in universities of streams within courses with a self professed agenda to promote a feminist discourse; the establishment of a network of higher research degrees in feminist discourse; and the establishment of a network of research assessors who can support and supervise other feminists. This has allowed the women’s movement to establish and facilitate ever-increasing rigour within research in feminist discourse.

Courses in feminism became popular with students being able to choose either single units of study or to complete an entire course majoring in feminist studies. These introductory programs were very important in facilitating critical discourse in the major issues facing feminists. This process is essential so that filtering of students can take place for those who wish to pursue higher level studies.

Higher degrees are very important in challenging and expanding the boundaries of feminist discourse. Research degrees which are based on expanding feminism were (and are)
essential to the survival of feminism as a legitimate field of study. If students can only proceed to undergraduate level they will choose other fields of research and be lost from the cause.

The availability in the early days of professional journals that were willing to print feminist research was very important for feminist researchers. Later, openly feminist journals have continued to facilitate the publication of feminist literature so that ideas can be placed in the public domain. It was essential that this publication take place without excessive policing of feminist discourse, although this does not imply that these articles were not researched and produced rigorously.

Choosing a supervisor for research is one of the most important issues for a research student. If feminists are forced to choose assessors from the patriarchy they will not be able to pursue their topics to the same capacity that having a feminist supervisor or assessor would facilitate. This may seem like a circular nepotism in which feminism becomes self-propagating and in itself a self fulfilling prophecy, feminism for the sake of feminism.

Some women, ethnics, gays, health consumers, and others use discontent and grievance to build special interest fiefdoms. Such fiefdoms often become ends in themselves. They provide lobby leaders with career paths and bases of power. Power tends to be used to extend the fiefdom, often by exaggerating and exploiting complaints rather than solving them for the benefit of the claimed constituency.

Browning, B. (1992) p211

In order to quell this type of criticism, feminists have maintained a constant discourse about how rigorous feminism is, as well as how the feminist ideas are proving to be transferable to other bodies of knowledge and are making significant contributions to these bodies of knowledge. It is this description of rigour and transferability of ideas that has been a major contributing factor to the longevity of feminism.

The other essential factor has been the ability of feminism to attract funding. In order to have a life beyond being individuals in academia with a leaning towards feminist ideals, women needed to gain funding for permanent, full time staff in the institutions to teach and facilitate the advancement of feminist discourse. Major funding bodies were also required to give grants on the basis of topics of concern to feminists, and methodologies that were acceptable if not derived from feminist thought. Gradually this funding came through to a point where today, although sometimes grudgingly, they are accepted as part of the system.

Groups such as the Women’s Electoral Lobby made major contributions to the overall process (Browning, 1992) by actively lobbying government with advice on how to attract votes from women’s groups. Not only did they advise through normal lobbying channels, they also became active members of government at its various levels. These actions to gain
influence through the ballot box have been particularly successful in influencing funding in Australia. In other countries funding for research and women’s projects has been filtered through big business.

All these have worked to create a think tank to establish and develop feminist discourse to a point where it now takes its rightful place in the academic world as a legitimate body of knowledge, open to challenge but with the strength to meet such challenge. Browning (1992) suggests that this process of gradual change in basic cultural values led by an elite vanguard was first described by Antonio Gramsci as an alternative to the economic revolution advocated by most Marxists of the time.

This is not a unique chain of events, other groups such as gay rights groups and green groups have pursued similar paths in order to have their agendas brought into the public domain. In, “Complexity; The Emerging Science at the Edge of Order and Chaos”, Mitchell Waldrop (1992) outlines a very similar process amongst an elite group of thinkers working in the field of chaos, and how they came together for support by forming an active lobby group to raise awareness (and funds) about complexity and its scientific contributions to modern thought. They came together to promote their disparate and yet united voice.

This is the voice that I speak about, a voice that is able to influence politics. As the Indigenous voice is currently building a strength to influence the production of knowledge, as the Indigenous voice is gradually increasing its volume in academic institutions, it is a voice that gradually brings about change in cultural values.

Women have, through their numbers, established themselves as an active political force. This can be seen with each election in Australia when political parties actively pursue the women’s vote. The women’s voice is made stronger by groups such as the Women’s Electoral Lobby of Australia which has worked not only to promote women’s issues but also to promote women in parliament. In this way women are moving ever closer to a true equality with men.

THE INDIGENOUS VOICE TODAY

A new journal has recently appeared on the shelves titled, “Black on Black” which has the express intention of giving a voice to Aboriginal authors. It is true to say that only a very small number of Aboriginal people are engaging in the development of an Indigenous voice compared to the feminist discourse just described. Bell (1991) suggests that:

There are a number of possible explanations the most obvious of which is scale.
Bell, D. (1991)

I would suggest however, that the reason is not as simple as this and again is related to the political history of Australia’s Indigenous people. The Indigenous people only gained their political rights in 1967, while women were able to achieve this at the turn of the century;
social justice is still being fought for with for example, recognition of land rights only being achieved in 1993. Also women have for some time been struggling their way through the education system, while only 35 per cent of Aboriginal children attain their secondary schooling, and it was not until the early seventies that Charlie Perkins made his great achievement of being the first Aboriginal person in Australia to obtain an arts degree.

Since Perkins’ time the number who have achieved higher education degrees has been consistently increasing. In my experience these students tend to be of mature age, and although they are capable and successful in their chosen professions, it is a huge expectation of a person at the age of 40 or 50 to spend another three or four years attempting to achieve their doctorate just so they can become part of a system that has so openly resisted their participation for so long.

This thesis has attempted to include as many Indigenous voices as possible. And in reading these voices we can see that Indigenous people as well are following many different paths.

The voice of Yunupingu has been strongly associated by many with the voice of the ‘traditional Aboriginal’ which in itself is a marginalising label implying that many people in today’s political climate believe that he and others who underpin their writing with values from the traditional world view are the only ‘true Aboriginal voice’. These constructions are as unjustified about Indigenous people as they would be about feminists.

_The belief that Aboriginal people of mixed descent are not ‘real’ Aborigines is still a virulent one, influencing politics and policy at the highest levels._


Other authors such as Boori Pryor (1998) and Sally Morgan (1987) have found their own very special voices. In, “Maybe Tomorrow” Pryor uses his own very distinctive writing style to convey his feelings about issues such as reconciliation, and although Morgan’s “My Place” may not be considered an academic text in the literal meaning of the word, as a narrative it offers wisdom and insight into Aboriginal culture in urban areas, as well as following strongly in the Aboriginal tradition of story telling as a means of passing on wisdom from generation to generation. Each of these authors utilises firstly a unique and very individual voice, and secondly an Aboriginal voice.

Authors such as Marcia Langton and Roberta Sykes however, have been marginalised by the label ‘urban radical’, for example Bell’s comments about Sykes include:

_Sykes’ position was very much that of black America and it is significant that she says black not Aboriginal._

Bell, D. (1991)

Sykes and Langton have repeatedly attempted to put the Aboriginal perspective through ongoing criticism of colonialist discourse. Sykes has suggested:
Black women would not join the women’s groups because there was no shared experience.

Sykes, R. (1975) p313

Langton makes the points that:

It has not been easy for Aboriginal people to be themselves.
... in short to be Aboriginal is to be labelled.


An ongoing dialogue from these authors and a new group of young Aboriginal people beginning to assert themselves through dedicated journals such as Black on Black, should improve and expand this discourse.

In this thesis, promoting and fostering an Indigenous voice is important for many reasons. In my opinion however, the main reason is that it stops ‘othering’, and it will lead to the end of the non-Aboriginal expert on Aboriginal affairs. Just as women had to fight to win their bodies back from men by opposing male gynaecologists (Ergas, 1994), Indigenous people need to reclaim discourse about themselves. There should be no illusion that this will not lead to strong opposition from those academics who have a vested interest in maintaining the ongoing dialogue. As suggested:

I can see right there in front of me the face of a nation changing.

Pryor, B. (1998) p194

Let us hope this is true.

This section has commented on three possible ways of improving education for health workers. These ways include:

- exploring the real context of racist barriers to successful practice;
- moving forward while staying rooted in the past;
- gaining an understanding of power using tools such as deconstruction;
- finding an Indigenous voice.

These ideas now need to be explored in practice.
SECTION 11: EXPERIENCES WITH BOTH WAYS RECONSTRUCTED

The major re-thinking of Both Ways based on the data collected with students in the Northern Territory formed the basis for a new series of case studies with a group of students at Sydney University. These case studies are a new phase in the ongoing research process. The data is included as it provides preliminary information for a critique of Both Ways Reconstructed.

It is also extremely useful in that it describes the relocation of ideas collected over the last 12 years into a new context and as such is an important measure of the transferability of Both Ways concepts from the Northern Territory to Sydney.

11.1: PERSONAL CHANGES IN 1997

At the end of 1997 my family and I decided, after 12 wonderful years in the Northern Territory, to go back down south. This relocation prompted, and in many ways imposed, a major reflective focus for this research as is evident in the previous sections. Any major relocation such as this is bound to bring about reflection on what is being left behind, in my situation this was my work and the students who had taught me so much. Sections 9 and 10 include these reflections which are evidence of a major reconsideration of Both Ways as a pedagogy for educating Aboriginal and Torres Strait Islander Health Workers.

The case studies that follow represent the implementation of these reflections with a new group of Aboriginal and Torres Strait Islander students in Sydney. The methods of data collection described in Section 3 are repeated here.

I have no intention of discussing the differences between the Indigenous people of New South Wales and those of the Northern Territory. Such a description would lead to a discussion of difference which is potentially a discriminatory exercise with possible negative outcomes for students.

The Indigenous students in both the Northern Territory and New South Wales share the experience of colonisation. Henry Reynolds (1997) in, "Whispering In Our Hearts" discusses the impact of colonisation across Australia.

New labels are being constructed by media and governments to divide Indigenous people using reconstructions of old and new stereotypes. These reconstructions are based on the experience of colonisation, labels such as stolen generation and traditional people. These categories provide new reasons for discrimination. Funding is often allocated according to these new partitions. There are increasing incidents of internal fighting and bickering amongst the Indigenous population, such as the increasing complaints about ATSIC. These divisions serve the system of power which uses ear marked welfare funding and
restricted land rights to further fragment the Indigenous population. The risk of again becoming an unwilling participant in this process is a threat to the success of the thesis.

Our classroom exercises revolved around understanding the shared experience of colonisation. This process attempted to describe and understand the mechanisms which continue to sustain the imbalance of power in our society.

COURSE DELIVERY AND CONTENT AT YOOROANG GARANG

Yooroang Garang is based at the Cumberland Campus of Sydney University. It began Indigenous health worker education under Dr Janice Reid and the courses have developed over a number of years. Beginning with Associate Diplomas in the late 1980’s, it now offers Indigenous students opportunities such as Honours Degrees and Masters Programs. Yooroang Garang has recently been upgraded from a Centre to a School, in recognition of the importance of Yooroang Garang to Sydney University’s Indigenous education strategy. The School currently supports over 200 Indigenous students.

The Sydney University course content was very similar to that at Batchelor, so the resources that I had worked on required only minor adjustments to make them compatible with Yooroang Garang’s guidelines.

My position at Yooroang Garang as a lecturer in Primary Health Care meant that much of the knowledge and resource material I had collected for my previous position was compatible. However this material needed to be divided for delivery during lectures of one and a half hours duration. As well the overall time available was reduced from 40 hours at Batchelor to 21 at Yooroang Garang. This meant giving particular consideration in the preparation for the block to the development of themes and pursuing a process such as the Action Research cycle or the Past-Present-Future.

The core content was similar, in that Counselling, Communication Skills and Primary Health Care were taught in both courses. The major difference which was somewhat confusing was that Primary Health Care and Community Development were taught as two separate subjects in Yooroang Garang. At Batchelor College, Community Development was incorporated with and was a part of Primary Health Care.

My understanding of these two subjects was that they were in a symbiotic relationship, only using slightly different constructs of similar concepts to achieve common results. I understood Community Development to be a process of change initiated by the community where health and well being were the end point of community action. In Primary Health Care, the process was through the actions of a health professional responding to community concerns who worked to motivate community action to achieve health and well being. There are very strong similarities and in my opinion, the differences
are to a large extent linguistic. In my preparation I needed to avoid duplicating or omitting topics.

Students at Yooroong Garang also have a wider variety of choices, especially as they progressed through to later stages of the program. This is beneficial as students are given the chance to specialise in areas of interest while remaining within the guidelines for the role of the health worker as set out in the “National Aboriginal and Torres Strait Islander Health Worker Competency Standards” (1996).

Just as at Batchelor College the Yooroong Garang students were first of all a group of individuals. The Yooroong Garang group was predominantly a mature age group with most students not having achieved their HSC. Many of the students are currently employed either in Aboriginal Medical Services or working for NSW Health. Students view the course as a means for acquiring independence at work and gaining career advancement. The communities from which the students come vary considerably. Students came from as far away as Western NSW and North Queensland to those who came from Indigenous communities in Sydney, such as Redfern. On arrival I naively expected conditions for Indigenous people in NSW to be better than in the Northern Territory, I soon discovered that there were more similarities then differences. A number of students in the group were from the “stolen generation”. All these factors led to an exciting mix of individuals to work with in lectures.

Batchelor College, after the 1995 leadership changes, developed a strong commitment to education about sickness management, which is in response to the way the role of the health worker has developed in the Northern Territory. Up to 50 per cent of Batchelor’s course is devoted to topics related to treating illness, and as a result of this Aboriginal Health Workers are well prepared for this role, but possibly to the detriment of other potential career paths, such as community development and health promotion. Batchelor College is missing an opportunity to become a leader in health worker education by not opening doors for its graduates to enter into different health professional specialisms.

An increasing number of Northern Territory Aboriginal Health Workers are coming to Sydney to gain degrees and broaden their horizons and open up new opportunities for themselves.

Students graduating from Yooroong Garang can work in many fields such as drug and alcohol counselling, youth work and prison welfare whereas those from Batchelor College are better prepared for the clinic role.

Another important consideration is that Batchelor College seems unwilling to offer a Degree program and has limited its education for Aboriginal Health Workers to an Advanced Diploma. This again is forcing a number of Batchelor College under-graduates to come south for their degrees. On the other hand, the College has done much for the
advancement of its students, as ten years ago a degree from Sydney University would have been only a dream for many of them. With the help of the preliminary study at Batchelor College these students are now thriving in the new and wider environment at University of Sydney.

The delivery of the program also has similarities and differences. The course at Yooroong Garang is delivered in a ‘block mode’ similar to Batchelor College’s ‘mixed mode’. Yooroong Garang students are expected to attend the University for two blocks each semester (four blocks per year). Each block has a ten day duration after which the students return to their communities with assignments to be completed at home or in the workplace.

The blocks at Yooroong Garang are divided into four subjects each semester, which are delivered by four different people. This is very similar to a mainstream lecture format. Batchelor College on the other hand deals with one complete topic each workshop and depending on staffing levels, these workshops may be delivered by a very limited number of people. For example, I myself delivered the entire course content for one year of the course. This delivery cannot be seen as effective education, as an individual is not capable of specialising in such a wide range of topics. Yooroong Garang’s method allows for continuity across the program and development of specialisations by staff which must add to the quality of delivery.

11.2: PRIMARY HEALTH CARE FOR SECOND YEAR

WORKSHOP PREPARATION

I was filled with apprehension during the preparation for this workshop. It was a new job with a new group of students and a new mode of delivery, the lecture format which I had not used for a long time. As well as this the particular group had been labelled a ‘tough’ group by other lecturers who saw them as non-cohesive, non-co-operative in group activities and at times too angry to listen.

With all the discussion about labels associated with being Aboriginal or Torres Strait Islander I was now confronted with a ‘tough group’ label and was immediately aware of the need to avoid prejudging these students. This had the potential to either add interesting data to support my claim that incorporating an exploration of colonisation in the classroom would improve learning outcomes, or on the other hand it could produce data which proved it all wrong. As such, this would be an important case study to record, to find out the reactions of this particular ‘tough group’ to the ideas being developed in the thesis.

The rhetoric suggests that teachers should not allow negative labels to influence their teaching, but of course it did, although mostly by adding significantly to my apprehension in preparing for these lectures.
The group had already completed one year of Primary Health Care and would come into lectures with a pre-set idea about what to expect. The Primary Health Care subject material appeared to have concentrated on presenting information about the medical conditions confronting Aboriginal and Torres Strait Islander people by providing epidemiological data; descriptions of the illnesses; and management protocols of these conditions. There was only minimal discussion about the role of the Aboriginal Health Worker within this mainly medical context.

The notion of Primary Health Care falling under the medical model banner was a definition which I did not agree with. My intention was to explore issues of empowerment as an important feature of Primary Health Care, both personally and professionally. The curriculum demanded that I work through medical conditions. My intention was to give greater emphasis to issues of empowerment as well as the real world barriers to empowerment, such as racism in the workplace.

I was required to use the lecture format with 90 minutes a day for four weeks rather then deliver the content in a one week workshop as at Batchelor. I was presented with a new challenge to explore the possibility that the lecture could be used to facilitate the student constructing relevant descriptions of their ideas just as much as a process driven workshop could. The idea was that the blocks would follow a theme and utilise the same process as the workshops at Batchelor, however each lecture would attempt to create questions in the students’ minds which they would explore in their own time rather than as a group activity. There were, however, group activities organised to prompt exploration of these issues but they did not become the focus of discussions during lectures as they had in the workshops at Batchelor.

To succeed using a lecture I needed to ensure the students left the classroom thinking about how they could improve on the situation. The lectures needed in the first instance to give a description of a problem or issue, and then suggest possible solutions. It then became the students responsibility to engage the issues raised in class in their own time. In order for this to be successful the description, of the problem needed to have a strong resonance with the students circumstances, strong enough to elevate emotions to the extent that they would believe they had no choice but to work out how to make a difference.

In the workshop format however the students move through this reflective process facilitated by the lecturer, they describe the problem, explore ways of dealing with the problem, propose ways of dealing with the problem and hopefully leave with the intent of putting their ideas into action. This lecture format on the other hand, relied very much on a good understanding of the context and if the context is not described well the lecture will fail. The only part that the students play within the lecture format is at the end when they think of alternative improved solutions.
The time available to me had been significantly reduced from 50 hours over two weeks to 21 hours split into one and a half hour time slots over two separate blocks. The intent was to deliver the same amount of content in a reduced amount of time by expecting the students to cover a large amount of the work on their own. The barrier to this, however, was that many of the students were also working full time and consequently found it very difficult to do any study outside the blocks.

The content was divided into two themes, one for each block. The first theme was to examine the specialist role of the health worker and the second to explore the role of the health worker as they moved into the future.

The first theme was quite simple, I would outline each separate role, including health promotion, environmental health, public health, mental health and cultural advocacy. These roles would then be explored in greater detail within other subjects later in the course as electives. This was not meant to be all inclusive, only to include and emphasise the wide variety of different roles that the health worker is often expected to fulfil. These roles were based on the NSW job description for Aboriginal and Torres Strait Islander Health Workers rather than that of the Northern Territory.

The intention within each lecture was to explore how problems were dealt with under mainstream guidelines; why this had failed; and how Aboriginal Health Workers should be developing skills to overcome these problems. This all needed to be achieved within the time constraints.

The texts for the first theme, “Understanding the health system”, were related to each session for example, “Health Housing” (Pholeros et al. 1993) was used for environmental health sessions. Russel & Schofields’ (1986) “Where it Hurts” was used for the public health sessions., enabling me to raise doubts about the benefits of Western medicine, not only to Aboriginal and Torres Strait Islander people but to the mainstream population as well. Illich’s “Limits to Medicine” (1976) was also a useful tool in illustrating ongoing concern among the general public about the ultimate benefits of Western medicine to people’s health.

Discussions would follow on Ernest Hunter’s (1993) comments about the general direction of Australia’s health policy for Indigenous people. Showing the students that the medicalising of Aboriginal health problems was in many ways a subtle form of disempowering Aboriginal and Torres Strait Islander people. Indigenous people were prevented from achieving true self determination in managing their own health problems by a fabricated dependence on medical solutions for what is actually a socio-political problem.

In the second theme I wanted to facilitate the students to think about the future of Aboriginal and Torres Strait Islander Health Workers. The students would be asked to explore the rhetoric associated with their chosen career paths and how this rhetoric was
repeatedly failing to live up to expectations. They would explore why this rhetoric might be failing and how they could participate in a process of developing their own policies. As a unified professional group health workers could make this rhetoric happen. The major theme of the workshop became, “What will it take for Aboriginal and Torres Strait Islander Health Workers to become a professional group?”.

The main text for this workshop was Tragenza & Abbott’s “Rhetoric and Reality” (1996) and parts of other texts supported the general theme of the block.

Assessment for the subject required the students to carry out the reflective phase that at Batchelor College had been covered in the workshops. At Yooroong Garang however, these workshop objectives needed to be covered at home. The students were left with three tasks:

- an oral seminar presentation;
- an essay about the impact of colonisation on the health of Aboriginal people;
- a vision statement about how the role of the Aboriginal and Torres Strait Islander Health Worker should develop after the year 2000.

I was concerned that there was no formal reflective session to debrief the students about their thoughts, this could potentially leave some of the students up in the air about their ideas. To deal with this problem it was essential that feedback be given to students that had a strong qualitative thread, in order to reinforce the quality of their ideas.

THE LECTURES

At the beginning of the lecture series I stressed firmly that everything was “on the table” for discussion. I introduced an Illich style critique of modern medicine using statistics which have been used by some people to argue that a great deal of modern medicine is not all it was made out to be. The reaction to this was strong, students said things such as, “So you think that there is a medical conspiracy too”. Maybe I had done my job too well as this was not exactly the reaction I was looking for, my intent was more along the lines of raising a sense of doubt about the infallibility of medicine, the students, it seems, went one step further and questioned medicine.

The student comments suggested that they had attempted to question the benefits of Western medicine with previous lecturers often resulting in debate which students felt may have impacted on their results with greater scrutiny of their work. Their comments showed that they greatly appreciated the honesty of presenting all available information for them to make their own decisions.

The next theme in the lecture was Aboriginal and Torres Strait Islander health statistics from many different sources. I did not want simply to give the students the figures, I
wanted to discuss the reason for these figures. To help explain why things seemed to get
no better I used quotes from authors such as Hunter (1993) and Tatz (1992). I wanted to
leave the students with no doubt of where the blame for Aboriginal and Torres Strait
Islander health problems lay. Hunter suggested it is a social, historical and political problem
related to the lack of a treaty, lack of land and lack of self determination.

Again this was well received and as hoped, the material presented had an immediate
resonance with the students. There was a great deal of interest in the way I presented the
material to show the connection between the process of colonisation and the problems
facing Indigenous people today. This group that had been labelled as a difficult group were
gradually becoming more responsive, involving themselves in class discussion.

The presentation that finally won them over was a story about a cleaner who became an
Aboriginal Health Worker managing a clinic and then suffered appalling racial abuse which
she fought in the courts under anti-discrimination laws, and won (Linda's Story page 213).
This story showed the students that this type of abuse was probably waiting for them as
soon as they started to be successful, and secondly it made the students aware that their
problems were being felt all around Australia. Their comments suggested that most of
them had a sense that this story could quite easily be their story. The story also showed
the students that I had been working in the field for some time, which was an important
factor in breaking down any barriers that still existed after the first session.

As we progressed through the daily content a pattern was established where I would try to
raise questions about mainstream methods and then attempt to offer alternatives. For
example, when talking about health promotion I questioned health promotion that was not
centred on community needs and then demonstrated how the students could determine
community needs. In the public health lectures I began by raising doubts about the
processes of data collection and then went on to explain that data collection was a
"necessary evil" in this way I gave recognition to the current belief amongst students that
statistics were often used by governments to create problems for Indigenous people. By
recognising the students prior experience with statistics I was also able to show that they
needed to learn how to use it for themselves. This was supported by practical exercises in
data manipulation and analysis.

The lecture that finally won many of the students' trust in me was about racism. I was
really trying to highlight the paradox of racism, that Aboriginal and Torres Strait Islander
people can benefit from identifying with a particular group, and there is no question that
such associations result in a shared experience and the power of unity. Paradoxically
however, when Indigenous people do come together to support each other, the groups,
become targets for racial abuse. I wanted to show that this was an abuse of a basic human
rights.
The final lecture was on the Aboriginal Health Worker as a cultural broker and how this role was related to resistance to racism. In the lecture we worked through gaining a better understanding of racism, and how to overcome it by using examples from prominent Aboriginal activists and the different methods they had adopted to fight oppression.

The first group of examples included Noel Pearson, Pat O'Shane and Neville Bonner working with the system. I discussed their use of the political and legal systems to reaffirm rights for Aboriginal people that had been lost after colonisation because of Aboriginality. The next group included Gracelyn Smallwood and Gary Foley who work on the periphery of the mainstream to criticise, providing a mirror to society that shows the impact of discriminatory policies on Aboriginal people. The third group included Roberta Sykes and Mandawuy Yunupingu who attempt to find the Aboriginal way.

This lecture allowed me to explore the full extent of some of the research in the thesis. It was exciting to see the students respond to hearing how people such as Sykes, Smallwood and Bonner were using different techniques to achieve their success, it was obvious that different students had different heroes and strongly supported their approaches as well as having negative images of some styles of resistance. It was obvious from the students' reactions that rather than presenting new information I was simply reinforcing opinions and attitudes that they already had prior to the lecture. My closing point was that students had a choice in their approach to resistance but that they should understand that different approaches work for different times and issues, and they should learn to use them all.

In the second block of lectures I met resistance from the students to what I was saying. I was trying to explore what the role of the Aboriginal Health Worker was and I think I put them off by asking them to describe their understanding of what their role should be. Several students had planned to leave the course with Diplomas after two years of study and my probing may have played on their lack of confidence at going out to make a career for themselves. It is difficult to ascertain what occurred in this lecture, maybe the students were frustrated by being asked to pull all their different subjects together into a single professional description, or maybe I was lapping into workshop mode and demanding too much from students too early in the block. The mood was however, palpably uncomfortable.

By the second or third day the group was settling down as we began to explore issues such as the barriers to health workers becoming professionals, and why health workers are so important. We explored barriers to professionalism by dividing the barriers into three groups. barriers due to race; barriers due to professional competition; and finally barriers from within the Aboriginal Health Worker group. This worked well and students were once again becoming involved in the process as they described their experiences.
When discussing why Aboriginal and Torres Strait Islander Health Workers are so important I attempted to use examples from their work. The first example was barriers to gaining surgical consent, an area of real concern for Aboriginal and Torres Strait Islander people. We discussed how their role was to make consent work for Aboriginal people. In some ways this lecture was a small but significant part of the research workshop at Batchelor College except that I selected just one critical element to discuss rather than the whole research process.

The next example I used was the management of Sexually Transmitted Diseases (STD's) and the failings of mainstream services to deal with the real problems for Aboriginal and Torres Strait Islander people. By this session the group was firing again, it was obvious that they appreciated looking at problems affecting them in their work place. It was good to hear the students tell the story in a way that moved the blame away from Aboriginal and Torres Strait Islander people who, by the students comments had obviously been labelled as sexually promiscuous by Western health care professionals.

I attempted to narrow down the problems of managing STD’s to three issues of concern to health workers. The first issue was how decisions are made as to which illness should be seen as a priority. The second issue was the motive for managing that illness, which illustrated the motive for concern about HIV in Aboriginal people being not necessarily to help Aboriginal people, but to prevent a disease pool which could then be spread back to the non-Aboriginal population. The third issue was the method of managing the disease in that it was based on Western cultural norms which did not easily translate to all Aboriginal people.

I was able to show the students that they were the ones with the responsibility for dealing with the problem and that the solutions ultimately would come from well trained professional health workers. This went down really well as the students clearly understood the areas of concern and were being told that they could and should look for ways to deal with these issues themselves.

To conclude the block the group and I had a conversation about what Aboriginal and Torres Strait Islander Health Workers should look forward to in the future. The classroom discussion went on to discuss a comparison between other groups of workers who view themselves as professionals, such as nurses and physiotherapists, and Aboriginal and Torres Strait Islander Health Workers. Issues were discussed such as registration and the implications of a regulating body which establishes best practice guidelines and is capable of taking away an individual’s right to practice if they deviate from these guidelines, and the role and benefit of an association for nurses and how these benefits could facilitate change to health workers. All these issues have been discussed during the National Aboriginal and Torres Strait Islander Health worker Conference held in Cairns (1999). The
central point of discussion with students centred on the need for clarification of the role
health workers can play in the health care team and the effect of the National Competency Standards for Aboriginal and Torres Strait Islander Health Workers. Questions were raised by the students about confusion over the clinical role that health workers play, about professional antagonism between workers when roles appear to overlap, who is speaking for health workers, and how to participate in the discussions. These are important questions, not only for this student group, but for the entire profession. I was pleased to see that our discussions had motivated the students to become actively involved. The response was excellent with students fully motivated to see their role viewed as professional, and to discover ways to facilitate this. This was apparent in the detailed discussions, students were already thinking through achieving the common goal of professionalising their jobs. They were very motivated by the potential improvement in career paths that a professional group could bring them.

**STUDENT ACTION GROUP REFLECTIONS**

During the block I had observed the positive feelings and support for the materials being presented, but when the action group came together I was really surprised and excited about the comments that came from the students, a group previously labelled as non-cooperative. These comments were made at the end of the workshop and are general statements about the lectures:

"Health the A & TSI way and owning your future gives the tools and thoughts for thinking about ways and means of approaching Indigenous health for the benefit of Indigenous people and the knowledge of having and knowing your rights to do this."

Student Comment (1998)

"All the topics were well covered, I will certainly be going home relating with the issues discussed at home with more understanding and a feeling of empowerment."

Student Comment (1998)

I particularly like in this statement the comment, "more understanding" which implies that this person was already on their way and that I was feeding an already present awareness, helping to build on it and possibly clarify it.

"We need a workshop to address racism in the workforce, as well as a workshop to learn how to play the game in society (further learning)."

Student Comment (1998)

These people will be leaving the classroom looking for ways to demand their human rights. The third comment on the other hand implies something a little different, but at least this person was motivated enough by the content to recognise what they need.
The negative comments were related mainly to wanting more or not getting enough; that they wanted field trips to various places; courses in public speaking; courses in relaxation or stress management; and assertiveness training.

A person can only consider the time lost in not fully understanding what I had been told so many years before and repeated so many times since. This feedback is a strong endorsement of what I had learnt through this research. My feelings that I was finally understanding Aboriginal and Torres Strait Islander education were very strong, so let me finish with a comment that summed it all up for me.

*If your goal and objective has been to show / impart knowledge of the real commitment of an Indigenous health worker within the community, to lead by example, to do it with integrity and honour both to yourself and your people, armed with the added knowledge to do it with, then I feel that these seeds have been planted.*

Student Comment (1998)

**PERSONAL REFLECTION**

My greatest concern is that Aboriginal and Torres Strait Islander education is under constant pressure to adopt a more mainstream format. The best example of this is in the moves by the Liberal Federal Government so soon after their victory in 1996, to cut back special programs for Indigenous people. The main impact of these cuts has been on the delivery mode of most courses, especially those that had adopted a block release type delivery mode. Block release or mixed mode are a few of the different names being used to describe a series of one to three week workshops which the students attend before returning home with assignments to complete.

This mode has been extremely beneficial to Indigenous students, of whom large numbers are mature aged students also holding down full time jobs at home. There are few programs such as this available for mature age non-Aboriginal students, but this method could open up university to people all over Australia.

The outcome of these government cuts has, in some instances, been to halve the number of workshops funded for course work. This has been achieved by DETYA limiting the amount of travel and accommodation support given to students while attending blocks. This has required large scale program re-design and the full extent of the impact has still not been calculated.

The overall effect on programs is that they are more and more like mainstream programs. There is also an increased level of scrutiny of programs with consultants being employed by the government to monitor, evaluate and ‘fix’ education, health and other programs. The Donooch Aboriginal alcohol rehabilitation program which is based on reconstructing culture for Aboriginal men recently had a non-Aboriginal female consultant placed in charge (Pers
This was an ignorant and even offensive act by the government. Such increased scrutiny has occurred throughout agencies delivering services to Aboriginal people including OATSIS, ATSIC and the Aboriginal Legal Aid Service. The only reality that exists for workers in these programs is that, at best they can expect to maintain the status quo, or at worst be negatively affected as the politics of economic rationalism spread.

This is a highly illustrative example of Rowse’s (1992) welfare colonialism where funding for programs is linked to the ability to deliver services similar to mainstream programs and as the students have stated repeatedly, mainstream programs are not always effective. Paradoxically, as non-standard programs become increasingly successful they become increasingly scrutinised and at risk of funding termination. This is a similar process to Linda’s story who was increasingly discriminated against as she progressed to higher levels in her career. Linda’s story is at an individual level, Donooch’s story is at an organisational level. In both cases the mainstream has been challenged and reacted by resisting change.

Hage (1998) in a critique of multiculturalism suggests:

> It is precisely such a process of control and normalisation embodied in multicultural collection which makes every multicultural celebration of difference in Australia operate paradoxically like a mourning ritual. Every celebration becomes a tomb to the difference it is celebrating.

Hage, G. (1998) p164

If this process was based on abuse of funding or privileges it would be fair and just, but it seems to be increasingly based on disagreements with mainstream protocols, there is no real connection to abuse of privilege. In Donooch’s case it seems that Donooch defines Aboriginal alcoholism as the result of behaviour associated with grief and loss of culture while the government controlled funding agencies see alcoholism as the result of addictive behaviour and therefore favour providing grants to programs that follow treatment patterns associated with addiction, not programs that focus on cultural regeneration (Pers com. Donooch Council Member 1998).

The impact of the funding cuts on course delivery in Sydney was the reduction in the amount of time available, which as already described was reduced by about 50 per cent. This made it difficult to work through the process which had been pivotal to a great deal of my teaching, and was illustrated in the Past-Present-Future method described in the Batchelor College case studies.

Regardless of the good feedback from the block, I feel that the lack of a clear process was detrimental to the delivery. In the future I have to explore ways to bring process back into my teaching, although the cuts are making this increasingly difficult.

In my next workshop I would like to explore ways that ‘past, present, future’ can be brought back into the classroom, by using it as a reflective tool. An example could be to
use a large calico sheet to draw the past, present and future circles. At the beginning of the
block, the students could fill the centre circle after being asked about the situation in the
past. At the end of each lecture the students would be given five to ten minutes to move
through the middle and outer circles filling in what they had learnt during the session which
belonged to either one of the rings. This would be then summarised at the end of the block
as a reflective handout for students to help them recall what they had learned during the
block.

11.3: TEACHING ACTION RESEARCH TO THIRD YEAR
STUDENTS

WORKSHOP PREPARATION

The aim of this workshop was to teach the students about Action Research with an
important objective being to provide the students with a useful tool that could be used to
facilitate community action in their own communities. In order to achieve this within the
confines of time allocated by the program I was again required to do some rethinking of the
delivery formats used at Batchelor College. I also wanted to include the new ideas I was
exploring, such as letting go of my need to control, and the issues of racism as barriers to
progress. In order to achieve this my intention was to split the hour and a half lecture into
two parts using the first to explain the various stages of Action Research, so that the
students could understand and use the jargon, and then follow this up with an Action
Research group project to proceed through exploring a thematic concern.

I decided to limit the students to exploring issues related to being an Aboriginal student, as
I considered that this was the one thing that each of them had in common. I also believed
that this theme would facilitate the group to explore colonisation and discrimination
associated with being a student, leading to the discovery that cultural identity, knowledge
and practice were both the solution to the problem and the cause of discrimination. In this
way I was bringing together concepts such as, the need to respect and value Indigenous
culture as essential to solutions in Aboriginal health, and placing this understanding within
the multiple barriers of the real world context.

The concept of letting go however, continued to be an illusory objective as Action Research
as a subject requires a student to learn how to do Action Research and not another research
method. If letting go was to be the true outcome of the subject then my teaching would
need to facilitate the students to search for a method of implementing community action to
improve situations that they themselves devised rather than handing them a pre-defined
method on a silver platter. All the latter scenario achieved was to deny them an
opportunity to explore their own methods. In my attempts to achieve this objective the
students were asked to maintain a journal in two parts. In the first part they were to
describe their understanding of the phase of Action Research we were using, and in the second they were provided with an opportunity to describe and reflect on their own group’s activities. By doing this I was hoping to enable some criticism of Action Research and its appropriateness to the students’ own work contexts. This was my attempt to let go of Action Research as a must-do activity for students.

The curriculum had already pre-set the outcome, so in order to let go I had, as part of the process, included an opportunity for the students to critique the appropriateness of this method to their workplace. This became an important element of the discussions and journal activities which followed each day’s lectures. I also believed that there was enough flexibility in the process of doing Action Research for the students to mould it to meet their needs. The plethora of descriptions of Action Research, some of which are described earlier in the thesis, lend weight to this notion of flexibility of its process. I hoped that by using the theme, ‘Issues for Aboriginal and Torres Strait Islander Health Worker students’, I would also facilitate a discourse about the way society constructs barriers to the development of a successful profession. I had hoped to use the free flowing dialogue nature of Action Research to develop an understanding of the students’ world view in regard to these barriers. My hope was that an issue so close to home would facilitate this type of discussion.

As a reference I preferred primarily Jim Wilson’s “Changing Agriculture” (1988) for its simplicity and clarity in outlining the stages. We also used Kemmis and McTaggart’s “Action Research Planner” (1982) and Bob Dick’s Action Research Website (1997) was a useful resource for students to explore a variety of interesting perspectives about Action Research.

Wilson’s seven phase cycle was adapted for the workshop.

- **In phase 1** we worked on team building and discussed the importance of working towards consensus in Action Research compared with authoritarian decision making.

- **In phase 2** we discussed and described our thematic concern using brain storming and other such stimulants to lateral thinking.

- **In Phase 3** we used CATWOE to map a rich picture of the context we were working in for use later in exploring the possible impact of our action in our abstract map of the world. The CATWOE mnemonic was developed by Checkland (1993) each letter represents a stage in a process which attempts to predict the impact on the system of your plan of action.

- **In Phase 4, 5 & 6** once we had chosen our thematic concern and developed a model of the context we were working in, we moved on to deciding on the
feasibility of our preferred action, and designed or conceptualised a plan of action for doing something about the issue we had chosen. At this stage we had reached the end of the first block and were able to leave with an action that could be taken home with the students.

- In phase 7 on return to the second block, students were to report on the results of their action and we would proceed with the final phases of Action Research. In this phase we reflected on the information collected during the break as the action planned in the earlier phases was implemented. This reflection was very complex and included writing up a report on the cycle we had been through.

The book, “Participatory Action Research” by Rahman (1991) provided a useful theoretical framework because of its relevance to disempowered people. This book gave us the option to explore in more detail the relationship between disempowered people and the process of research. It explicitly describes how disempowered people should become active participants in the production of knowledge, which remains a principle tenet of this research with the extended notion of understanding the context in which that new knowledge is embedded. The CATWOE pneumonic borrowed from Checkland’s, “Systems Thinking Systems Practice” (1993) provided a useful tool for modelling the power relationships in the context we intended to work in.

I attempted to work each phase of the Action Research cycle into a one and half hour time slot which created some enormous problems as Action Research, in my opinion should be a free flowing, fluid process which should have no boundaries. Time boundaries particularly, may ultimately reduce the group’s final product, however we had to work with what we had.

The workshop worked towards three levels of learning, in the first instance the students learnt about Action Research so that they could participate as equals with other researchers using this method; in the second instance they were to practice Action Research in order to help them understand the process by using it first hand; and in the third instance they were to reflect on the usefulness of Action Research to their own work contexts in order to understand why this method may or may not be appropriate to their needs.

The other aspect of this workshop that produced a few heart flutters for me was that this workshop was to be with a new group of students, and I did not know how they would respond to the notions I was bringing with me. I was confident but not certain that the ideas were transferable. My concern was that all my work was based on certain assumptions of Aboriginality and identity from a context far removed from the NSW context. I believed that I was able to remove ‘difference based on Aboriginality’ as a focus of education therefore making the new model more appropriate to new contexts, this would certainly be a very good test. The transferability could only be tested by trying it, with the
hope that the flexibility of the model would also make it be appropriate for facilitating empowerment in this new and removed context, only time would tell.

THE WORKSHOP

The workshop went according to plan. Combining a description of the phase with involvement in that phase seemed to work well. Students were able to gain an understanding of Action Research in the first part of the session by having the opportunity to have each phase explained and to ask questions.

However, as expected by the end of the first block we were rushing, and a great deal of important discussion was neglected for the sake of preparing for the action phase.

The journals indicated that the majority of students found Action Research to be a useful tool. The most consistent negative comment however, was that the focus on consensus which I had described to them could be difficult especially considering that in their opinion there was often a lot of division in communities. We were a relatively homogenous group of individuals who were comfortable working together, but what would happen if their was no agreement on the issues being confronted? Although we discussed examples of successes such as the Northern Cape Land Use Agreement, their journals showed that they were not convinced.

For the action phase the group decided to produce a questionnaire, with each of the ten action group members taking this questionnaire to ten fellow health workers. The questionnaire was attempting to find out the need for an A&TSI Health Workers’ Association in Australia. The background to the students’ choice of this action is that they believe Aboriginal and Torres Strait Islander Health Workers do not have a professional voice of their own. Without this voice their concerns are not being heard, resulting in minority groups dominating the Indigenous health agenda. Some of these groups are non-Indigenous health experts, such as the AMA, others are Indigenous people in positions of power who may on occasions be motivated by self interest.

News of an Aboriginal Health Workers Association in Central Australia had sparked considerable interest amongst health workers Australia wide, however there had been very little activity to facilitate the spread of such an organisation beyond its origin. The students considered that by pursuing the issue they could further advance the understanding of it by using a questionnaire to show the extent of interest in such an organisation amongst health workers around Australia.

The students considered ethical considerations surrounding their survey to be of major importance. University of Sydney guidelines suggest that undergraduate work does not require ethical approval. The action group considered it essential that all criteria for ethical research in Aboriginal and Torres Strait Islander communities described in the National
Health and Medical Research Council (1991) were included into the delivery of the survey. The survey was delivered to Yooroong Garang students only, following resistance encountered from one AMS student employer when she sought approval to give the questionnaires to other staff. Issues the students guaranteed to each respondent were, confidentiality, a right to review the response and withdraw, a right to have feedback about the results and a right to informed consent to participate after full disclosure of the purpose and benefits of the research to Indigenous people.

The results of the Questionnaire led to the students producing an article for the Aboriginal and Torres Strait Islander Health Worker journal which is included here as it best describes the feelings of the students.

**Attachment 4: Student Article 2 (Kickett et al. 1998)**

*An Aboriginal and Torres Strait Islander Health Worker Association or Not?*

**Introduction**

This report is a description of an Action Research project that was conducted by third year Bachelors Degree students at Yooroong Garang Centre for Indigenous Studies at the University of Sydney, Cumberland Campus (Yooroong Garang, means 'strong place' - in the local Dharrag people's language).

The research project came out of student participation and class discussions about Aboriginal and Torres Strait Islander health worker student needs. The discussions lead to the group describing a thematic concern 'Aboriginal and Torres Strait Islander people living and thriving in both worlds'.

Students involved in the research are a very diverse group, as we come from the Torres Strait Islands, Northern Territory, New South Wales and Western Australia.

We felt that an important part of living and thriving in both worlds was the establishment of a Health worker association which could support Aboriginal and Torres Strait Islander Health Workers around Australia. The Grogan discussion paper on the feasibility of establishing a national Aboriginal and Torres Strait Islander Health Worker Forum clearly confirmed our group concerns and highlighted the following issues:

- there are markedly different approaches between states to the further development of Aboriginal and Torres Strait Islander Health Workers as an occupation;
- Aboriginal and Torres Strait Islander Health Workers have no national umbrella through which they can advance professional, occupational and educational issues; and
- there is no national mechanism through which Aboriginal and Torres Strait Islander Health Workers can provide advice and input on health matters of major importance.

**Grogan, G., Smith, W., McKelvie, D. & Reilly, A. 1996**

The group decided that the best thing our small number could achieve in the time available was to develop and distribute a survey which looked at the notion of an Aboriginal and Torres Strait Islander Health Worker Association. The group firmly believed that by collecting the survey we could find out if others supported the idea of a Health Worker Association. The group believed that this information would be useful to all health workers who may in the future wish to go ahead with implementing an association. This is why we wanted to publish it in the Aboriginal and Islander Health Worker Journal.
Methodology

The methodology used for our project was based on Action Research. In our class we formed an Action Research group and decided to create a questionnaire with open and closed questions as a data gathering tool. It is important to understand the Action Research process and its application to this research project.

[Action Research] is participatory, collaborative research which typically arises from the clarification of some concerns, explores what others think and probes to find what it might be possible to do. In the discussion they decide what it is that it would be feasible to work on in a group project. The group identifies a thematic concern. The thematic concern defines the substantive area in which the group decides to focus its improvement strategies. Group members plan action together, act and observe individually or collectively, and reflect together. They reformulate more critically informed plans deliberately as the group consciously constructs its own understanding and history.

Kemmis, S. & McTaggart, R. 1990, p. 9

After long discussions about issues and solutions to these issues we decided to do a survey of health workers Australia wide to find out what they thought about the idea of an association. The questions were written in a straightforward style using language that we felt was plain English. The questionnaire was distributed to Aboriginal and Torres Strait Islander Health Workers in NSW, NT, Qld and WA. Some questionnaires were posted and others were handed out individually.

Some students approached managers of health organisations while others approached individual health workers and community members who gave their consent after reading the ‘plain language statement’ and asking questions. On each form we included a plain language statement to introduce ourselves, our motives and the purpose of our questionnaire. It was stated in the plain language statement that all information on the surveys would be confidential and that no names would be recorded.

While conducting the survey it was found that some managers did not support the survey being given to the staff.

Survey Results

The purpose of the survey methodology was to consult with the community at large to assess whether they agreed with our view of the need for a professional organisation for Aboriginal health and community professionals.

The survey would then give us quantitative data analysis. This information would then be returned to the community in the form of a published article in Aboriginal and Torres Strait Health Worker Journal. Questions were posed as yes/no type questions with a few open questions for individual comment. Names were not included on survey forms to maintain confidentiality.

There were a variety of reactions by individuals to being asked to do the survey. In general, students who approached service managers first, found that there was a guarded response from the managers to the survey being distributed to staff, with two students not receiving any completed forms. On the other hand, students who did not approach the manager, but went directly to staff, received a positive response to the idea of a professional organisation, and the concept of the survey.

The sample size was 57 which represents less than 10% of 600, the total number of health workers nationally. The total number of health workers was very hard to work out because the numbers are so confused from state to state.

Question 1 Do you see the need for an Aboriginal and Torres Strait Islander health Worker Association.

96.5% agreed that this was needed, however two said no. One respondent suggested that the association was necessary because, “health workers are under paid we are lackeys. This theme was fairly consistent with those who chose to
comment on this question. On the other hand one comment from the respondents who said “no”, was “mainstream services are appropriate”.

Question 2 If an association was formed what things would you want an association to do? We asked this question to find out what people felt the role of an association should be, we presented a number of roles and asked respondents to answer yes or no to having this job included in the role of an association. 90% of respondents generally felt that the professional organisation should be involved in all areas suggested, notably variation between the highest and lowest response was only 10%.

Table 1: Tasks that Respondents would Like the Association to do
(This table shows percentage of respondents who supported including this item in the association responsibilities)

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Career Structure</td>
<td>98%</td>
<td>0</td>
<td>1%</td>
</tr>
<tr>
<td>2. Counselling</td>
<td>96.5%</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>3. Establish Ethical Standards</td>
<td>96.5%</td>
<td>0</td>
<td>3.5%</td>
</tr>
<tr>
<td>4. Monitor Professional Standards</td>
<td>96.5%</td>
<td>0</td>
<td>3.5%</td>
</tr>
<tr>
<td>5. Sponsor research</td>
<td>94.7%</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>6. Lobby for professional status</td>
<td>94.7%</td>
<td>0</td>
<td>5.3%</td>
</tr>
<tr>
<td>7. Represent in industrial negotiations</td>
<td>93%</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>8. Affiliation with other organisations</td>
<td>93%</td>
<td>5.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>9. Financial &amp; superannuation advice</td>
<td>93%</td>
<td>5.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>10. Negotiate competency standards</td>
<td>91%</td>
<td>5.3%</td>
<td>3.5%</td>
</tr>
<tr>
<td>11. Monitor professional standards &amp; work conditions</td>
<td>89.4%</td>
<td>8.8%</td>
<td>1.7%</td>
</tr>
<tr>
<td>12. Engage in enterprise bargaining</td>
<td>89.4%</td>
<td>8.8%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Question 3. Which employment categories would you include in the association membership? This question was included in the survey because students wanted to measure the levels of support amongst the Indigenous community, for an association which could represent the interests of Indigenous workers in different occupations by industry.

The results were tabulated and grouped into corresponding order with the highest percentage responses placed at the top and spread over the 13 categories.

From this data some observations can be made. The responses indicated a strong preference where 98% in favour of a representative organisation for health workers employed in mental health, clinic health, and sexual health areas. Suggesting there was wide community support for these occupations being included in the association.

Responses indicated a decreasing level of support for Early Childhood Workers of 93% down to 80.7% for School Liaison Officers. The lowest level of support was for the police becoming members, with only 77.7% support, 10.5% saying no, and 12.3% giving no responses.
Table 2: Which Employment Categories Should Join the Association?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Health</td>
<td>98.2</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Mental Health</td>
<td>98.2</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>98.2</td>
<td>0.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>93.0</td>
<td>5.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Environment</td>
<td>93.0</td>
<td>5.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>93.0</td>
<td>5.3</td>
<td>1.7</td>
</tr>
<tr>
<td>Hospital</td>
<td>93.0</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Service Managers</td>
<td>91.2</td>
<td>7.0</td>
<td>1.7</td>
</tr>
<tr>
<td>Nurses/Doctors</td>
<td>89.4</td>
<td>8.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Welfare</td>
<td>89.4</td>
<td>8.8</td>
<td>1.7</td>
</tr>
<tr>
<td>Elders</td>
<td>82.4</td>
<td>14.0</td>
<td>3.5</td>
</tr>
<tr>
<td>School</td>
<td>80.7</td>
<td>10.5</td>
<td>8.8</td>
</tr>
<tr>
<td>Police</td>
<td>77.7</td>
<td>10.5</td>
<td>12.3</td>
</tr>
</tbody>
</table>

Discussion

The survey noted 12 roles that the proposed organisation could perform, some of these roles could be considered to be closer to the roles that a union would do, other roles are closer to the responsibilities of an association. A union would work on employment type issues such as rates of pay, while an association would work on professional issues such as education and career paths.

The group compared the responses and posed the question, “Are union related issues more supported than association related issues?” Generally, responses were equally spread, slightly favouring association type responsibilities, especially when considering the response for the establishment of a professional code of ethics and a professional standard code which we consider to be strongly in line with associations responsibilities. Enterprise Bargaining is very much a union concern, and this was least strongly supported by respondents.

The next question we reviewed, “Was the survey tool adequate to assess health workers opinions about the need for an association?” A blanket ‘yes’ response was recorded in 70% of the completed survey forms. In other words when answering the survey questions respondents simply gave a yes response to each question. This leaves us questioning the format that the survey took. Respondents may have agreed with all the points being made, however on some of the questions we expected strong disapproval however this was not evident. An example being which occupational groups should be included in the association, we included A & TSI police liaison officers, A & TSI school liaison officers and elders groups, we expected a low response rate to these groups and contrary to our expectations we received over 70% support.

To improve the survey respondents could have been asked whether they understood certain issues, such as enterprise bargaining, industry negotiations etc. As this type of clarifying question was not asked it is not clear of the level of awareness of the underlying principles in the question.

Evaluation & Conclusion

The results of our survey showed a high percentage of yes answers, almost 80% gave yes answers to every question, this could be taken to show a strong commitment to the Aboriginal and Torres Strait Islander Health Worker Association. Respondents even gave yes answers to questions we felt, as a group, would bring a strong no response. This means that either our assumptions were
wrong or that there was a problem with the way the questionnaire was structured for example it may have been too wordy. Another possible explanation is that there may be a lack of information amongst health workers about what a health worker association is, and what it can do for health workers across Australia.

We feel as a result of this survey that there is a need for ongoing discussion about the possibility of an association for Indigenous health workers along with ongoing education about what an association is.

At the end of the day however were the three aims of the workshop successfully achieved with the students learning about practicing and reflecting on the benefits of Action Research.

Tracy Kickett, Marion Kickett, Christopher Davis, Wendy Jopson, Reg Craig, Gina Tabuai, Josie Windsor, Margaret Broadbent and Michelle Worth, (1998)

STUDENT ACTION GROUP REFLECTIONS

Did the workshop allow students to value and respect their cultures within the classroom? There were many indications that this was the case. One particular student comment, "You are the only one who has bothered to listen to what we have to say", is quite a poignant reminder of the importance of educators being prepared to listen to, respect, and value what the students have to say.

There were many indications that this was a very strongly cohesive group of students who had worked together frequently, and had come to understand each other over the three years of their course. Comments in the class seemed to have been explored in detail in discussions out of the class which implied a strong out of class relationship for certain members of the group, and the students also described shared experiences that had occurred in previous years. So in some ways I'm surprised that they needed this process to facilitate their speaking up in the group. The comment above indicates that either there was a reluctance on their behalf, or staff planned workshops in a way that avoided two way dialogue. Freire and Shor (1987) describe the students' reluctance to participate in an empowering pedagogy, a phenomena also illustrated in the earlier case studies.

It is possible to see that the structure of the course built around a one and a half hour lecture format leads to the classic empty vessel teaching format which Freire (1974) so aptly describes. These time limitations mean that it is a struggle for the lecturer to deliver the content using anything other than a lecture format. Students have responded favourably to this lecture format especially when they are well structured and deliver the information that students feel they need to be able to perform their duties outside of the classroom.

The students went to great pains to make their questionnaire appropriate to health workers and incorporated many aspects that stem from their personal, experience of being health workers. This can be seen in the types of questions they posed in their survey. The final draft of this survey was only completed after extensive discussions in the group about the appropriateness of each question. This was also evident in the dialogue that took place in
the action groups, valuing and respecting this student knowledge has became a very big part of this workshop.

The thematic concern chosen by the students, after considerable dialogue was, “Living and thriving in both worlds”. This strongly supports my argument about the issues facing health workers in a hostile world. The students’ intent in using this thematic concern was to show that health workers are faced with dual responsibilities. Firstly they have to stay connected to their communities, meeting the needs of these communities and respecting their identities as members of those communities. They also have to learn to be successful in the non-Aboriginal world. It is success in finding the balance between these two domains as Aboriginal people, that will ultimately bring health to Aboriginal people.

One student comment was:

*We are not here to learn to be white, we are here to learn to use the White man’s tools skilfully, not to change us but to make us strong as Aboriginal people.*

Jopson, W. 1998

You can imagine how I felt, to come 5,000 miles to be once again reminded of what I was supposed to be doing. I was forced to reflect on how many times I must have heard this before I actually listened.

As the results of the questionnaire became apparent a new and frightening aspect of the context we were working in became apparent. Although several students had alluded to this during the dialogue, it was obvious from the results that there were barriers to the professionalisation of health workers from amongst senior Aboriginal people. Our questionnaire had stepped on a few toes and it appears that some administrators were resistant to our moves, blocking the distribution of the questionnaire to staff under their management. This created a new element to the study in that not all the barriers were associated with race, some of the barriers to the success of health workers were related to power and the potential loss of power for both Aboriginal and non-Aboriginal administrators associated with the advent of a Health Worker Association.

This notion of power has already been referred to when discussing Foucault’s description of power relations in society (1980). Power underpins all racism but in this instance it is the notion of loss of power by administrators that underpins the professional enmity experienced by the students in their questionnaire.

**PERSONAL REFLECTION**

The first point I need to make is the usefulness of Action Research as an empowering pedagogy. My favourite time in Action Research is during the dialogue, it is always an exciting time to witness students giving birth to new and interesting ideas. Of course the process is not perfect and can be rendered ineffectual as a process of empowerment if the
dialogue does not facilitate the students' production of ideas. I now feel that doing this successfully is a long and slow transition for educators, to be taken out of a classroom where they are in control of outcomes and be placed in a situation where they need to be receptive to potentially thousands of new outcomes and to go into the classroom looking for these twists and turns. For me it is a skill that has needed to be honed over time.

The problem with doing Action Research as a classroom exercise is that it has a beginning and an end. Everything has a beginning, but for Action Research there can be no true ending, the research should and will continue long after the project has finished. It should become a process which is incorporated into our professional lives as a means of professional development which we keep control of during our careers. The classroom however, imposes an artificial ending which on occasions leaves the students frustrated with their progress or lack of progress so that they reject it as a useful tool. Exploring this issue has itself become an important part of the classroom dialogue.

When sharing my experiences from the Northern Territory with the students in Sydney, some expressed a sense of grief about their perceived loss of culture as Aboriginal people compared to the Aboriginal people in the Northern and Central Australia. Although this emotion was not expressed by of all of the students, as many strongly identify as people whose culture remains strong, some of the students however have become victims of government and media rhetoric about how good ‘the other’ are. The process of constantly reminding a person of the pain they feel over their perceived loss is a process that serves the purpose of keeping control of the person in pain. In Australia, if loss of culture can become part of the media and government rhetoric, land claims will be held back as courts spend lifetimes attempting to decide just how much culture is enough to win back the land.

My identity and culture as the son of an immigrant has changed several times in my life. When I went to primary school in the sixties I was a ‘wog’, in secondary school and university in the seventies I was labelled ‘ethnic’ and now they call me a ‘nesb’. The labels which people use and the excess baggage that people attach to these labels as descriptions of my culture serve to reduce me as a person. The truth is that change is the norm in all cultures. We may on occasions regret those changes, and in the case of Aboriginal people the way those changes were imposed, however there is no way to go back, individuals must be identified for who they are today and respected for it.

The Aboriginal culture that I have come into contact with at Yooroong Garang is one that has for several students developed out of a 210 year history of resistance to cultural imperialism and repression of basic human rights. A history which may be considered to be among the most concerted efforts of discrimination against a fourth world nation. In the face of this onslaught however, many students have been able to maintain strong and continuing links to their Aboriginal or Torres Strait Islander identity. Aboriginal culture is
not constant, the only constant is that it is continually developing, this is true for all people.

It seems that the people who have endured the worst end of the racism as far as efforts at assimilation are concerned continue to identify with their ancestral culture, however people have made changes in order to survive oppression. It is those who have endured the most who are now the brunt of intensified hostility, quite possibly this is because they act as a reminder to the colonisers of 210 years of failed social engineering. Langton suggests:

*Perhaps, Aboriginal affairs is the longest 'race' experiment in history? It is certainly a monument to the failure of social engineering.*


The students have the basic human right to identify as Indigenous people, and they have the basic human right to be treated, respected and valued as an individual.

In this context of grief, loss and often anger over a stolen culture, which concept fits, Both Ways or Our Way? The article produced by the students provides a clear answer to this question. The article shows the students clearly making efforts to make their activity appropriate and relevant to Aboriginal people. Some of the particular aspects of the action group's activities that stand out are the way the questions are set out in the survey; the fact that the questions are directly relevant to circumstances in Aboriginal communities; and the extra effort made by students to achieve ethical clearance from the participants.

The students have attempted to borrow research methods from the mainstream which they have redefined to become more appropriate to use in their Aboriginal context. This is doing it Our Way because it clearly makes the effort to take something from the non-Aboriginal world and make it fit better into the Aboriginal world. The distinction between doing it Both Ways compared to doing it Our way is evident in the reconstruction of the concept by the students (Our Way) rather than a re-combination of selected elements of two worlds (Both Ways).

An interesting discussion also took place with the students when attempting to explore the context of colonisation. This discussion showed that the students had a clear and concise understanding of the barriers that confronted the success of their project. Their particular solution to this was to use mainstream methods for Aboriginal purposes, to use these methods professionally in order to avoid criticism, but to use these methods to achieve Aboriginal ends.

However, in implementing the action phase of the group's activities we experienced some resistance from several Aboriginal people in positions of power. This had been discussed in earlier group discourse and although efforts had been made to overcome the problem the impact was still significant. This infighting amongst activists was also evident in a great deal of feminist writings where progress was slowed on occasions as feminists fought
battles for power amongst themselves. It seems this same competition amongst activists is slowing down the progress of Aboriginal advancement.

I was pleased at the success of Action Research as a method to facilitate empowerment for students. We discussed ways to overcome the barriers to our success, and the importance of cultural identity in solving people’s problems. It may seem that the notion of letting go was a secondary concern within the workshop planning, but it was the essence of the dialogue which facilitated discussions about letting go coming to the fore.

The notion of finding an Indigenous method of community development had become a very crucial issue for the students during the activities of the group. This was in response to the teaching of another lecturer (Sherwood, 1999). Inevitably this issue became one of the themes of dialogue during the group’s interactions. The students basically argued that Action Research and its flexibility could be used as a front for Aboriginal and Torres Strait Islander actions. They felt that they could do their projects in a “culturally appropriate way” and then use Action Research as a method from the mainstream to give their ideas credibility within the mainstream. When applying for funding Action Research jargon and processes could be used to describe the project in order to avoid the need to argue for a new process that ran the risk of being demeaned as it had not stood the test of time.

This in some ways was quite a compliment to the flexibility of Action Research. The students were talking about using mainstream methods to achieve Aboriginal and Torres Strait Islander ends. This is what I was attempting to achieve, basing the solution on cultural identity and then exploring ways this identity could be forced to fit a mainstream agenda without diminishing that identity.
PLEASE NOTE

The greatest amount of care has been taken while scanning the following pages. The best possible results have been obtained.
SECTION 12: EPILOGUE

After 12 years working with Aboriginal people and three years working intensively on this Doctoral thesis, protocol demands that I write a conclusion. I would like to believe that I will still be exploring these issues in ten years time, so this conclusion is but an arbitrary cut off point.

If a fortune teller had told me in 1986 that I was going to work with Aboriginal people for 12 years and write a thesis about that time, I would have laughed and asked for my money back. However I do find myself sitting here contemplating those years, trying to think of an interesting way to finish off this thesis, I wonder about how far I have come and how much I have learnt.

Is this a ground breaking thesis? Does this work add to the overall body of knowledge about Indigenous education? Has some strikingly new piece of knowledge been uncovered? On several occasions I have shifted my very foundation of thinking; on several occasions my firmly held beliefs have been revised, renewed and occasionally discarded for something new. The question however remains, “How will other people respond to the ideas presented?” In the publications and conference presentations that have stemmed from this research to date, the response has mostly been critically favourable and on occasions plaudits have motivated me to go further with my research.

This thesis is an exploration of my own learning which was initially started as I tried to make sense of a multitude of chaotic experiences, including my own culture shock, anger at the failure of the Western medical system with Aboriginal people, and inappropriate education for Indigenous health workers. The Western approach to Aboriginal issues was based on blaming the victim, this blame was based on the perceived inferiority of Aboriginal culture. To deal with this inferiority remedial programs were developed which imposed programs of self improvement.

In my efforts to make a difference in this environment I adopted a Both Ways philosophy to guide my practice. As this philosophy was untested with Indigenous health worker education, I decided to test the appropriateness of Both Ways in this context.

I believed that the use of Both Ways education would empower Indigenous health workers to be more effective in addressing the terrible state of Aboriginal health. I argued that Indigenous health workers needed to be able to criticise Western science and medicine as part of the process of being empowered. I believed that if Both Ways was successful Aboriginal people could take true control of Aboriginal health. I argued that in order for Aboriginal health to improve Aboriginal people needed to take such true control.

The use of Both Ways meant that Aboriginal knowledge had to be placed side by side with Western knowledge. In order for this to work, Indigenous knowledge needed to be
accepted as legitimate in a medical framework dominated by Western science. Therefore Indigenous knowledge had to be presented to the medical establishment alongside scientific knowledge and accepted as valuable.

I critically evaluated the implementation of Both Ways in a series of workshops covering areas such as clinical practice, health promotion, counselling and management. The methodology for evaluating Both Ways consisted of, collaborative action research with a group of students, participant observations, and a series of formal qualitative evaluations.

Interpretation of the data was at times clouded as I had begun to treat Both Ways as a dogma, which is in fact the antithesis of Both Ways philosophy. As the negative data accumulated however, there was no option but to finally accept that in order to move forward I needed to proceed beyond Both Ways. In trying to prove the value of Both Ways my research uncovered problems with the Both Ways concept and its application.

The ability of graduates to make an impact on Indigenous health was hampered by barriers which appeared to take the shape of racial discrimination. The only way forward was to examine how Both Ways education had inadvertently participated in this process and as such was failing to empower the Indigenous health workers.

What was missing from my interpretation of Both Ways was the acceptance that any change needed to guarantee continuity of culture. Letting go became an important theme for my extension of Both Ways. I, like many other educators, found myself trying to drive from the back seat. Letting go of the agenda, letting go of control, and letting go of the need to make comparisons are essential for the non-Indigenous educator to remember.

What this thesis now argues is that Aboriginal health is not just a medical issue, it is a historical, social and political issue and as such a failing in Australia’s ability to give its Indigenous people their basic human rights. This needs to be the central tenet of Indigenous health worker education.

It must be stated however that these ideas are in no way new, in fact Aboriginal people have been trying to say these things for many years. It’s a little like Captain Cook discovering Australia all over again. If there is any level of honesty in this research, it must be stated that it is only an attempt to describe what Aboriginal people have known for years. I have attempted to place my mind, my world view of the situation under the scrutiny of a rigorous research process, and the value of this is to learn the importance of avoiding dogma.

The exploration is the most important thing, not the findings. This point is emphasised in an attempt to avoid the threat that I, and others, may once again fall into the trap of believing in a new gospel, of doing it the ‘Students Way’. 
One important lesson that will always stand out for me, is the way I almost allowed Both Ways to become a dogma. A dogma which for many years blinkered my view of the problems students were having with Both Ways.

The discussion in the methodology repeatedly argues against new ideas about Indigenous education becoming dogma. On page 85, I posed the question, “Can truth exist?” In this context the answer is no.

And yet the idea that an answer must be out there somewhere is a human emotion that is very hard for any researcher to let go of. This thesis shows that it is essential to guard against this ingrained aspect of human nature which seems to work to distort our researching activity by dulling our critical minds with thoughts of solutions to problems. When we stop being critical we run the risk of ideas becoming dogma.

This research has an added element of transferability as the ideas and concepts developed among Aboriginal people in the Northern Territory have, so far, had such a resonance with Aboriginal students in NSW. This is also an indication of the extent to which the process of colonisation has been so all-invasive in Australia’s history. I have worked with many unique individuals from many unique cultural groups in many different locations, who all share this common experience and have generally responded well to education which acknowledges the ongoing nature of such colonisation. The ease with which these ideas were transferred must be an indication of the value they have in contexts where abuse of power and stereotyping is a shared experience. On the other hand, there needs to be a great deal more testing in this and many other contexts.

Authors such as Keeffe (1992), McTaggart (1991), Bell (1991) Harris (1990) Sykes (1986) and McConaghy (1991) have described and critically compared various models in school education. Many of their publications which describe their ideas about Both Ways are based on well founded opinion, in many circumstances taken from years of experience, and have been excellent building blocks for this research. These authors have used research in schools to support their findings, their ideas have been very useful to this research.

The findings in this research are based on occasions when ideas about Indigenous education, such as teaching Both Ways, and later doing it Our Way, have been tested within Action Groups made up of Aboriginal and Torres Strait Islander students. This is the only occasion this has been attempted in health education with Indigenous people.

This research has invited the students to participate in the process of critical reflection, and the information collected is an attempt to give these people a voice. Their ideas are then tested and retested within this research with new groups of students. Many educators will not take up new ideas until they know new ideas have been subjected to rigorous research. This research has attempted to achieve such rigour.
So then what of the other important concepts described in the thesis? They of course become the map not the territory, a guide for other educators, old and new, who wish to work in this context. Any experienced map reader knows not to trust the map completely. I have no doubt that other people’s journeys will rewrite the map, possibly even throw it out.

To stick with the map metaphor, what sign posts have stood out?

1. There is a beneficial outcome for students when the teacher follows process to improve teaching. This process needs to be obvious to the students so that they participate and understand what they are involved in. With this understanding and participation they gain knowledge which is transferable to other contexts.

2. Both Ways is based on a utopian world, a world which the Both Ways pedagogy assumes is ready to accept ideas that are new and different, and are on occasions in conflict with the established point of view. The world is not Utopia.

3. ‘Difference’, which is the focus of Both Ways education, is problematic because once difference is described it becomes the focus for potential discrimination. When there is a focus on difference and we lose the identity of the individual this is the essence of discriminatory behaviour. Many educators go out of their way to explore ways of accommodating their teaching to cultural differences. The problem with this is that it adds to stereotypes about Aboriginal people, setting them up to fail.

4. A true context of education for Indigenous people must consider barriers to success in the workplace. These barriers are the true context facing graduates. These barriers stem from the interplay of power relationships within society, and the reluctance of those with power to let it go without a fight.

5. Teaching the students’ way or as they described it, Our Way implies giving them the tools to make their ideas work in a mainstream context.

6. Teaching Our Way implies being interested in and respecting the students’ ideas; valuing these ideas; and providing an environment where these ideas are allowed to flourish through a process of empowerment. There can be no illusion however, about how hard it is to implement these ideas in a world which does not readily accept being challenged by a marginalised group.

7. Letting go is a process of being aware of the power relationship in the classroom and the probability that this uneven power relationship has potential to be used to assimilate the students into the Western world view.

8. Letting go also implies that the teacher must trust the students to the extent of an absolute belief in the proposition that Indigenous people are the most likely ones to have solutions to Indigenous health problems.

This thesis has attempted to put into words many interesting ideas that Indigenous people have experienced within education. These are ideas like Mabo’s notion of keeping one foot in the past while walking into the future, or the premise that solutions to Aboriginal health and education problems will not come from an examination of culture but from an
examination of the abuse of power which refuses to accept the inalienable right of that culture to be.

While this research has attempted to put these ideas to the test, I have no doubt that in time these ideas will only highlight many more questions for further research about the role of the non-Indigenous educator working with Indigenous people. There is also a need for ever-better descriptions of these ideas so that more people can incorporate them into their daily practice.

My final comment is that this is not the end of my exploration. Indeed, I hope that in twenty years I will still be looking for better ways to practise in situations where the educator's world view is in contrast to that of the students. I will have learnt however that the solution will not come from an exploration of difference but from an exploration of how interactions are affected by that contrast, particularly how the imbalance of power influences the interactions. Maybe not in this exact setting and maybe not with the same cultural groups, but in twenty years maybe I will finish this exploration and truly understand cross cultural education. For now this phase of the research is complete.
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THESIS TITLE:
Both Ways and Beyond: In Aboriginal and Torres Strait Islander Health Worker Education

CANDIDATE:

DEGREE:
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YEAR:
1999

UNIVERSITY MEMBER:
University of Western Sydney (Hawkesbury)

SUPERVISOR
Dr Frances Parker
WHITE MAN IN A BLACK CLASS
Painting by: Helen Morris, Frances Turner and Cheryl Patulo
PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
A Spanish missionary was visiting an island when he came across three Aztec Priests.

"How do you pray?" the missionary asked.

"We have only one prayer," answered one of the Aztecs. "We say, 'God, You are three, we are three. Have pity on us.'"

"A beautiful prayer," said the missionary. "But it is not exactly the one that God heeds. I'm going to teach you one that's much better."

The Padre taught them a Catholic prayer and then continued on his path of evangelism. Years later when he was returning to Spain, his ship stopped again at the island. From the deck, the missionary saw the three Priests on the shore and waved to them.

Just then, the three men began to walk across the water toward him.

"Padre! Padre!" One of them called, approaching the ship. "Teach us again that prayer that God heeds, we've forgotten how it goes."

"It doesn't matter," responded the missionary, witnessing the miracle. And he promptly asked God's forgiveness for failing to recognise that He speaks all languages.

Coelho, P. (1996)
ACKNOWLEDGMENTS

For ten years I have been on an exciting learning journey to discover a path to reconciliation. I would now like to share this journey with you.

My journey has no beginning and no ending. As I endeavour to record my thoughts I recognise how much my thinking has changed over time. I realise that we can never cross the same river twice in the same way, therefore we must continue to look for new ways to cross.

My journey will never end. It will continue as long as I live, and when I am gone I know that other people will take up where I left off. This is an account of my journey up to this point in time. Who knows where my travels will take me in the future.

This journey has been shared by many close friends and family, all of whom I would like to thank. Especially:

- the students who have been so patient and taught me so much;
- my wife Carrie and children Jasmine and Amber who have been so patient, tolerant and supportive, and have helped motivate me during the low times;
- my fellow workers and good friends who have spent endless hours debating various key ideas with me, most significantly Robyn Williams, Michele Spiers, Julie Tye and Emma Collins, and various others over time too numerous to mention.
- to Michele Spiers who worked tirelessly editing, and Robyn Williams for proof reading.

Also thanks to Batchelor College who provided the infrastructure which brought such great students and staff together in an environment that necessitated learning. The College also provided study leave which gave me the opportunity to bring all the loose threads together.

To the people from Social Ecology particularly Frances Parker who have been of great assistance, especially considering the complications of distance.

The ideas I describe are very much my own personal description of my experiences influenced by my own values and attitudes. Some of my fellow travellers may well disagree with some or all of what I say, and I look forward to many more enjoyable hours of dialogue as I continue on my journey.

Before we begin a quick reminder to the fellow traveller.

*Walk behind me and I may not lead
Walk in front and I may not follow
But walk beside me and let us enjoy the journey.*
Signed Statement.

The material in this thesis has not been submitted for a higher degree at any other institution. To the best of my knowledge the work submitted in this thesis is entirely original except where otherwise acknowledged in the text.

John Grootjans
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ABSTRACT

During 1987 my essential beliefs about the nature of the world were challenged by a chance event which led to my arrival in Arnhemland. Working with Aboriginal people allowed me to see first hand the failings of Western ideas in Aboriginal education and health. This is how a 12 year collaboration with Aboriginal people began. The aim was to search for answers to the question, “Why did so many ideas that had been successfully used in the Western world, fail to meet the needs of Aboriginal people?”

My experiences prior to 1995 had led me to believe that Both Ways, an education pedagogy developed in teacher education, was the best approach for empowering Aboriginal Health Workers. I believed Both Ways gave Aboriginal Health Workers a means to develop solutions to Aboriginal health issues which valued and respected their Aboriginal knowledge.

I needed to describe and evaluate the practice of Both Ways with Aboriginal Health Workers for the purpose of proving the benefit of this pedagogy for other educators in this field. This thesis describes how I came to think Both Ways was a good idea; how I defined Both Ways; and how I put it into practice. It also provides a description of the issues raised in my critique of Both Ways and in my attempts to provide answers to these issues. Several years of collecting data, including records from action research group discussions, participant observation, interviews with peers and students, and formal evaluations left me with many concerns about Both Ways.

- Is Both Ways facilitating the description of problems in terms of “us and them”? If this is the case it has the potential to feed discriminatory stereotyping of Aboriginal people.
- Is Both Ways setting students up to fail in that it does not prepare them for a world that is conservative by nature and unwilling to change?
- Can theory move beyond Both Ways to prepare students for the barriers constructed by the dominant culture where ethnocentrism builds resistance to change.
- During the early part of this research the students were clearly the object of my explorations, this objectified the students and clouded the results. I gradually came to realise that I needed to make myself and my actions the object of my research, and that in fact the educator and their reluctance to let go of fixed ideas is often the cause of many student problems.
- Research about Aboriginal people is too often inaccessible to Aboriginal people because of the academic language used or the locations of such published documents. This thesis is written in the narrative with the intention of increasing its accessibility to Aboriginal Health Workers.

As educators follow my journey of discovery I hope that they will recognise experiences and insights that they themselves have shared. The descriptions and discussions in this thesis will add significantly to the overall discourse about health worker education. Similarly, the exploration of ideas beyond Both Ways will add significantly to the overall body of knowledge about the power relationships involved in teaching in a cross cultural setting.