Self-Determination
Aborigines and the State in Australia

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Frontispiece: Ganma.
Painted in 1989 by Yalmay Yunupingu, Gumatj Clan, Yirritja Moiety.
Reproduced from H. Watson and D. W. Chambers (1989) *Singing the Land, Signing the Land: A Portfolio of Exhibits*, Geelong: Deakin University, page 39.

Candidate's Certificate

This is to certify that the thesis entitled *Self-Determination: Aborigines and the State in Australia* has not been submitted for any other degree to any other university or institution of higher education. The source of the information herein is original and is solely the work of the author.

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Ian Hughes

Supervisor's Certificate

This is to certify that the thesis entitled *Self-Determination: Aborigines and the State in Australia* is ready for examination.

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Dr Cherry Russell

Abstract

This thesis is an inquiry into the possibility of Aboriginal autonomy under the regime of a state policy which commands self determination. Debate about policy has been dominated by Western scientific, political and professional knowledge, which is challenged by indigenous paradigms grounded in the Dreaming. A recognition of the role of paradox leads me to an attempt at reconciliation between the old and the new Australian intellectual traditions.

The thesis advances the theory of internal colonialism by identifying self-determination as its current phase. During more than 200 years of colonial history the relationship between Aborigines and the state has been increasingly contradictory. The current policy of self-determination is a political paradox. Aboriginal people must either conform to the policy by disobeying it, or reject the policy in obedience to it. Through the policy of self-determination the state constructs a relationship of dependent autonomy with Aboriginal people.

In a two-year (1994-95) action research project Kitya Aboriginal Health Action Group was set up to empower a local community to establish an Aboriginal health service despite opposition from the Government Health Service. In collaboration with local general practitioners and volunteers the action group opened a health centre. After the end of formal field work government funding and support for the health service was granted.

The project illustrated the paradox of dependent autonomy. What appeared as successful community development was not development, and what appeared as destructive factionalism was empowering. Strategies for change made use of contradictions and paradoxes within the state. As an innovation in the practice of social change, the thesis begins the construction of a model for indigenous community action for self-determination in health.

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Preface

In 1992 I enrolled in the Doctor of Philosophy degree in the Faculty of Social Sciences at Deakin University and at the start of 1994 transferred my enrolment to the Faculty of Health Sciences in The University of Sydney. The research was unfunded and payment to participants was not possible. Some out of pocket expenses incurred by Aboriginal participants was reimbursed from a small University grant, and the Faculty of Health Sciences donated a computer to the Aboriginal health service which was set up. I received no personal remuneration from the project.

This thesis and the project it reports complies with the NHMRC Statement on Scientific Practice, NH&MRC Guidelines on Ethics in Aboriginal Research and the Statement of Principles and Procedures for the Conduct of Research issued by the Sydney University Koori Centre. The project was approved by the Deakin University Ethics Committee in June 1993, The University of Sydney Human Ethics Committee in May 1994, and endorsed by The University of Sydney Koori Research Committee in March 1993.

Acknowledgments

I welcome the opportunity to record my thanks to many people. A major contribution was made by members of Kitya Aboriginal Health Action Group, and other members of the Aboriginal community of Kitya, some of whom are known by pseudonyms in this thesis. I am grateful for their support, tolerance and willingness to teach. I deeply appreciate the spiritual, intellectual and other insights I have received from Aboriginal teachers in NSW and Northern Territory. I especially record my debt to Jackie Kalakala, as well as Les Bursill, George Gunjibala, Chris King, Trish King, Manduwuy Yunupingu and others.

I gained much from three people who provided supervision. Dr Michael Muetzelfeldt, of the Department of Politics at Deakin University helped develop my critical thinking and theoretical position; Dr Cherry Russell of the School of Community Health at The University of Sydney helped especially with research method and writing the thesis; and Dr Friedoon Khavarpour, also of the School of Community Health, joined me in the field.

I maintained virtual contact with the action research community through two email lists, *AR-students* moderated by Paul Inglis and *Arlist*, conducted by Bob Dick. I am grateful to both. I thank Roderic Pitty and Tim Rowse for comments which helped me to think through the idea

of dependent autonomy, Trish King for nurturing my appreciation of spiritual aspects of ganma thinking, and Cherry Russell for her careful supervision, especially while I was writing up the thesis. The off campus library service at Deakin University provided excellent support during the literature survey. The skill of my chiropractor, Guy Murray, enabled me to spend too much time at the computer keyboard.

My wife, Dee Hughes, has assisted in every possible way during the six years I have been working on this project, has been my constant support and companion. I cannot overstate my debt of gratitude to Dee. She and other members of my families have shared the burden of this project in many ways.

Originality

I first thought of the idea of dependent autonomy while writing a case study of development in north Australia as part of a Master of Development Studies program at Deakin University (Hughes 1991: 28). A paper on self-determination to the 1993 Australasian Political Studies Association Conference (Hughes 1993) was based on work undertaken towards the Doctor of Philosophy degree. With revision this was published in Australian Journal of Social Issues in November 1995 (Hughes 1995), and with minor changes this became Chapter Chapter 3 in this thesis.

All research activity, including literature review, fieldwork, data collection, analysis and reporting was my own. The notion of dependent autonomy, which is tested in this thesis, is an original contribution to the theory of internal colonialism. The model of indigenous community action presented in Chapter Chapter 9 is an original contribution to practice knowledge.

Being White

This thesis is in part a record of my thinking about being white in black Australia. As a non-indigenous person it is hard to write an academic thesis about self-determination in a way which empowers people who have been oppressed by my mob for 200 years. I hope the action research project reported here and the thesis itself, in a small way, helps Aboriginal empowerment and self-determination. But there is a risk that retaining the traditional thesis form may contribute to the continuing intellectual colonisation of Aboriginal Australia. The inclusion of elements of indigenous thought may help intellectual decolonisation, and may also be part of the domestication of Aboriginal thinking. The final chapter of the thesis

attempts to suggest some implications of this study for action to empower Aborigines. The first thing we whitefellas have to do sort out what is happening inside our heads. One sub-text that I am aware of is that the liberation of white Australia is irreversibly and intimately bound up with the liberation and empowerment of indigenous people.

Acronyms and Abbreviations

AIDS	auto-immune deficiency syndrome
ALP	Australian Labour Party
AMS	Aboriginal Medical Service
ATSI	Aboriginal and Torres Strait Islander
ATSIC	Aboriginal and Torres Strait Islander Commission
CDEP	Community Development Employment Program
CDP	community development planning
GP	general practitioner
HIV	human immunodeficiency virus
NAIHO	National Aboriginal and Islander Health Organisation
NHMRC	National Health and Medical Research Council

Chapter 1 Introduction

This thesis tells the story of a project to promote Aboriginal self-determination in health, in a part of NSW I have called Kitya. Self-determination and reconciliation, the twin planks of Australian Aboriginal affairs policies, are ideas with momentous potential for liberation, which can paradoxically be seen as continuing the historical colonisation of Australia's indigenous peoples. This thesis examines the paradox of self-determination through theoretical discussion and a case study, using a metaphor which attempts to reconcile Aboriginal and Western ways of knowing and doing.

The relationship between Australian Aborigines and the Australian state is currently mediated through a policy framework of Aboriginal self-determination. Self-determination underlies the policies of all Australian political parties, government departments and services, and is subscribed to by significant Aboriginal organisations. Despite this superficial consensus the relationship between Aborigines and the state remains problematic. The policy framework of self-determination purports to establish a relationship between Aborigines and the state in which power previously held by the state is devolved to Aborigines. However a number of observers comment that the power and reach of the state is extending, rather than diminishing. I designed a project with twin aims: to promote Aboriginal self-determination and to examine the extent to which self-determination can be achieved.

Underlying the thesis is the question: In the current policy context, in which Aborigines and Australian governments declare commitment to principles of self-determination, to what extent can Aborigines be self-determining? This is understood as a question about the relationship between Aborigines and the state. The question will be (at least partially) addressed with reference to three main research aims:

1. to describe and analyse 'self-determination';
2. to describe relationships and interactions between 'Aborigines' and 'the state' around questions of self-determination;
3. to suggest some implications of this study for action to empower Aborigines.

Three bodies of literature were surveyed. Social science literature contains a range of approaches which can contribute to theoretical understanding, but none of these were completely satisfactory. The professional literature on community development in health shares common value assumptions, but a critical examination of the idea of development

revealed its links with political domination. For various reasons indigenous literature is less widely available, and it receives less critical scrutiny than writings in the social sciences or professions. The indigenous world view and the ganma metaphor are relevant to this project.

A chapter on 'Dependent Autonomy' expresses the central theoretical position of the thesis. In it I outline and reinterpret the history of the colonisation of Australia's indigenous peoples, and extend the theory of internal colonialism. Over 200 years of history, contradiction has been built upon contradiction in the relationship between Aborigines and the state. The policy of self-determination is paradoxical. A powerful government makes laws which tell Aboriginal people that they must become self-determining, and that they must do this in a non-Aboriginal way. They must become autonomous by carrying out government instructions. They must use government money and bureaucratic procedures to become independent of the government. Under such a policy, action to increase Aboriginal autonomy can be expected to produce increased dependency on the state. The chapter concludes that contradiction and paradox can be viewed as conditions to be lived, rather than irrational elements which must be resolved or removed.

The nature of this project raised a number of questions at the level of methodology. My explicit commitment to promote Aboriginal self-determination included active involvement in community development work to establish an Aboriginal health service, and extended to questions of epistemology and philosophy of science. Social science is a tradition of knowledge which has been sponsored by the Australian state in universities and schools. A great indigenous intellectual tradition has been suppressed during two centuries of colonisation and made subject to forms of knowledge sponsored by the state. In this thesis I explore how the older Australian intellectual tradition, grounded in the paradigm of the Dreaming, can assist in dealing with complex and paradoxical questions.

An original proposal for analysis of texts about self-determination was rejected in favour of an action research case study of a community development project designed to increase self-determination in Aboriginal health. Meetings of an action group were tape recorded, transcribed and analysed using qualitative research software. Relationships in the field were the key to success in both empowerment and research.

Ethical considerations called for a project that would bring concrete benefit to an Aboriginal community. I was invited into an Aboriginal community to do research that had useful outcomes for them. The research contributed to the Aboriginal self-determination which it studied.

In an empirical study I tested the theory of dependent autonomy; that is, in becoming more self-determining (more autonomous from the state) Aboriginal people paradoxically find themselves increasingly dependent on the state. In response to requests from members of the community I joined with them to establish an Aboriginal health service. This provided a case study of action to increase Aboriginal self-determination in health. In the context of this community development project I was able to study the changing relationship between Aborigines and the state at the local level. As well as a test of theory, this was a study of the assumptions and practices of community development in Aboriginal settings. The empirical study is described in four chapters, each containing a different level of analysis. Discussion in every chapter, and at every level, addresses the question of self-determination. Within the linear form of the thesis discussion spirals from broad issues of epistemology and philosophy of science to detailed analysis in a specific context.

A description of the community in which the research was conducted is followed by an overview of a problem situation and a description of the community development project. In Chapter Chapter 5 the community development project is judged to be successful, as a local grass roots community organisation achieved community improvement and empowerment in the face of opposition from the state. The local Aboriginal community identified a priority, and organised for local action to achieve their own goal, in partnership with non-Aboriginal people who shared a common concern. In collaboration with local doctors an Aboriginal health service was established, and eventually government support for the health service was obtained.

A closer analysis of Aboriginal understandings of 'community' and 'community development' in Chapter Chapter 6 draws on extracts from transcripts of Aboriginal Health Action Group meetings and other field sources. The analysis of this data supports the view that, in this case at least, Aboriginal people used an implicit model for social change that was different to community development models. I begin a description of key features of this model of indigenous community action.

Factional conflict in the Kitya region intruded itself on the project, and demanded analysis. In Chapter Chapter 7 I report indigenous explanations of factional conflict, which are themselves conflicting. I consider factions in relation to community development, action research and self-determination. The conventional wisdom that factions are destructive to self-determination is questioned. Factions can be seen as local political organisation and self-

determination, and as resistance to Western models of hierarchical and bureaucratic control. Factions illustrate resistance to domination by imposed models of development.

Chapter Chapter 8 contains the detailed analysis of political change that is central to the argument of this thesis. The changing relationship between the Aboriginal Health Action Group and Government Health Service is a process of self-determination. Over two years Government Health Service moved from outright opposition to active support for an Aboriginal health service. This chapter studies how this change was achieved. In the face of opposition from government, the local health action group took autonomous action to achieve its goals. Having achieved their goal, through their own determination, the action group found itself dependent on the state for funding to continue the project. This illustrates the paradox of self-determination. A successful self-determination project resulted in increased integration with, and dependency on, the state.

The final chapter considers some implications of the study. A model for indigenous community action, drawing on data from previous chapters, is presented. This is the beginning of a guide to an alternative to community development practice for indigenous communities.

Three outcomes of this research, corresponding to the three research goals, are:

- A description of self-determination as a new and paradoxical phase of internal colonialism, in which the state constructs a relationship of dependent autonomy with its indigenous citizens;
- A description of a case study in which an Aboriginal health action group was successful in increasing their degree of self-determination in relation to the state at the local level;
- A model of indigenous community action to replace the development paradigm in community work.

Finally, a note about my use of the term ‘Aboriginal’: The Kitya Aboriginal community included people from a variety of Indigenous backgrounds, identifying as Koori (from NSW, Victoria and Tasmania), Murrie (from northern NSW and Queensland), Anangu (from Central Australia), Nyungar (from WA) and Torres Strait Islander. Many of these people also identified with one or more non-Indigenous ethnicities. Though a number of participants in the study preferred an Aboriginal word (such as Koori or Murrie) to identify themselves, the use one such a term to refer to the community as a whole would exclude some members. Aboriginal members of the action group, therefore, preferred the term ‘Aboriginal’, and I have followed their usage this thesis. Except where context indicates otherwise, the word

'Aboriginal' can be taken to refer to people who identify themselves as Aboriginal people or Torres Strait Islanders, and are accepted as such by the local community (represented by Aboriginal members of the health action group). In this thesis the word does not represent a unified group or culture, but refers to any of the cultures that are indigenous to Australia.

This thesis reports original and innovative research. My notion of dependent autonomy as a new and paradoxical phase of internal colonialism is an advance in the theory of colonialism. My attempt to deal with complexity and paradox by using the ganma metaphor is a novel application of published and local indigenous theory. The model of indigenous community action, which I start to construct in the final chapter, is completely new and is not complete.

The main conclusions of the thesis are that self-determination is a new phase of colonialism. The policy of self-determination is a political paradox, through which the state constructs a relationship of dependent autonomy with Aboriginal citizens. Community development, which claims to be liberating, is an instrument of domination by the state. Indigenous community action can be described through metaphor, and may have paradoxical outcomes, producing both self-determination and dependency on the state. The paradigms of social science and the Dreaming can both contribute to theory and practice in community health. If indigenous community action is to be liberating, models grounded in indigenous knowledge and epistemology must come to coexist with Western notions.

Chapter 2 Literature Review

Introduction

In this chapter I review theory and knowledge from three traditions which are relevant to this study: social science, professional practice and indigenous knowledge. The knowledge system called science (including social science) exists in Australia alongside a much older indigenous intellectual tradition. The indigenous tradition takes a subjective relationship with the world, in contrast to the objective scientific view. The exploration of Aboriginal self-determination undertaken in this thesis is open to the possibility of intellectual as well as political reconciliation. That is, I wish the self-validating claims of Aboriginal systems of thought (as much as I know them) to exist beside, and interact with the self-validating claims of social science. I consider indigenous knowledge as a valid intellectual tradition, and do not discount it by turning it into data for science. I aim to place theories and practices of community development in the context of a dialectical relationship between indigenous and Western traditions of knowledge. From this dialogue a new praxis may emerge (see Chapter Chapter 9).

This chapter is organised into three parts. An overview of social and political theory relating to the project is followed by a discussion of professional knowledge and practice, especially of community development in health. Then comes an overview of indigenous knowledge, from the traditional world view to recently published ideas about indigenous community making. I hope that relationships between these bodies of knowledge will be apparent at various points. The review of literature continues into the next chapter, which is a theoretical discussion of colonialism and indigenous affairs policies.

Social science

The intellectual traditions of the West, modern science and logical rationality, rest on fundamental separations. Western consciousness is dualistic.

> When a judgement cannot be framed in terms of good and evil, it is stated in terms of normal and abnormal. And when it is necessary to justify this last distinction, it is done in terms of what is good or bad for the individual. These are expressions that signal the fundamental duality of Western consciousness (Flemons 1991, citing Foucault).

Western religion, philosophy, science, technology, economics, and politics rest on a system of knowledge grounded in separation. The Judaeo-Christian distinction between God and man; Plato's distinction between intellect and senses; Decartes' distinction between mind and body; Newton's distinction between the objective observer and the observed object; the economic distinction between consumer and environment; all rest on a fundamental dualism. In this way of knowing the knower sees himself or herself as quite distinct from the objects he or she sees and knows about. He or she sees himself or herself as if separate from the world 'out there'. In this view the phenomena of the world remain the same whether we see them or not. Knowledge is acquired by recognising a distance between ourselves and nature

(Flemons 1991: 24).

The separation between observer and observed is continued when people watch people. Anthropologists whose 'basic task is to describe specific cultures adequately' (Creamer 1988: 45) have had a key role in the construction of Aborigines as different, racially and culturally, from other Australians, and in the production of knowledge and strategies useful in the management of difference. Professors Radcliffe-Brown and Elkin, for example, established themselves as the leading exponents of the application of functionalist evolutionary theories to Aboriginal administration. By the 1970s new disciplines, including welfare and policy studies, added their voices to anthropology in the construction of academic and official discourses. 'Mainstream' liberal humanitarian discourse became increasingly diverse, even adopting some of the jargon of critical left-wing theory, as in Rowley's discussion of colonialism (1970a; 1970b; 1986).

RACE

'Race' is a very problematic notion. Discourses and theories of race that are now widely discredited have supported the exploitation and oppression of Aborigines by other Australians. Nevertheless, racial and racist discourses continue to affect social situations. Lattas (1987) argues that the construction of difference between white and black Australians has been integral to the production of the structure of Australian society, and that discourse about Aborigines is in itself an exercise of power. Aborigines were constituted as the most primitive people in a social Darwinist hierarchy, a perception that continued in Australian scientific discourse until recently (Boyden 1987; Rose 1987). The notion that Aborigines were at the bottom of a natural order served to confer a scientific validity on the moral construction of Aborigines as uncivilised, inferior and socially unacceptable. In development and health,

race became an analytical tool for dividing Australians into two categories, Aboriginal and non-Aboriginal, and mapping the distribution of diseases, resources and services. Both Aborigines and non-Aborigines were theorised as internally undifferentiated categories, with relatively stable differences in the allocation of power, resources and disadvantage between them. This provided an essentially static descriptive typology.

Analysis in terms of race is not useful in this thesis. It does not provide a basis for theory and practice of change. It creates two opposites, black and white, without opening potential opportunities for analysis of the dynamic construction of difference that gave one a dominant position. Studies of the dynamics of racial prejudice following the holocaust experience of the Second World War showed that enlightened liberal activity was not enough to prevent genocide and racism. Many studies of race and prejudice aimed, directly or indirectly, to contribute to transformation of social and political relations between members of different races. Allport's study of the nature of prejudice (Allport 1954) argued that racism lies more in the personality of the prejudiced person than in differences between peoples, and other studies showed the idea of race had no biological or other scientific basis. Race theory may create a sense of outrage and certainly provides a basis for complaint, but it disempowers rather than empowers. It does not generate, or identify the fault lines for change, or reveal practices required for social transformation.

To paraphrase Reid (1996: 4), the race template is not strategic. It substitutes a static and incomplete description for a dynamic analysis of power and of difference. It cannot contain within its analysis the bases for social activism and social change, such as choice, capabilities, freedom, moral commitment, doubt, failure and transformation. The term will not be used analytically in this thesis, though it will appear occasionally, when used by participants or in the literature.

POLICY STUDIES

Analysis of the policy of self-determination is central to this thesis. Mainstream approaches to policy studies draw heavily on the liberal tradition, but incorporate a variety of frameworks of thought. The 'technocratic' view of social administration, identified by Spragens (1981: 91-195), is an important element in liberal politics, while recent studies involve detailed analyses of the workings and influence of the new middle class in key positions (Pusey 1991). These analyses focus attention on bureaucrats as active in the construction and use of power, rather than passive instruments of government policy. According to Laver (1986: 10) the mainstream

academic position considers the essence of policy-making to involve resolving problems. When theorists such as Dubnick and Bardes assume that policies are 'responses to and sources of problems' (1983: 5) they are not simply describing a process. In defining a situation as a problem other possible conceptions are excluded. Alternative formulations such as a dilemma, with choice limited to two alternatives; a condition that has to be borne; an issue for debate; or an act of the gods, are excluded.

A range of public problems is identified. The position of Aborigines as the most disadvantaged group in Australia is an affront to social justice (Rowley 1978b; Anonymous 1991). Their exclusion from citizenship until 1967 (Hocking 1988) and continuing disadvantage indicates a failure of the welfare state (Berndt 1969; Collmann 1988). Their appalling health status shows the failure of public health measure. Policy-makers experience these public problems as objective reality. One such is the 'problem' of development.

DEVELOPMENT

Development has been described as a master discourse in Western science (Nisbet 1980; Rowlands 1989: 35). A broad pattern of development from simple to complex forms has been described in physics, biology, linguistics, psychology, astronomy, palaeontology, cosmology, and mathematics, and in economics, politics, anthropology and sociology. Development, according to this master discourse, involves change from simple to complex forms; from homogenous, universal, mechanical elements to differentiated, specialised, organic systems. This gave rise to the assumption in liberal social science

> that the development of human societies can be studied in terms of the transition from earlier simple forms, in which one set of social relations may perform many functions (homogeneity), to later complex forms where "institutions" carry out specialised functions (heterogeneity)' (Rowlands 1989: 30).

The idea of social development grew out of social evolutionary theories and nineteenth century social Darwinism. Change in the direction of 'greater specialisation and division of labour' (Rememyi 1984: 14) was identified as a key characteristic in the major liberal theories of economic development including: Rostow's (1966) five stage 'take off' theory; Polanyi's (1957) 'great transformation' from reciprocity, redistribution and house holding to market exchange. In a self-validating discourse, grounded in functionalist systems theory (Almond 1987: 439), the more political institutions and administration approximated the Western model, the more highly developed they were said to be.

The conventional view, conceived in a reductionist, mechanical scientific paradigm, viewed development to complexity as increasing differentiation and specialisation of structure and function (Dunning 1967: 890). Complexity was thought of as a complicated arrangement of relatively simple parts with different structures and specialised functions, as in a watch. New scientific paradigms, however, define complexity as a measure of information. In general systems theory, information is an emergent property of systems. In a hierarchy of system complexity, such as that shown at Table 1, a new dimension of information is said to emerge at each level of complexity.

Table 1: Hierarchy of system complexity

Level	*System Type*	*Added Dimension*	*Example*
12	Ecological	Environment	Continent
11	Social	Culture	Village
10	Psychological	Self-consciousness	Person
9	Biological	Intelligence	Horse
8	Botanical	Reproduction	Rose
7	Open systems	Self-organisation	Siphon
6	Cybernetic	Information	Thermostat
5	Dynamic	Motion	River
4	Structural	Depth	Bridge
3	Graphic	Breadth	Picture
2	Linear	Length	Line
1	Locational	Point	Location

After Boulding, 1956.

Jurgen Habermas distinguishes between the logic and the dynamic of development. The logic of development has to do with ideas and discourses which are constructed as solutions to specific and universal problems in religious world views (Brand 1990: 51), and is an immanent property of the system. A logic supplied externally is a logic of domination, and the regulation and control of information under domination has the effect of limiting capacity for self-regulation. Conflict between an Aboriginal world view and the White Australian ideology of development has been identified (Coombs, McCann et al. 1989; Wolfe 1993a, 1983d; Coombs 1994: 86-117). An Aboriginal 'logic of development', were it to be described in the literature, might be framed in the ideology of Dreamtime relationships between humans, nature and spirits. However, because of the close links between development and domination, and because Dreamtime ideology places emphasis on continuity rather than change, a statement of an indigenous 'logic of development' would be likely to reject the word 'development'.

DEVELOPMENT AND DOMINATION

Heilbroner (1960), Nisbet (1972; 1980) and others have argued that theories of economic, political and social development are historically contingent and analytically flawed. Nisbet argued that the direction of development is in the eye of the beholder, that theorists confuse contemporaneous difference with historical change, systematically ignore evidence that does not support their view, and that the argument for development is circular. He suggests that 'despite the popular prophetic appeal of the idea of directionality and its undoubtedly salutary effects upon consensus in the social order and upon resoluteness in the human mind, directionality is not something that can be substantiated in fact' (Nisbet 1970: 361).

Miller, Rowlands and Tilley (1989) draw attention to a contradiction underlying social science discourse on development. The development of complexity and heterogeneity, which has been defined as morally progressive (Nisbet 1980), appears inevitably to emerge as inequality (Bender 1989); and on the other hand, the search for identity and the elimination of difference through development of community appears as nostalgia for a lost age. They argue that discourse of development is inextricably bound up with modernisation, colonialism, and the construction of inequality. They suggest that because the idea of development serves to obscure the construction of inequality, development theory should be replaced by a theory of domination and resistance. The model of domination and resistance is compelling in the Fourth World situation of internal colonisation (Beckett 1977; Hartwig 1978; Graburn 1981; Dyck 1985; Beckett 1987; Morris 1989; Burger 1990). Much of what is called 'development' is domination (Miller, Rowlands and Tilley, 1989) which ignores the spontaneous self-organisation of the human and ecological systems involved (Bookchin 1980). 'Community development' could be viewed as a self-contradictory notion.

INTERNAL COLONIALISM

Several theorists (Beckett 1977; 1987; 1988; Hartwig 1978; Jennett 1987; Morris 1989) have advanced the theory of internal colonialism to explain the position of Aborigines in relation to the State. In *Capital* Marx (1952) pointed out that materials produced in non-capitalist modes of production enter the market and function as commodities within the capitalist mode of production, and to this extent the capitalist mode of production is conditional on modes of production lying outside of its own stage of development. In his analysis of the South African situation Wolpe (1975) extended centre-periphery analysis (Alavi and Shanin 1982). Where 'pre-capitalist' economies co-exist with capitalism opportunities for the exploitation of labour arise which were not available in the old capitalist economies of Europe. Labour power

'which is physically produced in a non-capitalist mode of production ... is converted into a commodity by its appearance on the capitalist labour market' (Wolpe 1975: 245). Thus the colonial relationship can appear within the boundaries of a single state. This argument is taken up in more detail in the next chapter.

DISCIPLINARY REGIME OF WELFARE

Internal colonisation is supported by welfare arrangements made by the state. Jennett comments that: 'The chief reason for the inability of Aborigines to achieve a 'decolonised' status (comparable to that of independent nations which are ex-colonies) relates principally to the welfare function of the state' (Jennett 1987: 58). Foucault's (1979) analysis of carcerial institutions has clear application to Aborigines, who are possibly the most institutionalised people in the world. The central feature of reserves, children's homes, prisons and other institutions 'is that they accommodate people who have failed to absorb the standards of appropriate behaviour and have to be trained, punished, 'normalised', and controlled' (Khoury 1989: 225). Discipline is used to control the Aborigines, who constitute a problem for whites and the state, and to reduce resistance.

Welfare colonialism may be interpreted, following Foucault, as a regime of welfare, a form of disciplinary power which aimed to bring Aborigines within the direct control of the state, while minimising political and economic cost (Smart 1983: 109). Its effect was the formation and control of individuals through tutelage, normalisation and surveillance, which became internalised, and diffused, so Aborigines no longer think of themselves except in relation to whites and the state. This domination has the appearance of welfare, which minimises resistance.

However, analysis in terms of disciplinary regimes underestimates both the involvement of those subject to power in the construction of power relationships (van Krieken 1992a; 1992b), and the resistance to normalising power which they can exert (Smart 1983: 86). Miller (1989: 64) argues that Foucault is limited by his removal of human agency from structures of power. Agreeing with Foucault that power is an aspect of relationship, Miller argues that relations of dominance have inherent contradictions that are not resolved, but are lived through in a balance of forces. In the same volume, Portugal (1989) argues that indigenous cultures and systems persist under colonial domination, whether international or internal, and that resistance to domination is often a deep alienation from the West, and not deliberate conscious action.

A number of recent writers have drawn on Foucault's ideas to analyse relations between Aborigines and the state (Alexander 1984; Davidson 1991; King and McHoul 1986; Khoury 1989; Lattas 1987; Lines 1991; Morris 1989). This analysis enables an interpretation in terms of the construction of power, as well as its distribution and uses. Power is not seen as a possession, an institution, a structure, or an endowment (Smart 1983: 102), but as a quality of relationship that exists only in its exercise. Rather than searching for the truth about sovereign-subject relations, Foucault engages in a critical analysis of the discourse within which relations of power are constituted. He is interested in the politics of truth rather than the truth of politics.

Foucault's thesis is that discourse and power constitute each other (Tilley 1989). Discourses are controlled, selected, organised and distributed through the exercise of power, and power is exercised in human relationships through discourse. While discourse constitutes relationships and power, it is itself subject to social control. There are limits to the control of discourse. Analyses of the discursive production of power in relation to Aborigines (King and McHoul 1986; Khoury 1989; Lattas 1987; Morris 1989) have generally omitted any analysis of Aboriginal discourse, and Aboriginal power.

The 'truth' about the Australian Aborigines has been constructed in discourse over two centuries. Lines (1991) places domination of Aborigines in the context of the European conquest of nature, which always involved power relations among humans (Miller 1989). Non-indigenous Australians shared an ideology that progress, growth and development would bring improvement in life. Lines suggests that 'Aborigines did not necessarily want to join in the world's progress, especially since assimilation meant entry into European society at the very lowest level of the social hierarchy' (Lines 1991: 114). Where Aborigines were able to, they freely chose life in the bush against the savagery of penal society.

STRUCTURATION

Claims that Aborigines are active subjects relate to a fundamental difficulty of structuralist and post-structuralist theory identified by Giddens (1984, 1987) as the exclusion of agency. The argument that society has structural properties which cannot be explained as a simple summation of individual actions and the location of social change in structural processes has facilitated the construction of structuralist and post-structuralist theories with greater explanatory power than liberal and functionalist theory. But this has been accompanied by the loss of a place for human agency, for self-understanding and intentionality, which ultimately

leaves post-structuralist theorists without an explanation of their own actions. Thus the 'problem of action and structure' has been a central problem of social theory for some years (Giddens 1979).

In proposing his solution to this problem, Giddens accepts the functionalist stress on the importance of human agency, while rejecting their definition of structure. For the functionalist, structure consists of the patterns of relationships that can be observed in a diversity of social contexts, and is analogous to the girders of a building or the skeleton in a body. Giddens points out that in structuralist theory the concept of structure is quite different. Rather than an internal supporting framework, structure presumes 'the idea of an absent totality' (Giddens 1979: 61). To understand a sentence which a speaker utters a listener draws upon conscious or unconscious knowledge of a huge body of rules and strategies of syntax and semantics, which are not contained within the speech act, but which are nonetheless necessary to understand or produce it. By analogy, social action presumes an absent totality of rules, meanings and relationships, which is external to any social act, but necessary for it. For Giddens, this absent totality is social structure.

Conceived in this way, 'structure is both the medium and the outcome of the human activities which it recursively organises' (Giddens 1979: 61). Institutions and large-scale societies have structural properties by virtue of the recurrent actions of their members, which in turn limit and shape the actions of the members, who are only able to carry out their actions in society within the structure which they constitute, and which constitutes them. Action and structure are thus mutually determined and mutually constituted.

NON-LINEAR EXPLANATION

The common assumptions of logic and scientific method are grounded in linear relationships of cause and effect. Liberal theorists have sought to remove or resolve contradictions and paradoxes through re-definition, rationality or synthesis, and Marxist theory sees the resolution of contradiction as the principal dynamo of social change. Both these approaches derive from rational science and linear causality, which declares contradiction and paradox to be invalid or unlawful.

Holmwood and Stewart state that a central problem for a predictive social science is that 'the objects of study, as creative human beings, can always act in self-determined and potentially novel ways' (Holmwood and Stewart 1991: 42), and sometimes act in unexpected ways. They point out that the positivist and realist traditions in science demand explanations free of

contradiction (Holmwood and Stewart 1991: 22-23). These traditions are opposed by relativist social science, in which truth and knowledge are seen as culture-bound (Holmwood and Stewart 1991: 30). In modern theory social structure and social action have been treated as contradictory. Giddens proposes a unified meta-theory which explains 'how it comes about that structures are constituted through action, and reciprocally how action is constituted structurally (Giddens 1976: 161).

Sacks stated a methodological paradox raised by ethnomethodologists and communication theorists:

> As scientists we seek to produce a literal description of our subject matter. In order to describe, we construct (or adapt to our use) a language. While to begin with our language may be crude, one rule must be constantly attended to; nothing we take as subject can appear as part of our descriptive apparatus unless it itself has been described (Sacks 1963).

This supposes that a perfect language for the description of the world, which can adequately represent reality, is possible, at least in principle. This is not tenable. Social constructionism (Berger and Luckman 1967), radical constructivism (von Glaserfeld 1984) ethnomethodology (Boden and Zimmerman 1991), discourse analysis (van Dijk 1985) and Godel's Theorem in mathematics show that we cannot demonstrate the existence of any reality independently of the language we use to describe it. As Whorf warns, 'we all, unknowingly, project the linguistic relationships of a particular language upon the universe, and *see* them there' (Whorf 1956: 262).

If we keep using language which makes a distinction between observer and observed, theorist and community we can easily come to believe that the distinction is real. Thomas' assertion that if people define things as real, their subjective definitions have real and objective consequences (Thomas 1923) can be applied to social theorists as well as their subjects. If others and we believe that the distinction between theorist and community is real, we will behave as if it is real. We will interact with each other as if it is real, and construct an interactive system, a social system, which operates as if the distinction is real. Social scientists invented the idea of the social construction of reality (Berger and Luckman 1967). The notion of social-construction-of-reality constructs a relationship between the social and the real, which in turn rests on a distinction between the social and the real. The idea of social-construction-of-reality appears to be true (real) only because Berger and others adopt a position of objective observer, assuming that they could be separate and distinct from the

social system in which they participate (Flemons 1991: 23-31). Berman calls this way of knowing a 'nonparticipating consciousness,' in which

> the knower, or subject 'in here,' sees himself as radically disparate from the objects he confronts, which he sees as being 'out there.' In this view, the phenomena of the world remain the same whether or not we are present to observe them, and knowledge is acquired by recognising a distance between ourselves and nature (Berman 1984: 355).

It has been argued that this way of knowing, an epistemology of distinctions and separations, comes from a fundamental misunderstanding. Gregory Bateson put it this way:

> If you put God outside and set him vis-à-vis his creation and if you have the idea that you are created in his image, you will logically and naturally see yourself as outside and against the things around you. And as you arrogate all mind to yourself, you will see the world around you as mindless and therefore not entitled to moral or ethical considerations (Bateson 1973: 462).

If we grew up and lived in a different language community, the linguistic relationships we would project onto the world may be quite different from those of academic English. Aboriginal people have a world view, and a set of linguistic forms in indigenous languages and in Aboriginal forms of English which construct people as deeply enmeshed with the world, as active participants in a continuing creation, who have kinship relationships with the land and with animal and plant species.

Bourdieu (1977) and Foucault (1980), among others, have argued that the academy is not separate from politics. The theories and discourses which describe politics are themselves exercises of power, that is, political acts (Maclean, Montefiore et al. 1990). Any complete description of Aboriginal-state relations must include a description of the social and political science discourses on Aboriginal-state relations, because these are part of the subject. The state's relations with Aborigines are in part shaped by academic discourse. We may seek to escape this conflation with a prior description of the academic discourse. But then this meta-discourse will appear in the political arena, and be available to actors as a political resource. So we must describe the meta-discourse with a meta-meta-discourse, which then becomes available in the political arena, and so on in an infinite series.

Ethnomethodologists faced a corresponding threat of infinite series. To make their descriptions of language they require a meta-language, which then requires previous description in a meta-meta language, and so on, in infinite series (van Dijk, 1985). Their somewhat inelegant response was to set an arbitrary but unspecified cut off point to the infinite regress. I consider this to be an unsatisfactory solution on two grounds. Firstly, the

conscious resort to meta-languages produces a dense build up of language and meta-language, leading to a loss of ordinary clear language in discourses about ordinary conversation, with a build-up of pedantry and jargon. Secondly, the strategy simply sidesteps the problem by means of an arbitrary rule.

Watzlawick, Beavin and Jackson (1967) suggest that there is a pragmatic limit that prevents series of this sort becoming infinite. First-order knowledge is direct experience; second order knowledge attaches meaning to our experience; and knowledge about meaning, which places meaning in context, is third-order knowledge. Most academic work is at this third-order level, at which we use personal constructs (Bannister and Fransella 1971) to make sense of, and explain, ourselves in our environments.

According to Watzlawick, Beavin and Jackson (1967: 264) people have remarkable ability to adapt to change at the second level, as long as third-order premises about existence and the meaning of the world remain inviolate. If a person wants to change her third-order premises, she can do so from a fourth-level, at which articulation becomes difficult if not impossible. Fourth-order knowledge is involved in phenomena such as paradigm shifts, psychotherapy and religious conversion experiences. Watzlawick, Beavin and Jackson 'doubt that the human mind is equipped to deal with higher levels of abstraction without the aid of mathematical symbolism or computers' (1967: 266). To cite their example, while we can understand the meaning of: 'This is how I see you seeing me seeing you', the next higher, fourth, level: 'This is how I see you seeing me seeing you seeing me', is virtually beyond understanding. The limit to meta-discourse, then, is not set by an arbitrary rule, but pragmatically by the limitations of human ability. Though we can know theoretically or computationally that discourse at fifth-order or higher levels is formally possible, pragmatically we cannot understand operations at these levels. The levels of knowledge and pragmatic limitations to human understanding are relevant to the dissolution of paradox.

PARADOX

Three types of paradox have been identified. An antinomy, or logico-mathematical paradox, is a statement that is both contradictory and provable in a formal system such as logic or mathematics. Several purported antinomies, such as 'the class of all classes which are not members of themselves', have been shown to result from a confusion of logical levels or hierarchies of types. Semantical paradoxes or paradoxical definitions concern the hierarchy of meta-languages. The sentence 'This statement is an untrue statement' appears true only if it is

false. The sentence, however, can be shown to contain two statements. One in first-order language asserts that the object 'this statement' has the quality of untruthfulness. The second is a statement in the meta-language about the statement itself. It is implied that the statement referred to in the object language and the meta-language are the same, however this is meaningless. To make the sentence meaningful a way should be found to remove the confusion of identities, for example: 'This (statement) is an untrue statement', or 'This statement is an "untrue statement"'.

Though perhaps all logical or semantic paradoxes have not been explained away in philosophy and semantics, to deal with any which remain unexplained by declaring them trivial or unlawful is justifiable for our purposes. Not so for the third class, pragmatic paradoxes, which includes paradoxical injunctions and paradoxical predictions. An example cited by Watzlawick, Beavin and Jackson is the soldier who is ordered to shave all the soldiers in his company who do not shave themselves. Logically, the barber-soldier cannot exist in the sense defined. Pragmatically though, there is no reason why a sadistic officer could not give such an order, then punish the soldier if he either did or did not shave himself. The essential ingredients of a paradoxical injunction are:

> A complementary relationship with a difference in power,
> within the frame of this relationship, an injunction is given which must be obeyed and must be disobeyed to be obeyed, and
> the person occupying the one-down position in this relationship is unable to step outside the frame and thus dissolve the paradox, by commenting on, that is, metacommunicating about, it (Watzlawick, Beavin et al. 1967: 195).

Probably the most frequent paradox in human interaction 'occurs whenever somebody demands of another person behavior that by its very nature must be spontaneous but cannot be because it has been demanded' (Watzlawick 1976: 19). The required spontaneous action is defined or known in advance, or at least must be within a range of, actions defined by the dominant person as 'appropriate'. Spontaneity is not an end in itself, but provides evidence of incorporation into the ideology or world view of the dominant party. In Chapter Chapter 3 I argue that the policy of self-determination is a paradoxical injunction. In the meantime, I provide an introduction to professional community development through a brief and selective review of the literature.

Professional community development

This thesis describes a community development project conducted by a qualified and experienced professional in the field. Professions lay claim to sets of knowledge, skills, values and ethics. Mainstream health professions claim a scientific basis for professional knowledge and practice, and a range of alternative health practitioners ground their practices in other forms of knowledge. Even in the science-based health professions many established practices are based on practical wisdom, rather than scientific knowledge. Community development in health claims to be grounded in a set of values rather than a body of scientific knowledge (Butler and Cass 1993: 11).

Professional practice and social action with poor and oppressed peoples have generated a critical tradition that has called for the remaking of knowledge in social science. This movement does not deny the merits of science and social science, but questions the relationships between research, knowledge, action and power. In science knowledge and practice are treated as though they are separated in a Cartesian dualism. Fals-Borda has called for knowledge to be remade through procedures that make knowledge through practice (Fals-Borda 1991). In the professions and in social action knowledge emerges from reflective practice. Knowledge that arises in and is not separate from practice or action is called praxis. The praxis of community empowerment is the subject of this research and the praxis of action research informs the research design and process.

Community development has been officially viewed as a key technology for Aboriginal self-determination (House of Representatives Standing Committee on Aboriginal Affairs 1990; Wolfe 1993a, 1993c; Coombs 1994), including self-determination in Aboriginal health (National Aboriginal Health Strategy Working Party 1989). Community development emerged after the Second World War as a strategy to maintain British influence in newly independent India. The focus on development identifies its relationship to notions such as 'Idea of Progress', a central organising principle of Western civilisation (Nisbet 1980), which is absent in traditional Aboriginal culture. Community development is not a notion that is indigenous to Australia.

The concept of community draws on the sociological concept of *gemeinschaft* (Toennies 1925; 1955). *Gemeinschaft* is a type of relationship between people involving ties of kinship, locality and/or friendship, in contrast to *gesellschaft* relationships, which tend to be impersonal, instrumental and specialised. *Gemeinschaft* relationships characterise well-established communities, and are multi-dimensional relationships between family, land and

friends. When community development workers try to build similar relationships in new communities, these new relationships can be called neo-*gemeinschaft* (Rivera and Erlich 1981). Toennies proposes a historical trend away from organic *gemeinschaft* to mechanical *gesellschaft*. 'The entire culture has been transformed into a civilisation of state and *gesellschaft*, and this transformation means the doom of culture itself' (Toennies 1955: 270). Toennies' program for the salvation of Western civilisation, the fostering of *gemeinschaft* to recapture a lost sense of community as a bulwark against an increasingly impersonal society, remains at the core of community development theory and practice. Mayo suggests that the social technology to remedy this loss of community had its origins in British post-war colonial policy. In India the community development movement merged the British anti-communist programme of local democracy with Gandhi's non-violent tactics. (Mayo 1975: 131).

Community development became a professional social work method in Britain (Calouste Gulbenkian Foundation 1973; Jones and Mayo 1974; Twelvetrees 1982), the USA (Cox, Erlich et al. 1984; 1987) and Australia (Tomlinson 1978; 1982b; Kelly and Sewell 1986; Baldry and Vinson 1991; Kenny 1994). This added a new dimension to the symbolic power of the idea. 'Community' evokes everybody's ideal notion of the good life (Wild 1981: 24; Williams 1983: 74) and development implies natural and inevitable progress toward good (Nisbet 1980: 166ff; Williams 1983: 102). In a technocratic culture professional social workers, dedicated to meeting human needs, have the power to diagnose what society's needs are (Illich, Zola et al. 1977: 17). Community development, as professional welfare activity, is a powerful symbol (Cohen 1985), which resists deconstruction (Hillery 1955; Nisbet 1972; Clarke 1973; Effrat 1973; Wild 1981: 17-44; Williams 1983: 102-104; Cohen 1985: 21-38; Rowlands 1989). 'Very difficult contentious political and economic issues have been widely obscured by the apparent simplicity of these terms' (Williams 1983: 103) which carry self-justifying ideological content (Clarke 1973: 37; Midgley 1986: 2).

The symbolic power of these words enables people to gloss over differences in the ways they are understood. A number of writers, for example, overlook differences in the direction of change noted by Toennies and Durkheim (Worsley 1970: 259; Wild 1981: 18; Hoogvelt 1982: 11). Their positive connotations enable the words to be used in processes of economic and political domination. 'The idea that the poor and oppressed should be mobilised by external agents and encouraged to participate in decision making for social development at the local level' (Midgley 1986: 13) has been used to maintain the status quo in economic and political power, and recruit the poor and oppressed as cheap labour (Mayo 1975: 133; Midgley 1986:

19). Toennies noted that under *gesellschaft* 'any idea of unity or the common good can be traced to the self interest and domination of some individuals, or to the objective fact of a unity based [on] external phenomena' (Toennies 1925: 67). Symbols of *gemeinschaft* are used as instruments of self-interest and domination to construct the appearance of unity.

In South America the history of colonisation and the emergence of dependency theory (Cardoso 1982) gave rise to community action in the tradition of Paulo Freire (Freire 1970; 1972; 1973). Literacy and dialogue became means through which the oppressed engaged in consciousness raising and action for social change. Freire's conscientization process has made important contributions to critical theory, liberation theology in South America, and to feminism and community development (Ashcroft and Jackson 1974; Leonard 1990: 136-248) and action research (Fals-Borda 1979) in the First World. Freire's techniques of raising critical consciousness of domination and resistance are available to radicals opposed to domination, and who aim to empower the oppressed to act on their own behalf.

Professional community development workers find themselves in paradoxical positions when working with Aborigines. They typically learn about and operate on the basis of notions of welfare and community that are derived from the European intellectual tradition and values. Knowledge of Aboriginal culture gained through Anthropology courses is structured in the modern scientific discourse, and what Europeans know about Aborigines is not what Aborigines know about themselves (Berkhofer 1978; Attwood 1989; Morris 1989). Graduates leave universities with ideologies of welfare, community development and self-determination that are not those of members of Aboriginal communities (Tomlinson 1985: 155-156; Sykes 1986). European professionals conceive of self-determination within their own paradigms and structures of meaning, and because of the relatively senior positions they hold in service delivery, administration and teaching, their conceptions are privileged over the ideas of relatively powerless Aborigines. They are in a position to make well-intentioned decisions on behalf of Aborigines, and (together with other whites in positions of power) to define and determine the scope and limits of self-determination.

Aborigines have not been passive recipients of state interventions. The history of Aboriginal-state relations is a history of resistance to colonial domination that the state has been unable to dissolve. Some community workers (Galper 1980; Craig, Derricourt et al. 1982; Tomlinson 1978; 1982; Midgley 1986) call on practitioners to oppose the domination of the state in solidarity with the oppressed. Tomlinson argues that 'radical community work in anything like an absolute sense is not possible' (1982b: 12). However workers in the Marxist tradition

have emphasised particular aspects of community development practice, which correspond to their vision of the future. Both liberal and radical community work are constructed in Western, non-Aboriginal structures of meaning.

Wolfe (Lea and Wolfe 1993; Wolfe 1993b, 1993c, 1993d) critiques the dominant state model of community development and rational planning in indigenous communities. Despite the policy of self determination (or rather, because of its paradoxical effects) the perceptions and dreams of indigenous people rarely inform the process of development and social change, though Aboriginal goals and aspirations may affect the content and purposes of projects. The visions and knowledge which construct and inform development have been the visions located in centres of power and knowledge originating in colonial administration, and perpetuated through departments of governments and universities.

COMMUNITY DEVELOPMENT

The state proposes community self-management as a strategy for its self-determination policy, with community development as the technology to achieve this end (House of Representatives Standing Committee on Aboriginal Affairs 1989). Tonkinson and Howard (1990: 74) list this as central to government strategies, especially in the Northern Territory, and Perkins (1989a) views it as an administratively sound way to enable Aboriginal self-determination. Mowbray (1986; 1989), on the other hand views this development as a form of colonial administration, and Tomlinson (1982b) sees state sponsored Aboriginal community development as a means by which Aborigines are coopted to the interests of the state.

Three community development texts were published in Australia during the study period. These texts were written by academics grounded in professional practice, and are prescriptive rather than descriptive. The three texts agree on the centrality of commitment to values in community development. There is not unanimity in the expression of what those values are, though some commonality is implied. Texts by Ward, Butler and Cass and Kenny all provide lists of values. These can be reconciled by arranging Ward's list as broad underlying values, Kenny's as a list of values with greater concrete detail, with Butler and Cass providing a list of practice elements.

The three underlying values of Ward's book *Australian Community Development: Ideas, Skills and Values for the 90s* are:

- the question of social justice;
- the necessity for some social changes; and

- the praxis issue (what are relevant and useful community development practices) (Ward 1993: viii-xvii).

In *Developing Communities for the Future: Community Development in Australia* Kenny presents the 'values which form the basis of community development, (Kenny 1994: 16) as key principles of community development. She writes that:

> community development rejects objectivity and impartiality and is committed to:
> - powerless people and social justice
> - citizenship and human rights
> - empowerment and self-determination
> - collective action
> - diversity
> - change and involvement in conflict
> - liberation, open societies and participatory democracy
> - accessibility of human service programs (Kenny 1994: 17-18).

In *Case Studies of Community Development in Health*, Butler and Cass present a framework of community development involving core values and seven elements. They write that, rather than simply being a tool that can be used in certain situations, community development is based on achieving social justice and equity. The goal is health and social justice and equity, not social justice in order to achieve health (Butler and Cass 1993: 10). The seven elements in their framework are:

- Control of decision making;
- Involvement in action;
- Development of community culture;
- Organisational development;
- Learning;
- Concrete benefit; and
- New power relationships (Butler and Cass 1993: 10).

These form a convenient summary of the values of professional community development as it is taught in Australian universities. While attention is paid to questions of social justice, participation and involvement, control of decision making, empowerment, self-determination and liberation, in practice the discourse of community development can become a means of domination and control.

Australian community development practice is dominated by the needs of urban Whites. The task of the worker in the suburbs is 'community building' (Kelly and Sewell 1986). Australian community development theory refers to promotion of neo-*gemeinschaft* (Rivera and Erlich 1981: 193), and training has not been directed towards the needs of Aboriginal communities

(Tomlinson 1985; House of Representatives Standing Committee on Aboriginal Affairs 1987; 1989; 1990; Sommerlad no date).

A few guides to community development with Aboriginal people have been written. These include chapters in texts by Tomlinson (1978; 1982a; 1982b), and some discussion of indigenous notions of healing community in a recent text by Hazlehurst (Hazlehurst 1994). Perhaps the most relevant to this study is Kamien's (1978) description of planned social change to provide mental health services for the Aboriginal community of Bourke. Even though Kamien's study and some of Tomlinson's work display characteristics of action research, none of these works provide details on research methods.

Europeans defined the community development programme initiated with the post-war assimilation policy. Although its declared aim was 'to prevent the growth of a sense of 'not-belonging' by controlling the 'speed and severity of the breakdown in native social structure' (Welfare Branch 1959: 23), the practice was to replace traditional *gemeinschaft* with individualised, commodified *gesellschaft* relationships (Hughes 1991). The NT Director of Welfare hoped to see settlements develop into 'normal communities', with 'such things as self-contained homes, baker's shops and butchers' shops and electricity' (Giese 1969: 125). A 'normal community' was not defined as the type of Australian community that had developed over 20,000 years (Isaacs 1980: 25). It was code for an institutional settlement with an external appearance resembling a European town in Australia, and a political and economic structure which was totally planned and controlled by the state (Long 1970). The contradiction of community development implemented by the state was to some extent recognised following the introduction of the policy of self-determination. The Department of Aboriginal Affairs (DAA) recommended that

> government staff should gradually withdraw from direct involvement in community development work: the loyalty of a 'government worker' must always be divided between his [sic] employer and the community in which he is working (Department of Aboriginal Affairs 1978: 12).

White employees of Aboriginal councils and organisations generally replaced departmental advisers. In 1990 ATSIC, under the control of Aboriginal Commissioners, took over the responsibilities of DAA, and announced sub-programs including community development support (ATSICa 1990: 57, 46). This program emphasised Aboriginal involvement in decision making, and the role of community development as a technique for self-determination (House of Representatives Standing Committee on Aboriginal Affairs 1990).

In the 1990s strategic planning has become fashionable (Lea and Wolfe 1993: v). In 1991 ATSIC Commissioners established a Community and Regional Planning Program, under which every Aboriginal community was to construct a Community Development Plan (Wolfe 1993c: vii), which would feed into a Regional Plan for ATSIC regions covering the whole of Australia (ATSIC 1992). Planning for community development was described as 'an ordered process that allows the community to control change so that, in their terms, it takes place in a realistic, beneficial and rational way' (Lea and Wolfe 1993). ATISC community development planning rests on assumptions about communities, development and planning. It is assumed that 'most Aboriginal "communities" are new settlements created over the last hundred years or so by governments and Christian missions' (Lea and Wolfe 1993: 3) and which are typically governed by elected Aboriginal councils. The reality is that most Aboriginal people live in cities and large towns, not small rural or remote settlements. Development implies economic, political and cultural transformation in a direction 'equated with economic growth or 'westernisation' (Lea and Wolfe 1993: 6). Under the policy of self-determination, it may be claimed that development can be properly assessed only in terms of needs, values and standards perceived by the people and societies undergoing change (Goulet 1975). But it is naive to think that less than 2% of the national population, the indigenous people, can change the meaning of a master discourse of the dominant population, expressed in the dominant language. In Australia 'development' will continue to mean what Anglo-Australians mean by development.

ATSIC community development planning (CDP) called for a form of planning with three characteristics. The emphasis should be on the planning process rather than the production of a plan in documentary form. Planning should be flexible and interactive. And planning should involve a learning approach. 'The CDP approach is unashamedly populist, pragmatic and parochial' (Lea and Wolfe 1993). The models for planning offered by ATSIC involve certain assumptions. These include:

- that it is possible for the whole community, or at least a majority, to agree on a single set of goals;
- that it is possible to make a statement of a vision of what the community should be like (Lea and Wolfe 1993: 12);
- A willing commitment of time and resources (Gow and Vansant 1983: 427);
- a process of participation which involves the whole community;

- a determination to reconcile or overcome the power of public and private agencies which represent interests beyond the community (Cassidy 1991: 17).

Lea lists seven more assumptions underlying CDP, but these are enough to illustrate that the assumptions will not hold in every Aboriginal community, nevertheless, ATSIC requires CDP as a means of self-determination in every indigenous community in Australia.

The models of community development planning described in the literature have a common form (ATSIC 1992; Rowse 1992; Lea and Wolfe 1993; Wolfe 1993b, 1993c, 1993d), broadly similar to strategic planning (Kelly and Sewell 1986; Kaufman 1988; Nolan, Goodstein et al. 1992; Goodstein, Nolan et al. 1993; Smith 1994). There is conflict between two purposes: 'an agenda directed to improving living conditions … through more cost-effective, efficient and co-ordinated delivery of physical and social services; and an agenda in which community development planning is about increasing the ability of communities to determine and bring about their preferred future' (Wolfe 1993a). As ATSIC demands plans that conform to bureaucratic requirements and schedules, the agenda of rational efficiency can threaten self-determination.

HEALTH PRAXIS

Theory, as it is presented in current Australian texts, shapes and determines the administration of community development, social policy, research priorities and much action in the field. An important example is the conceptualisation of the problem of Aboriginal health. Non-indigenous people in positions of power, including academics, bureaucrats and politicians, frame and conceptualise the problem as Aboriginal health, defined in terms of well rehearsed statistics showing high rates of illness and low rates of utilisation of health services by indigenous people. A highly complex, chaotic situation involving living conditions, subjugation, humiliation, exclusion, powerlessness, exploitation, poverty, unemployment and weakness, is simplified and reduced to scientifically and bureaucratically acceptable, measurable and comparable variables. This framework for problem definition is accepted by many indigenous people (or imposed upon them) to the point where statistics can take a 'magical' character and research may be equated with collecting statistics.

In much discourse about Aboriginal health and community development the statistical incidence of disease and mortality starts as a correlate for clusters of other deprivations, but then subsumes them. What is recorded as having been measured, usually high incidences of some diseases, is substituted in discourse as an indicator of a much larger reality. But then it

often happens that what is not recorded in the statistics is not treated as real (Chambers 1994; Reid 1996). Policies, programs, projects and practices reflect what has been measured (and declared measurable) by those who fund or do the measuring. Those who decide what to measure and how to measure it have a major influence on what gets on to the agenda and what stays off.

> Patterns of dominance are then reinforced: of the material over the experiential; of the physical over the social; of the measured and measurable over the unmeasured and unmeasurable; of economic over social values; of economics over disciplines concerned with people as people. (Chambers 1994: 8)

It then becomes the reductionism of normal epidemiology, and not the experiences of people, that defines health (Chambers 1994: 8). Once established, this way of defining the problem is taught and transmitted to people whose experience of the problem is not congruent with the definition they are given. As Watzlawick and others indicate (Watzlawick, Beavin et al. 1967; Watzlawick 1974), incongruity between knowledge and experience is dis-empowering.

It is not only the definition of health that gets skewed, but also the practice. Health policy, administration, programmes and community development projects, even the agendas of social movements and action groups become focussed on a concept of health defined by statistical counts of illness. The Koori way depends on personal relationships and the grapevine.

PRAGMATICS

Communication is central to practice in community development and other human service professions. During the 1960s a remarkable multidisciplinary group of practitioners and researchers in the Mental Research Institute at Palo Alto studied the pragmatics of communication in human relationships in a variety professional practices (Bateson 1973; Bandler, Grinder et al. 1976; Watzlawick 1976; Bodin 1981; Bateson 1991). Their approach to the pragmatics of communication led to the formulation of five axioms of communication. These axioms of communication can be applied in a range of settings, and were used in my communication practice during the project. They are:

1. One cannot not communicate. All human behaviour in a social context, and the context itself, is communicative, and therefore interactive. An individual does not not communicate, in the sense that he or she cannot decide not to. He or she engages in or becomes part of communication, which must be comprehended in context on the transactional level, not in terms of stimulus and response.

2. Every communication has a content and a relationship aspect such that the latter classifies the former and is therefore a meta-communication. Every communication both conveys information and imposes behaviour. Certain behaviours that are required to maintain the relationship between the communicants, together with the context, provide the medium for the transmission of information. These constitute the relationship between the communicants. The relationship between the communicants, in context, classifies, and carries information about the content. That is, the context and the relationship communicate about the content.

3. The nature of the relationship is contingent on the punctuation of communication sequences. The punctuation, which includes turn taking, sequencing and other patterns, organises the action, and thereby structures the ongoing interaction. Every culture, sub-culture and relationship has its own conventions of punctuation.

4. Human beings communicate both digitally and analogically. Digital language has a highly complex and powerful logical syntax but lacks adequate semantics in the field of relationship, while analogic language possesses the semantics but has no adequate syntax for the unambiguous definition of the nature of relationships. Much non-verbal communication, including posture, gesture, facial expression, the sequencing and cadence of words, is analogic, and is concerned with the relationship aspect of communication. Verbal communication is almost always digital, with arbitrary correspondence between words and their meaning. We would expect to find most of the content of communication conveyed digitally.

5. All communication interchanges are either symmetrical or complementary, depending on whether they are based on equality or difference. Symmetrical interaction is characterised by equality and the minimisation of difference, while, in this model, complementary interaction is based on the maximisation of difference. There are two different positions in a complementary relationship. One partner occupies the superior, one-up position while the other is in the inferior, or one-down position (Watzlawick, Beavin et al. 1967: 48-71).

Watzlawick and his group ‘replace the concept of linear causality (from cause to effect)... with an anthropological circular point of view’ (Watzlawick 1990: 7) which asks how effects can influence their own causes. The group adopts a radical constructivist position (von Glaserfeld 1984) which holds that the experiential world constitutes a testing ground for ideas and cognitive structures. Any cognitive structure that does what is expected of it will be retained. ‘Logically, this gives us no clue as to how the ‘objective’ world might be; it merely means

that we know one viable way to a goal that we have chosen' (von Glaserfeld 1984: 24). The only aspects of the 'real world' which enter our experience are those that constrain our construction of cognitive structures. 'In order to survive biologically, psychologically and socially we need a consistent picture of the world and an explanation of 'reality', as it 'really' is' (Watzlawick 1990: 182). We construct regularity, order and theoretical consistency, even in a chaotic world, and success at this depends on our goals and our starting point more than the 'external reality' (von Glaserfeld 1984: 37).

The political relations between groups of humans is mediated in the meta-communicative aspects of their communication and not in the content. For example, where both the state and Aborigines talk about self-determination, the relationship between them is not determined by this content, but rather by the messages which communications carry about themselves. That the government 'speaks' as a government, through statutes, for example, carries meta-communications about their right to rule and decide on behalf of Aborigines, which can contradict the content of statements about Aboriginal self-determination. It is these meta-communications, and not the content, which establish relationships including relationships of power, in which Aborigines are always disadvantaged.

Contradictions and paradoxes in social theory reflect the ways in which we construct and understand social theory in our cultural and linguistic setting. Watzlawick points out that rationalism rests on an irrational faith in reason. At the heart of rationalism is a self-referential paradox (Watzlawick 1990: 189). Similarly, theories of communication and discourse have only discourse and language with which to communicate. A theory of discourse, which is meta-discourse, cannot be other than a discourse.

EMPOWERMENT

Watzlawick et al (1974) differentiate first-order from second-order change in social systems. The maintenance and control efforts in social systems include first order change efforts that alter some of the ways in which the system functions, but not the ideology on which it is based. Radical, or second-order, social change efforts imply consciousness-raising efforts and structural and functional alterations. Self-determination or empowerment is a second order change process in which increasing complexity of information generates change in the structure and functioning of the system. Consciousness raising is a strategy described in the community development literature (Freire 1970; Freire 1972; Kelly and Sewell 1986) which

directly increases complexity of information, and dialogue is the central method of consciousness raising in community development (Freire 1972: 61).

It is not the worker's role to define needs and prescribe solutions on the basis of secret professional knowledge (Illich, Zola et al. 1977: 19). He or she does not identify needs, plan programmes and solve community problems (Cox, Erlich et al. 1987) as teacher or social activist (Sommerlad no date). Community change must emerge from the dynamics of the community system, and not be provided by an 'outside' expert. If the information and expertise which the worker brings from outside the system is to be available within the community it must be incorporated as an organic element, becoming transformed as the community make it their own. Dialogue is an encounter between people which does not simply transfer information, but consists of acts of cognition which generate new information, leading to action (Freire 1972: 15, 53, 61). Dialogue is reflection in action through which the participants and the world in which they live are transformed.

The idea that people socially construct their ways of thinking and acting on themselves and nature in dialogue, and thereby transform themselves and their environment, is not new. Dialogue is at the heart of Marx's theory of history (Godelier 1988: 2). But too often a genuine dialogue is reduced to the act of one person's depositing information and ideas in another, which creates dependency and domination, and thereby resistance. This tutelage (Paine 1977) or 'banking concept of education' (Freire 1972) promotes domination and dependency through the construction and dissemination of regimes of knowledge which codify and restrict access to information. A dialogue that has potential for liberation may be contrasted with tutelage that constructs and maintains relationships of domination.

Domination involves a mechanistic scientific logic of development, unidirectional change resulting from the European conquest of nature (Lines 1991), and contingent change arising outside the region. In Aboriginal communities, empowerment must involve an Aboriginal logic of change, cyclical patterns of change in nature, and contingent or unpredictable changes arising within the region. The concepts of emergent order and self-regulation imply a 'bottom-up' political process, in which governments depend on people for cooperation and support (Sharp 1973: 8). Power is not viewed as a limited commodity, but something that can be generated within the system, widely dispersed and used to resist domination. Dialogue heightens grass roots understanding of economic and political relations at the local level, uncovers alternative courses of action, and assists the development of decentralised grass-roots political and economic power.

INDIGENOUS CRITIQUE OF SOCIAL SCIENCE

In Aboriginal health centres (HALT 1991), development projects (Kavanagh 1990) and schools (McTaggart 1991) truths constituted from the perspective of Western social science are being rejected as largely irrelevant. Western researchers' findings were, in Fals Borda's terms 'cut off from their processual dimension' (Fals-Borda 1979: 38). Western objectification of social reality has been problematic in a number of cross cultural settings, (Freire 1970; Freire 1972; Graburn 1981; Sansom 1985; Miller 1989; Fals-Borda and Rahman 1991).

> Social science, as practised in the West, frequently reconciles people to scientists' views of the social order, and to views of the social order of those whom the scientists serve - at worst established social elites. Seen from this perspective, social science, including action research, becomes a means of domestication of critical - dissident - thought' (Kemmis and McTaggart 1988: 6).

This perception has led to calls for 'a reconstruction of knowledge for the purpose of furthering social progress and increasing people's self-awareness' (Fals-Borda and Rahman 1991). This is not a call for revision of the whole project of science, but for a critical dialectic about purposes and what counts as knowledge. Changes in Aboriginal studies during the period of the self-determination policy reflect the increasing politicisation of the field, and a growing demand that Aboriginal people control what sort of research is done (Myers 1986) and what knowledge is constructed about them.

Traditional Aboriginal epistemology is radically different from that of white Australia. Anthropologists write most of the available literature on the traditional episteme (Stanner 1964; Hiatt 1978). The work of anthropology is the active creation of meaning and construction of knowledge (Crick 1982). After extensive fieldwork, 'if only for lack of linguistic skills, the anthropologist is likely on a number of subjects to know far less than a small child from that culture' (Crick 1982: 19), but it is anthropologists who amasses cultural capital (Brubaker 1985). The anthropologist translates and transforms what he sees and hears into the language, cultural forms and theories of Western academic life, and it is anthropologists, not their Aboriginal informants, who become recognised as expert in Aboriginal culture by the state. Social scientists have not represented Aborigines in the ways Aborigines have represented themselves, and Sansom (1985) pointed out that anthropological representation of Aborigines to government agencies has close links with the development of policies to regulate Aborigines.

Indigenous Knowledge

The academic disciplines associated with Aboriginal health and community development show a high degree of European ethnocentrism. The health sciences' view of 'science as universal in its knowledge claims and socially progressive in its international outreach' (Watson and Chambers 1989: v) is increasingly challenged; 'nevertheless, this intellectually unsound, and tacitly imperialist, stance still dominates' (Watson and Chambers 1989: v) research, teaching and professional practice. Finding ways to bring the knowledge and belief systems of different cultures together is a difficult process of reconciliation. The points at which Aboriginal and 'Western domains of fact and interpretation' (Reid 1983: xvii) intersect produce contradictions which are difficult to reconcile.

The Western scientific tradition claims universal validity for itself. Within this tradition there are no established research methods that recognise non-Western modes of knowledge production. These are subjected to scientific inquiry in a hierarchy of knowledge (or knowledges). Rather than being collaborative partners in knowledge production. The discipline of Anthropology, for example, has a sub-branch known as the Anthropology of Meaning (Semantic Anthropology) (Parkin 1982) which subjects non-Western modes of meaning making to anthropological analysis. It does not present other ways of understanding the universe as alternative or complementary to scientific Anthropology, but as data for scientific analysis. This intellectual imperialism has been increasingly subject to critique by anthropologists and others since Evans-Pritchard found that among the Azande magic is part of a coherent system of knowledge (Evans-Pritchard 1937). If asked a questions such as 'Do you believe in sorcery?' a number of anthropologists, following Evans-Pritchard, might answer with Reid: 'Not when I'm in Sydney" (Reid 1983: xx). Researchers doing fieldwork at home (Muetzelfeldt 1989) cannot use this strategy, but must confront questions of reconciliation between Western and indigenous systems of knowledge.

There is a growing worldwide recognition of tribal wisdom (Morris 1981; Maybury-Lewis 1992) and indigenous knowledge (Uphoff 1992; Blunt and Warren 1996). Australia may be home to the world's longest continuous cultural and intellectual tradition (Isaacs 1980). Aboriginal writers and commentators are claiming a place for Aboriginal discourses in Australian intellectual life. Indigenous and non-indigenous writers are calling for a new relationship between science and indigenous knowledge, based on mutual respect (Bateson 1973; Benterrak, Muecke et al. 1984; Watson and Chambers 1989; Bateson 1991; Uphoff 1992; Blunt and Warren 1996). Indigenous knowledge is a valid intellectual tradition on its

own terms. It can be accepted as such in academic discourse, without being subjected to science by being turned into data. A dialogue between Western and indigenous knowledge can produce new knowledge, insights and understandings.

An 'underlying difficulty at issue in Aboriginal and Torres Strait Islander research is that there can be, and are, different notions of 'what is knowledge?' (Brady 1992). Science is not context free, but resides in an ecology of mind (Bateson 1973). Research conducted with Aboriginal (and other) peoples has often been culturally inappropriate, offensive and exploitative (Stewart and Williams 1992). A way of thinking which is distinctively Australian, which has developed over a much longer period of time than the scientific method, and which is a continuously developing system of thought, is subjected and dominated by the scientific method. Harrison takes the widespread Aboriginal myth of Captain Cook as a model of an indigenous way of knowing about health services and research. She notes that the tools by which success is evaluated in health services are rooted in non-Aboriginal conceptions of what is needed (Harrison 1993: 4). As researchers we should not perpetuate 'false notions that we, like Captain Cook, are the only 'discoverers' in an empty land' (Harrison 1993: 21). The academic Captain Cooks are researchers who perpetuate the notion that scientists are discovering an empty land, when it is filled with indigenous knowledge. They either do not see this knowledge, or discount it as valid knowledge, by turning it into data. They then use their superior power and wealth to try and replace indigenous knowledge and tribal wisdom with their own 'superior' forms of knowledge. But they have not succeeded and should not succeed in Australia or elsewhere in the world (Maybury-Lewis 1992).

In his story of 'Too Many Captain Cooks' Wainburranga, a Rembarrnga man from Arnhem Land, makes a clear connection between the European invasion in the first phase of Australian colonialism, and the phase of welfare colonialism. The 'Welfare Mob' exploited and dominated Aboriginal people. That they did it in the name of 'welfare' meant little to Wainburranga, who is not a native speaker of English, and for whom 'welfare' is a foreign concept. He and his people know the impact of 'welfare' on their families, their culture and ways of living.

Too Many Captain Cooks

I'm talking now about all the new Captain Cooks. When the old Captain Cook died, other people started thinking they could make Captain Cook another way. New people. Maybe all his sons.
Too many Captain Cooks.
They started shooting people then. New Captain Cook people. That was new. New people did that. Those are the people that made war when Captain Cook died; because they didn't care, they didn't know, all those young people.
They are the ones who have been stealing all the women and killing people. They have made war. War makers, those new Captain Cooks. They fought all the wars. War makers. They fought.
The olden time Captain Cook is dead but all the people have made trouble. That old Captain Cook dies a long time ago, but all the new people, muanga, white people – I call them muanga in my language – they killed us and shot us.
These new Captain Cooks shot people. They killed the women, these new people. They called themselves 'New Captain Cooks'.
I've got to talk to you about the war making people. The ones who made war. The new ones. Mr White, Bill Harney, Mr Sweeney. They just went after the women. All the new Captain Cooks fought the people. They shot the people. The new Captain Cook people, not old Captain Cook people. He's dead. He didn't interfere and make a war. That last war and the second war. They fought us. And then they made a new thing called 'welfare'.
All the Captain Cook mob came and called themselves 'welfare mob'. They were new people now. They wanted to take all of Australia. They wanted it, they wanted the whole of this country. All the new people wanted anything they could get. They could marry black women or white women.
They could shoot people. New Captain Cook mob!
But now we've got our culture back.
That's all. That's the story now.

Source: Wainburranga 1988.

The point of the story is its meaning, rather than its historical or scientific accuracy. The metaphor can be applied to research. Before and since the arrival of the European scientific method, the land was and is inscribed with traditional knowledge, premised on entirely different paradigms and structures of meaning. The academic Captain Cooks are researchers who perpetuate the false notion that Australia is an intellectual *terra nullius*.

The challenge with texts like Wainburranga's is to avoid subjecting them to scientific analysis, but rather to engage with them in a dialectical search for meaning. In indigenous culture metaphor is celebrated, and often has meanings at many levels. Among English speakers, especially in scientific English, the 'metaphoric content of English expression generally remains hidden, some might even say suppressed' (Watson and Chambers 1989). But metaphors are common in everyday, learned and scientific discourse. Much scientific writing is metaphorical. There are conventions about which metaphors are acceptable and

which are not. When we write about social structure, research design, or frameworks of knowledge, we use metaphors that are all the more effective because of their transparency. Metaphors from another cultural context, which are new to us, seem strange and do not carry meaning because of their unfamiliarity. But in spite of the (metaphorical) gulf that exists between Aboriginal and European cultural traditions, we can engage with indigenous knowledge as different and valid, rather than dominating it by subjecting it to 'scientific' analysis.

TRADITIONAL WORLD VIEW

It is not possible to adequately describe the traditional worldview in an academic paper. Neither do I have sufficient traditional education or ritual knowledge to undertake this task. What follows is an inadequate summary of some of the key points that have appeared in the literature, informed by my oral learning from Aboriginal elders. This is not a description of a traditional worldview, but of my understanding.

Indigenous thinking is not dualistic, but holistic. God is not separate from his creation, but immanent in it. As Eddie Kneebone sums it up:

> Aboriginal spirituality is the belief and the feeling within yourself that allows you to become part of the whole environment around you - not the built environment, but the natural environment... Birth, life and death are all part of it, and you welcome each (Hammond 1991: 89 citing Kneebone).

Aboriginal spirituality includes a belief that all objects are living and share the same soul or spirit that Aboriginal people share. Therefore all Aboriginal peoples have a kinship with the environment. The soul or spirit is common, only the shape is different.

> Aboriginal spirituality is the belief that the soul or spirit will continue on after our physical form has passed away through death. The spirit will return to the Dreamtime from where it came, it will carry our memories to the Dreamtime and eventually it will return again through birth, either as a human or an animal or even trees and rocks. The shape is not important because everything is equal and shares the same soul or spirit from the Dreamtime (Hammond 1991: 90 citing Kneebone).

Aboriginal spirituality is participatory. Each one of us shares in the life and spirit of us all. We do not all have separate and distinct lives and minds, but share in the life and spirit and mind with all the other living things in the environment of which we are part. In Dreamtime thinking there is an essential relationship between me, family, animal species, plants, land, water and the spirits. This is represented in kinship and totemic relationships.

THE DREAMING

The Aboriginal worldview is shaped by the conception of the Dreaming. The Dreaming is a holistic complex of ideas and meanings, which suffers badly in the attempt to translate it into English language and Western concepts. The Dreaming is not just an intellectual construct, it must be lived to be fully understood. In a much quoted article, Stanner quotes an 'intelligent old man' telling him:

> White man got no Dreaming,
> Him go 'nother way.
> White man, him go different,
> Him got road belong himself (Stanner 1964: 289).

The dreaming is many things in one. According to Stanner, it is a set of narratives of things which have happened; a charter for things which still happen, or will occur; a transcendent principle of order; and 'it is more complex philosophically than we have so far realised' (Stanner 1964: 289). The Dreaming exists within 'a system whose first principle is the preservation of balance' (Stanner 1964: 298). The traditional texts of indigenous people are not written in analytic language in books. They are inscribed in the landscape (Benterrak, Muecke et al. 1984; Muecke 1992), painted on people's bodies during ceremony, and recorded in songs and stories. The Dreaming is relevant to contemporary urban Aborigines as well as those in remote traditional settings. In the words of Aboriginal poet and activist Kevin Gilbert, 'The Dreaming ... is a living continuation of spiritual life and instruction which continues today' (Gilbert 1998: 21).

Stanner suggests two ways in which non-indigenous people may deal with the concepts of the Dreaming. 'The first is a matter, so to speak, of learning to "think black", not imposing Western categories of understanding, but seeking to conceive of things as the blackfellow does' (Stanner 1964: 289). To 'think black' involves holistic thinking, without the separation of mind and body; human and animal; sacred and mundane; live and inanimate; sleeping and waking and so on, as opposites. To 'think black' we must, without intellectual struggle, hold principles that, in Western thinking are opposed, in a kind of oneness. This 'may seem a contradiction, or suggest a paradox, for the blackfellow can and does, on some occasions, conceptually isolate the "elements" of the "unity" most distinctly' (Stanner 1964: 290).

The second way Stanner suggests non-indigenous people can deal with the notion of the Dreaming is to interpret it in terms of things familiar in the Western intellectual tradition. The Dreaming can be explained as a poetic or metaphorical key to reality; as a cosmology that

gives and account of how the universe became a moral system; as a library of practical knowledge; as a philosophy expressed in verbal literature; as a social charter; and as a sacred mythology. If the Dreaming is considered as a library of intellectual, social, religious and practical knowledge, this knowledge is inscribed in various kinds of texts. The texts include spoken (Wainburranga 1988) and sung myths and legends (Berndt and Berndt 1988); the landscape (Benterrak, Muecke et al. 1984); dances and ceremonies (Borsboom 1978; Wild 1986); designs painted on bodies, bark and cave walls; sand sculptures; carvings; carved and painted message sticks (Isaacs 1980); books; posters; and acrylic paintings. Every medium carries meanings coded according to known conventions and practices. One of the most highly developed and widely used media for recording, storing and transmitting information is kinship.

Kinship is 'the source of the dominant mode of aboriginal thinking' (Stanner 1964: 294). This social system provides the central metaphors of Aboriginal systems of thought, in a way roughly analogous to theology in the history of European thought. Indigenous Australian thinking makes a clearly arbitrary division of the world into two classes, called moieties by anthropologists. Every place, person, animal species, plant species, type of food, colour, manufactured item is Yirritja or Dua (in Arnhem Land), Eaglehawk or Crow (in NSW). Binary classification systems produce moieties, sub-sections and alternating generations which construct social systems which are easy to live in (even young children do it) but complicated to describe from the outside. In a way that bears a striking resemblance to eastern systems of thought based on the Dao that unites Yin and Yang, the binary structure of interdependency in kinship establishes relationships that include the social, biological, physical, spiritual and intellectual universe. This does not mean, of course, that distinctions are not made, but that there is a way of resolving or completing distinctions (Flemons 1991). Aboriginal kinship is much more than a way of coding human relationships. It can be regarded as a form of text and a system of thought. In Stanner's words 'social organisation is an impressive essay' (Stanner 1964: 296).

ABORIGINAL PRAXIS

Stanner and other anthropologists attempt to convey important truths about Aboriginal world views in the English language, but it is difficult to apply this understanding in concrete situations. Some others have attempted to describe indigenous worldviews and ways of knowing from within the context of actual practice. Much of this work has been undertaken in school settings, but there are also examples from law, health and community development.

Hughes, an Aboriginal teacher, refers to an 'Aboriginal epistemology' in the context of teaching and learning, which has the following main aspects:

- Aborigines think in a holistic way,
- group attitudes, based in kinship,
- spontaneous rather than planned action,
- learning through imitation and repetition rather then inquiry,
- uncritical acceptance rather than critical questioning,
- personal relationships as a basis for learning and knowing,
- learning through listening, observing, and doing,
- indirect questioning (Hughes 1987: 6-10).

For purposes related to adult education McConaghy drew on a wide array of writing by indigenous and other authors to describe 'an emerging paradigm and a legitimate alternative to Western approaches' to professional practice (McConaghy 1991: 121). McConaghy concludes that none of the Western paradigms adequately encompass the parameters of the Aboriginal paradigm (Byrnes 1993: 160). The features of the Aboriginal paradigm as interpreted by McConaghy include:

> a view of the world as essentially spiritual; a view of knowledge as contextually embedded, negotiated and socially constructed; a concern with both cultural maintenance and cultural change as a form of dialectic; a view of the world and all life as being bound to the land ...; a system of maintaining social order, cohesion and ensuring the continued survival of the group above the individual; and the importance of strong personal identities, Aboriginal autonomy and self-determination for cultural survival. In relation to education a number of theories are emerging including: 'two-ways' negotiation of educational curricula for both content and techniques; the generation of knowledge through Aboriginal controlled, community based educational research; and relationships in education which are based on a balance of 'give and take'. The themes of responsibility, autonomy and balance emerge as being central to both Aboriginal ontology and pedagogy (McConaghy 1991: 126).

Over the last two decades indigenous voices have been increasingly heard proposing an approach to understanding indigenous knowledge and the Dreaming which itself draws on indigenous frames of reference. A number of labels have been used in studies of religion, education, law and health to express the notion, including 'two laws' (Maddock 1977), 'both ways' (McTaggart 1991), 'both-ways' (Byrnes 1993; Yunupingu 1993), and 'two-way' (Bell 1996).

TWO-WAY

A discourse is being constructed for a non-colonising social science, a social science that humanises and does not construct domination. Aboriginal lawman David Mowaljarlai contrasts Aboriginal pattern thinking with Western thinking that he calls 'triangle thinking'.

Mowaljarlai's pattern thinking and triangle thinking metaphors express the differences between Aboriginal and European worldviews and conceptual styles. Table 2 highlights some of these contrasts, which are consistent with a distinction between the analytical tradition of Western science and the synthetic indigenous tradition. Mowaljarlai calls the interface between pattern and triangle thinking 'two-way thinking' (Bell 1996: 30).

For Ngarinyin (and other indigenous communities) the 'primary philosophy of life is that there are always two dimensions of existence, Wunngud, energy, and Wurnan, it's physical manifestation; two sexes, male and female; two realms of responsibility, men's business and women's business; and so on' (Bell 1996: 30). Mowaljarlai and Bell represented the 'Anglo-European conceptual style and world view' as hierarchical 'triangle thinking', in contrast to the repeated binary complementarity of Aboriginal 'pattern thinking'. They called the interface between pattern and triangle thinking 'two-way thinking'. 'This became the basis for a new Wurnan, which is foretold in a Ngarinyin song cycle which has existed for millennia' (Bell 1996: 30).

Table 2: Pattern thinking and triangle thinking

Pattern thinking	Triangle thinking
Pattern thinking is Aboriginal thinking	Triangle thinking is Western culture thinking.
There is no big boss.	There is always a big boss. There are other people who have power over people down the triangle.
Patterns are about belonging. Nothing is separate from anything else. Everything belongs in the pattern.	Triangle thinking separates everything. Triangles separate from each other and from patterns.
Money cannot buy bits of a pattern.	Triangles are about money and power.
Power runs all through a pattern. It cannot be sold. It is not separate from the pattern.	Triangle thinking separates everything into layers of power and administration.
There is no ownership in pattern thinking. Only belonging.	Ownership is a triangle idea. Ownership means 'rulership' by the owner.

Source: adapted from Stockton 1995: 42-43.

There are dangers in the two-way model. Both ways discourse can be used as a perpetuation of assimilation, in which tokens of indigenous culture are coopted by essentially Western systems and practices. If the structures and processes of a service are essentially Western, the employment of indigenous workers and some token indigenous content can increase the effective penetration of an assimilation project into indigenous communities. On the other hand, in some communities two-ways education is seen as a vehicle for restoring indigenous culture and practices. 'The explicit intention of these Aboriginal educators is to appropriate

and coopt Western knowledge for their own purposes, and in so doing, make it Aboriginal knowledge' (McTaggart 1991).

This points to a paradox identified by Josselin de Jong (1972) and Maddock (1977) as the paradox of culture contact. 'The paradox consists in this: that even where non-Western societies accept Western influence, the influence itself may call up forces that work against Westernisation' (Maddock 1977: 27). McTaggart (1991: 164) reports that in education at least, Aboriginal teachers consciously planned to exploit this paradox by developing two-way as praxis, then 'coopt what might be taken from Westernism in the service of community self-management and renewal - the production and reproduction of Aboriginal Australia'.

GANMA

Ganma is a word given to the English language as a name for a dialectical praxis with its roots in indigenous knowledge. Grounded in traditional indigenous knowledge of the study area and other places in Australia, this movement takes elements of Western knowledge and culture, and makes them Aboriginal. Rather then being assimilated into a dominant culture, the movement is maintaining indigenous culture, and affecting the mainstream. Important structures of indigenous life have a binary structure, including the moiety, section and sub-section kinship structure; the division of labour between men and women; the separation of men's business and women's business; and the interdependence of moieties in ritual life. Yolngu educator and rock singer Manduwuy Yunupingu (1991: 98) has referred to the lived structures of Yolngu clans as 'the ganma philosophy'. As I understand it, ganma emphasises mutual interdependence and adaptation (Hughes 1996b: 185). Unlike Western notions of individuality, Yolngu knowledge is expressed in terms of complimentary pairs which come into interdependent relationships, such as the salt water and fresh water which mix at a particular place in the river. The mixing of two streams of water, one salt and one fresh, provides a powerful metaphor. 'The theory of this confluence, called ganma, holds (in part) that the forces of the streams combine and lead to deeper understanding and truth' (Watson and Chambers 1989: 5). What Yolngu know about the salt and fresh water has meaning and reality at a number of levels. Two of these are

> the outside view and the inside view. The outside view is the everyday experience ...; this understanding occurs when we actually touch, smell and taste things... The inside view ... is the intellectual and abstract interpretation (Yunupingu 1991: 101-102).

An example of outside and inside knowledge is the difference between a patient's experience of a stomach ache, and the doctor's diagnosis informed by theory and expressed in medical

terminology. There are deeper levels of inside knowledge that are arcane or secret, and outside the scope of this thesis.

A key element in ganma knowledge is the mutual dependency of the two moieties. These are called Yirritja and Dua in Arnhem Land and Eaglehawk and Crow in most of New South Wales, including the study area. Knowledge of Yirritja and Dua is difficult to express in words, but is encoded in the system of kinship relationships. Yirritja and Dua are mutually interdependent classes. Animal and plant species, natural phenomena and some manufactured goods are members of one moiety or the other, and cannot change their moiety. Salt water crocodiles are Dua, and fresh water crocodiles are Yirritja; some places are Dua and other natural features are Yirritja; crows are Dua, and hawks are Yirritja; Dua men marry Yirritja women and so on. The lived experience of the kinship system, the ganma philosophy, is 'like language is to knowledge' (Yunupingu 1991: 98).

The word 'ganma' has been given by the Yolngu people of Arnhem Land to the English language as the name of the metaphor of the mixing of salt water and fresh water, and the knowledge which comes from it. To avoid identifying the study area it is used in preference to the local word. Thus ganma is a word in English for a body of theory and knowledge arising from the metaphor of the mixing of fresh water and salt water in a river system. Ganma is represented as a pattern (see frontispiece). If ganma (lived kinship) is like language, the land is the library in which this language may be read. What Muecke (Benterrak, Muecke et al. 1984) has called 'reading the country' is a process of deriving meanings from features of the landscape, which have been inscribed there through discursive practices which are elements of a living cultural tradition. Those who have become literate in this system of symbols are able to retell the stories and texts that are inscribed in particular locations.

> The land is an illustration of Yolngu knowledge categories. Just as the land belongs to different Mala [clans] so the different parts of Yolngu knowledge belong to different Mala. This implies teachers as interpreters of what the land illustrates (McConaghy 1991: 151 citing Marika-Mununggiritj).

The successful use of land in this system of knowledge depends on proper relationships between interdependent elements, and these relationships are expressed, or coded, in terms of kinship with the land. This way of thinking is quite opposite to economic rationalism. The ganma metaphor provides a framework within which opposed tendencies can coexist in paradoxical relationships. Opposed tendencies do not have to be reconciled. The conflict of their interaction, symbolised by foam at the place in the river where salt and fresh water mix

(Watson and Chambers 1989: 10), generates new elements. This is a metaphor for the construction of new knowledge from the dialectical interaction between indigenous and Western knowledge. The mainstream Western intellectual tradition has excluded logical paradoxes as invalid, unlawful or trivial, though paradox has received serious study by some social scientists (for example, Ashmore 1989; Bateson 1991; Watzlawick, Beavin and Jackson 1967). Political paradoxes can have real world effects (see Chapter Chapter 3). As Stanner (1964: 290) and Swain (1993: 119) point out, indigenous thinking tolerates paradox and contradiction as conditions to be lived.

In discussions among Aboriginal and non-Aboriginal researchers ganma theory has been applied to the meeting of two cultures - Aboriginal and Western (Watson and Chambers 1989; Yunupingu 1994).

> Thus, we may use the term 'ganma' in English to refer to the situation where a river of water from the sea (Western knowledge) and a river of water from the land ([Aboriginal] knowledge) engulf each other on flowing into a common [place] and becoming one (Watson and Chambers 1989: 5).

Ganma research is a reconciliation of indigenous and Western knowledge. Ganma is a strategy for the construction of new indigenous knowledge, which can appropriate elements of Western knowledge into an Aboriginal frame. The content of ganma research is indigenous knowledge, while the process has similarities with non-Aboriginal models of action research. Yunupingu uses ganma research to achieve a theoretical model of the relationship between two cultures. He uses this to explore ways in which historical and contemporary differences might be reconciled, and to plan, implement, evaluate and reflect on practical ways in which people can reconcile their cultures in day-to-day situations, such as classrooms and clinics.

Yunupingu, in going beyond two-way thinking, is seeking and actively constructing an interpenetration of Aboriginal and non-Aboriginal domains. Two domains did not exist before the European invasion. The Aboriginal domain was constructed and shaped by missionaries, teachers, health workers and administrators. Even where the state has not directly intervened it has constructed the Aboriginal domain by neglect - neglect to provide safe drinking water, basic education, health services and access to welfare. As a consequence of the non-Aboriginal domination of Australia, and its shaping and penetration of the Aboriginal domain, there are now 'two ways' or 'two laws' within the Aboriginal domain.

Rather than being forced to choose between competing indigenous and Western ways of living and knowing, Ganma discourse provides a way to see the two systems as complementary. In

the same way as elements of indigenous culture have been appropriated by White Australia, elements of Western culture are incorporated into the indigenous way of life, and made Aboriginal.

Ganma research is a process that produces Aboriginal knowledge at the same time as new ways of acting in contemporary Australia are constructed. The theory and practice of reconciliation proceed as two aspects of one process. Indigenous knowledge is inscribed in the land (Benterrak, Muecke et al. 1984; Muecke 1992).

APPLICATION

Watson and Chambers suggest three aspects of the ganma metaphor to be considered in applying ganma theory to particular social situations (Watson and Chambers 1989: 8-10).

1. The meeting of the waters sustains a continuous process, not a single event in time. The place in the river is fed by never-ending streams.

In a joint project between Aboriginal and European Australians the integrity and continuation of the two cultures must be accepted and assured by both. In a health service, ways must be found for bush medicine and scientific medicine, for indigenous and Western healing, to continue side by side such that each respects and compliments the other. Research must be self-critical, and prepared to learn from two-way process, in which Western trained professionals and academics protect and respect indigenous culture and practices, and in which indigenous people learn from the scientific knowledge and wisdom of the West.

2. Foam is generated at the interface of the two streams.

The first two hundred years of interaction between the two cultures has been a tragic story of violence and suffering. The foam is a metaphor for the disturbance and chaos of the violent clash of cultures. But the ganma metaphor points to complementarity and collaboration that transcends the domination of one culture by another. One task of the researcher at the point where foam is generated is to help construct ways of knowing and ways of constructing knowledge at the meeting of the two great streams of knowledge.

3. The waters of one stream come from the land and that of the other from the sea, but the river as a whole is on the land and of the land.

Aboriginal knowledge systems are intimately connected with the land itself. A great lesson of the indigenous intellectual tradition is that knowledge is local. The knowledge constructed at the meeting place of the two great streams is constructed in Australia. It is Australian

knowledge, and can build on what may be the oldest continuing intellectual tradition in the world.

Ganma theory does not posit independence as the alternative to dependency, but interdependence. Contemporary Aboriginal cultural logic takes account of and incorporates elements of the European presence. The notion of Aboriginal self-determination in the sense of independence has proved a chimera, and the historical reality is that completely independent separate Aboriginal political and economic systems will not be restored. The converse of dependence in this situation is interdependence. Recent settlers could recognise their dependency on indigenous peoples for many things including expert knowledge of the ecology of the region; sustainable food production;, legitimation of the European presence; legitimate access to resources; an Australian history before 1788; spiritual and religious understanding of the region; relationship with the land; contact with the spirit in nature; and to learn a sacred attitude to the land. This requires dialogue. Such dimensions of the Aboriginal way of life in the region can complement European material and technological advantages, compensating for the one-sidedness of the logic of Western civilisation, which 'neither sees, hears, nor feels what is going on around it. It just proclaims, because its self-righteousness is based on its good conscience' (Alexander, 1984: 235).

LOCAL INDIGENOUS KNOWLEDGE

In the context of this study indigenous knowledge can be considered as that knowledge held in the Kitya Region, which is framed and constructed in the intellectual tradition indigenous to Australia. This includes indigenous knowledge of, and indigenous to the Kitya region; knowledge in the indigenous tradition from other parts of Australia which is now current in the region; and knowledge in the indigenous tradition which has been constructed and reconstructed since European invasion. There are few, perhaps no, surviving people who are indigenous to Kitya. Nevertheless there are Aboriginal people who are indigenous to Australia, and have indigenous knowledge.

Knowledge of ganma is of particular relevance to the project described in this thesis. Before the British invasion the ganma metaphor was a major element in the philosophy of the Kitya people. The point where fresh water and salt water mixed in a local creek was an important place, where people of the coast and people of the inland met for trade and to exchange information. Beside the creek was a ceremonial site where young men learned about ganma

philosophy. The creek and the ceremonial ground were texts inscribed with meaning about ganma.

ABORIGINAL COMMUNITY

A tribal Aboriginal community is a named unit consisting of a number of households occupying a known area, who customarily camped and moved about together. Traditionally, each community spoke a distinctive language or dialect, owned particular sites and cooperated in hunting and gathering in their own and (by invitation) neighbouring land. Each community consisted of a number of clans, of both moieties, associated with totemic sites and responsible for the performance of ceremonies (Hiatt 1965: 24-28; Berndt and Berndt 1977; Borsboom 1978: 7-13). The social and symbolic construction (Cohen 1985) of traditional communities is not referred to as 'community development' by a profession shaped by the needs of urban Whites.

According to Toennies' distinction, *gemeinschaft* is an organic community in which ties of kinship, neighbourhood, friendship, shared knowledge and religion unite people (Toennies 1955: 48). *Gesellschaft* is a mechanical association, in which each person transacts in his or her individual self-interest, 'and there exists a condition of tension against others' (Toennies 1955: 74). Tribal, rural and urban Aboriginal communities are *gemeinschaft*. Long standing relationships of kinship, locality, religion and mutual support provide close and intimate organic bonds between people, which take into account complex interrelationships of household, kinship, religion and land, in networks of mutual support, obligation and interdependency.

ABORIGINAL LITERATURE

For tens of thousands of years indigenous knowledge has been transmitted in an oral tradition. Customs, rituals, strategies and forms of oratory have been used in the ideological and discursive production of political relationships (Bern 1977; Kolig 1982) in ways not widely understood by Anglo-Australians (Hardy 1978). In the last quarter of the twentieth century a number Aboriginal authors have published first hand accounts of their relations with the Australian state (Bropho 1980; Davis 1979; Green 1979; Kennedy 1985; Miller 1985; Perkins 1975; D.Roughsey 1971; E.Roughsey 1984; Shaw and Ngabidj 1981; Sullivan 1983; Tucker 1983;). Others have given accounts in traditional and semi-traditional forms of story, song and picture (Aboriginal Children's History of Australia 1977; Borsboom 1978; Kolig 1979; Senior Boys Class Lajamanu School 1987). Aboriginal academics have engaged in social scientific

analysis of aspects of Aboriginal relations with the Australian state (Briscoe 1989; Miller 1985; Perkins 1989a; 1989b; Sykes 1989).

A range of discourses and epistemologies are identified as Aboriginal. To urban, rural and tribal Aboriginal perspectives, should be added Aboriginal academic discourses, all of which identify themselves, or are identified, as Aboriginal (Gilbert 1977; Dhoulagarle 1979; Miller 1985; Sykes 1986; Morris 1989). The history of Aboriginal-state relations has been rewritten as a story of heroic resistance to invasion (Robinson and York 1977; Lippmann 1981; Reynolds 1981; 1987; Miller 1985). Aboriginal writers, like Bandler (1989), Gilbert (1973), Miller (1985) and Sykes (1989) emphasise the role of Aborigines themselves in resistance to colonisation, and their social action to achieve improvements in relations between Aborigines and the state. Perkins sees Aboriginal political objectives as a response to 'what many Aboriginal people still see as the European invasion' (1989: 233).

Perkins sees a continuing history of Aboriginal resistance, with significant achievements and increasing recognition of Aboriginal demands by government since 1972. An 'outcome of the assertion of Aboriginal political objectives has been the emergence of an Aboriginal renaissance.' 'Progress, recognisable and real, has occurred on a broad front,' with a current need for improved understanding by non-Aboriginal Australians 'in order to complete the unfulfilled political agenda' (1989: 239b).

INDIGENOUS COMMUNITY MAKING

It is difficult to describe or analyse Aboriginal ways of making community because Aboriginal community making is, at its heart, a sacred process. The process is holistic. It is hard to describe it all at once, and if it is described in parts, people may confuse the partial description with the holistic reality. Aboriginal communities are local in character. The process of community making depends on local indigenous knowledge, and will be somewhat different in each locality. The process of community making may touch on men's or women's secret business, and always involves inside knowledge of the community.

Sykes (1986) reports that Aboriginal conceptions of development reflect differences in value, ideology and epistemology from corresponding Western ideas. They are framed in the ideology of unchanging relationships between humans, nature and spirits. In Habermas' terminology, it is necessary to distinguish an Aboriginal logic of development from that of the West. The dynamics of development refer to developments which actually take place, as distinguished from developments which are possible (Brand 1990: 82). The dynamics of

development involve the interplay of forces, including the cultural factors of both Aboriginal and European logics of development. Some dimensions of the Aboriginal way of life have the potential to complement European material and technological advantages, compensating for the one-sidedness of the logic of Western civilisation.

A model of community development grounded in scientific knowledge, rational planning and instrumental goals will not satisfy the needs of indigenous communities. Community development which is limited to rational planning and action to achieve instrumental goals aimed at satisfying identified human needs is a form of domination. A process of emergent development that brings healing and wholeness to fragmented and broken communities is needed. This is a matter of the sacred, requiring inside knowledge.

> A community is a living system. The health sciences learn through analysis, by breaking things down to their component parts and examining the parts, rather than studying a whole, integrated, dynamic living system. 'It's very difficult ... to talk about those living systems that are healthy and doing well; it's much easier to talk about living matters when they're disturbed, when things are going wrong' (Bateson 1991: 265).

It is difficult to study a whole living system, because to do so we have to think about everything at once, and the human mind cannot do this. But health sciences have made a virtue of this limitation, and have often stopped trying to grasp the whole. Where there is talk about holistic approaches to health care, the whole tends to be seen as simply the sum of its parts or sub-systems. But the whole cannot be grasped this way.

HEALING CIRCLE

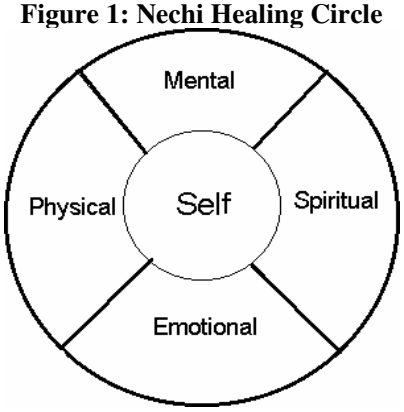
Kayleen Hazlehurst (Hazlehurst 1994) has proposed one indigenous model for community making based on work developed by North American indigenous people. The healing circle has a central place, in which the people of the community come together to own their own healing process.

Maggie Hodgson shows that for the Canadian Aboriginal healing movement a key distinction is made between 'facilitating healing rather then just helping interventions' (Nechi Institute 1994: 48).

> Healing is a celebration of survival marked by the ability to cope with one's human condition. As individual and collective development follow in harmony with the environment, health is realized ... the health of indigenous people is shaped by our historical experiences and spiritual world view, not illness... Indigenous communities are bound by a concept of wellness where the mind body and soul are interconnected (Nechi Institute 1994: 43-44).

Healing is a holistic concept. Since Aboriginal nations do not all share a common concept or symbol of wholeness, the Nechi Institute presents the circle as a common 'holistic representation'. The basic circle (Figure 1) shows that people have four aspects that correspond to four dimensions of healing (Table 3).

Figure 1: Nechi Healing Circle



Source: Nechi Institute 1994: Appendix 6

This model, grounded in the indigenous knowledge of North America, and adapted by some Australian indigenous people, makes particular use of elements of indigenous wisdom shared between cultures. Cyclical movement, the symbolism of the circle and holistic thinking are among these. It is a model that has been adopted in one project in NSW, where healing is integrated with song, talking, circles and dance.

Table 3: Dimensions of healing

Mental	Mind/thinking	inner/outer
Physical	body/sensing	inner/outer
Spiritual	soul	inner/outer
Emotional	feelings	inner/outer

Conclusion

In this chapter I have brought social science, professional praxis and indigenous knowledge into relationship. These three traditions of knowledge are relevant to Aboriginal community development in health as a technique for self-determination. The three bodies of knowledge do not have closed boundaries, like territories on a map of Europe, but interpenetrate with sites of significance, like an Aboriginal landscape. Social science and indigenous knowledge interpenetrate in the relationships that constitute anthropology, and in the understandings of ganma theory. Professional praxis and social science come together in action research and in

scientifically informed practice. Indigenous knowledge and professional praxis come together as Aboriginal community workers are educated in universities, and as professional practice is increasingly informed by indigenous knowledge.

Issues raised here are taken up in later chapters. The research methods discussed in Chapter Chapter 4 permit an interweaving of indigenous knowledge, professional praxis and social science. This reflects the complexity of the research problem and situation, and the relevant epistemology. The project described in Chapter Chapter 5 employs community development and action research practice modified by indigenous perspectives. The findings in Chapters 6, 7 and 8 have implications for the relationships between indigenous knowledge, development practice and social science. This review of the literature provides background for a theory of internal colonialism. In the next chapter I present a development of the theory of colonialism in an approach to self-determination which I call dependent autonomy.

Chapter 3 Dependent Autonomy

This thesis describes the relationships between Aborigines and the state constructed under the policy of self-determination. In this chapter I build on a review of the literature to describe the policy of self-determination, and examine the practices, strategies and contradictions which characterise it. Self-determination is described in the context of the history of Aboriginal affairs policies, and the relationship which state policy constructs with indigenous peoples. I extend the theory of internal colonialism, to describe self-determination as a new phase of colonialism. In later chapters I test the usefulness of this theory in a case study of Aboriginal empowerment in relation to a state health service.

Since the foundation of the state in Australia Aboriginal affairs policies have been characterised by contradictions. This chapter suggests that, rather than resolving contradictions, successive phases of policy have incorporated contradictions within themselves, providing the conditions for later policy shifts. In addition to elements of previous contradictions, current policies are characterised by a paradoxical dependent autonomy.

The state arrived in Australia after millennia of indigenous occupation developed a political system organised around non-hierarchical local consensus decision making (Hiatt 1986). The expansion of the British, and later the Australian, state, organised around powerful and distant authority figures, meant the incorporation of Aboriginal peoples and cultures in a liberal democracy, and 'the transfer of their resources to the benefit of both the new arrivals and those who remained in Britain' (Butlin 1993: 2). The transfer of resources which underlies Australian political and economic structures has not been undone by the Mabo High Court decision and subsequent native title legislation (Hughes and Pitty 1994). As Howard (1982b: 83) argues, 'their incorporation into the Australian colonial order and the colonial economic order ... transformed Aborigines into an underdeveloped people. The particular pattern of this underdevelopment ... has varied historically'. To provide a framework for discussion, historical variation is divided, somewhat arbitrarily, into four periods.

The first period, external colonialism, started in 1788, and officially ended in 1901 with the foundation of the Commonwealth of Australia. Many political, economic, and symbolic elements of British colonialism continued beyond this date, and some, such as the flag and the monarchy, are still on the national agenda. The second period, dated with unjustified precision from 1901 to 1951, was the first phase of internal colonialism, marked by economic

exploitation and political subjection of indigenous people and their land. In 1951 ministers from the Commonwealth and all State governments agreed on a policy to assimilate Aborigines into the dominant culture, later amended to a policy of integration. In 1972 this was replaced by the fourth and current policy framework of Aboriginal and Torres Strait Islander self-determination and reconciliation. It is important to note that each new policy phase does not eradicate the practices, discourses and knowledge associated with earlier periods (see Table 4). Elements of previous policy frameworks remain available in the field of discourse and practice, to be utilised by various actors. Thus earlier practices continue in later phases, alongside newly constructed practices and discourses. Each phase brings new elements, but does not eradicate the old.

Table 4: Periods in Aboriginal Affairs policy

PERIOD	*POLICY*
1788 - 1901	subjection
1901 - 1951	protection & segregation
1951 - 1972	assimilation & integration
1972 - present	self-determination

External colonialism

Policies relating to Aboriginal people have contained contradictions since King George III instructed Captain Phillip to avoid any 'unnecessary interruption in the exercise of their several occupations', and at the same time to report how 'our intercourse with the people may be turned to the advantage of the colony' (Rowley 1970: 19; Stone 1974: 19; Alexander 1983: 76). The political, social and economic practices of the invaders, together with their superior weaponry and the infectious diseases which they introduced, were utilised to the advantage of colonists, as Aborigines were subjected to British rule along an expanding frontier. The incompatible goals of people living very different lifestyles (Laver 1986: 10) produced competition between invaders and indigenous people for the land and its resources. Settlers aimed to resolve these conflicts by subjecting the continent and its indigenous inhabitants to the rule of state, and to domination by European culture and agriculture (Davidson 1991). The contradiction between the brutality, genocide and theft which established British superiority, and the enlightened liberalism of the policy statements under which it occurred is illustrated in this first Aboriginal affairs policy.

George III's instructions contained three elements which formed a pattern for Aboriginal affairs policies throughout this period. An instruction, that native rights to land, traditional means of livelihood and customary practices were to be respected. Secondly, that 'if any of our subjects shall wantonly destroy them, or give them any unnecessary interruption in the exercise of their several occupations', they should be punished, and thirdly, that 'intercourse with the people may be turned to the advantage of this colony' (King George III, in Stone, 1974: 19). Settlers on the frontier were faced with a dilemma: to respect the rights and freedoms of Aboriginal people to retain land for hunting, gathering and other purposes or, in accordance with the same policy, to turn their contact with Aborigines to their own advantage by seizing land for farms, mines and towns, and women for sexual partners. We know which choice they made, and King George's instruction, to punish those who committed crimes against Aborigines, was only rarely followed.

The policy was pragmatically managed 'on the ground' by officials, convicts and settlers establishing a British penal colony in an unfamiliar environment. According to Davidson a central theme of the early colony was the making of the Australian citizen in a process which

> can be reduced to settling sufficient numbers of people on the land at a controlled pace and marrying them off in a formal, legal way to secure a place and role for the heirs to their property - their children. This settling and marrying resulted ... in a world where everyday life was that of possessive individualists driven by the belief that through work everyone could attain to well-being (Davidson 1991: xiii).

A logical outcome of this process was that Aboriginal people had to give up their land, their culture and their way of life if they were to join in the settling, marrying and cultivation; or be thrown off their land if they did not. The dispossession and extermination of Aborigines in uneven battles with white Australians, continued past the formal end of British rule, and the establishment of an Australian state, as the frontier of European settlement moved across the continent. In the southern States large scale massacres became rare after seven Europeans, who said 'they were not aware that in destroying the aboriginals they were violating the law' (Stone 1974: 58), were hanged for their part in the 1838 Myall Creek Massacre. In the tropical north, however, frontier massacres continued well into the present century (Shaw and Ngabidj 1981: 15, 38-39 gives a survivors account).

A polarity in European views of Aborigines was being worked out. While some Europeans saw them as wild, primitive savages, those of more enlightened and humane dispositions, such as official Quaker visitors, formed 'the opinion that they are not a treacherous and ferocious or vindictive people', but are 'highly susceptible of improvement', and 'the tractability of the

captive blacks ... was remarkable' (Backhouse and Walker 1832, in Stone 1974: 39). That is, the humane and enlightened white view during this period was that blacks, though wild, could be tamed, and domesticated. The contrary view was that they were inherently unable to be lifted from their wild state.

The dominant practice in this period was the expropriation of Aboriginal resources including land, improved pastures, sexual services, labour and anything else of value which could be extracted. Aborigines were moved, removed, employed or killed by the settlers for mainly economic reasons. The dominant strategy in policy implementation could be called violent pacification, the violent suppression of Aboriginal people by overwhelming military superiority, in the name of peace and civilisation. Aborigines were the passive objects, rather than the active subjects of colonial policy. With occasional exceptions, such as two proclamations to Aborigines in 1816 (Department of Territories 1967: 32; Stone, 1974: 33), Government directives were not addressed towards Aborigines, but to the colonising settlers. Despite 'the most positive directions from Her Majesty's Government to treat the aboriginal natives as subjects of Her Majesty, ... there [was] nothing in the Governor's instructions to prevent his protecting to the utmost of his power the lives and property of settlers' (Governor Gipps 1838, in Stone 1974: 51). The lives, property and lands of Aboriginal subjects were not effectively protected, and protection of settlers included the use of armed troops to clear Aborigines as their hunting grounds were wanted for pasture.

The contradiction in this strategy related to the conflict in liberal humanist philosophy between a recognition of the rights and liberty of Aboriginal people, and the duty of the state to civilise and reform them. A recognition of the right of hunter gatherers to continue their lifestyle and culture on native lands would have limited the ability of settlers to acquire lands for pasture and other uses, and would have made the expansion of European culture and lifestyle depend on Aboriginal choices. The settlers had superior weapons and military forces, and on the expanding frontier their interests prevailed. But this did not resolve the contradiction in colonial policy, and behind the frontier humanitarian voices called for the protection of Aboriginal people. External colonialism is summarised in Table 5.

Table 5: External colonialism

Polarity	wild v. tame
Practice	expropriation
Strategy	violent pacification
Contradiction	liberty v. duty to reform

Internal colonialism

Contemporary with widespread practices of dispossession and genocide, from the mid-nineteenth century the Australian colonies, and from 1901 the States, drew up policies of 'protection' (Department of Territories 1967: 31; Lippmann 1981: 23). Two books by Charles Darwin, *The Origin of Species* and *The Descent of Man* published in 1859 and 1871 popularised ideas of biological and social evolution. Darwin wrote that 'intellectual faculties have been maintained and gradually perfected through natural selection' (Darwin 1952: 320), leading to the gradual extinction of inferior races and their cultures, including the Australian Aborigines (Darwin 1952: 352). Darwinist theories provided a scientific justification for the decline and inevitable extinction of the inferior type (King and McHoul 1986: 30), while humanitarian calls for the protection of Aborigines from disease and atrocities grew louder.

Aborigines were incarcerated in reserves, set up as places of refuge, in which dedicated whites, like Daisy Bates, could minister to 'The Passing of the Aborigines' (Bates 1944). Although some administrators such as Archibald Meston, who drafted the 1897 Queensland Act (King and McHoul, 1986), and J. W. Bleakley, the first NT Protector of Aborigines, recommended a 'self-governing Aboriginal State' (Stone, 1974: 164) governments did not see this as a useful strategy, as reserve land should be available for other purposes after the inhabitants and their cultures died out.

Aboriginal reserves, though often established as areas in which traditional life could continue without interference, became sites for the civilising activities of missionaries. They were usually organised along the lines of prisons, hospitals, orphanages, boarding schools and other institutions (Long 1970) to 'accommodate people who have failed to absorb the standards of appropriate behaviour and have to be trained, punished, 'normalised', and controlled' (Khoury 1989: 225). Discipline was used to reduce resistance and control Aborigines who constitute a problem for whites and the state. In Foucault's words:

> discipline fixes, it arrests or regulates movements; it clears up confusion; it dissipates compact groupings of individuals wandering about the country in unpredictable ways (Foucault 1979: 219).

Aboriginal reserves and institutions had political and economic functions as instruments of colonialism. Wolpe writes that 'internal colonialism corresponds to a structure of social relations based on domination and exploitation among culturally heterogenous, distinct groups' (Wolpe 1975: 231). Reserves and institutions performed key functions in this domination and exploitation (Roberts 1981: 42). They were keeping places for Aborigines

who had been removed from land now used for agriculture, storage places for cheap seasonal labour and factories producing virtual slave labour. People were forcibly moved to and from reserves. Managers and superintendents, who were sometimes despotic and sadistic (Cowlishaw 1988: 79), had powers to punish and imprison adults and children. Children were abducted from their families, processed in institutions, then placed out under conditions amounting to slave labour (Read 1981; Roberts 1981; Brock 1993). Reserves provided seasonal farm labourers, and children's institutions produced cheap, sometimes unpaid, domestic and farm labour. Aboriginal reserves and institutions were an integral part of Australian internal colonialism (Lippmann 1981: 28-30; Roberts 1981: 28-45).

As land in North Australia became available for commercial pastoralism the situation closely paralleled Wolpe's description of internal colonialism in South Africa. Reserves produced a supply of labour at minimal direct and indirect costs to the system of capitalist production by raising and educating children and sustaining unemployed seasonal workers from a largely traditional economy. Traditional Aboriginal modes of production and distribution maintained workers and their families. This lowered the costs of production in a climatic zone where it was difficult to recruit European employees.

Protection policies contained contradictions (see Table 6). The overt intention was to protect Aboriginal people from the harm done by contact with European society and culture. This was not intended, however, to provide for the restoration of the Aboriginal race and culture, which were seen as doomed, due to their inherent inferiority. The message conveyed to Aborigines was that in being protected they were to quietly die out, and to administrators that in protecting Aborigines they were to oversee their physical and cultural extinction. Aborigines, however, survived. Despite widespread physical and cultural devastation, Aborigines did not become extinct.

Table 6: Internal colonialism

Polarity	animal v. human
Practice	incarceration
Strategy	protected extinction
Contradiction	inevitable extinction v. duty to protect

Welfare colonialism

A 'New Deal for Aborigines' was proposed in 1938, and adopted by Australian governments at a Ministers Welfare Council in 1951 (Department of Territories 1967: 38, 41). The new policy of assimilation stated that Aborigines 'shall attain the same manner of living as other

Australians, enjoying the same rights and privileges, accepting the same responsibilities, observing the same customs and being influenced by the same beliefs, hopes and loyalties' (cited in Lippmann 1981: 18). The responsible minister at the time informed the House of Representatives that: 'Assimilation means, in practical terms, that, in the course of time, it is expected that all persons of aboriginal blood or mixed blood in Australia will live like white Australians do' (Hasluck 1951, in Stone 1974: 193).

The policy of assimilation enabled new forms of economic exploitation and political control of Aborigines in a new period of colonialism. The period after World War II saw an unprecedented rate of European immigration, and an industrial transition in the Australian economy. Between 1900 and 1930 output per person employed in manufacturing had increased by about 1% per year. With a shift from labour intensive to capital intensive manufacturing this rate jumped to about 4% per annum between 1940 and 1960. During the 1950s the number of Australians employed in manufacturing increased by about 2% per annum, while the number employed in farming decreased (Sinclair 1976: 215-216). The role of Aborigines in the economy changed. Demand for cheap labour in rural and remote regions declined, while economic transition depended on an expanding consumer market. The provision of welfare enabled Aborigines to become consumers. The new policy had political advantages in deflecting criticism of Australia's racist policies by newly independent ex-colonies in the British Commonwealth and other international observers (Hasluck in Stone 1974: 192).

The assimilation policy was formulated by Professor Elkin, who noted that:

> Policies... have been amended on the principle that Aborigines are citizens, and that special legislation ... is to assist them in realising their citizenship. It is *welfare,* rather than protective, legislation (Elkin 1964: 369).

Although in principle, and as a population, Aborigines were considered citizens, individual Aborigines needed to be taught to achieve this status. Aborigines could participate as citizens of the welfare state 'as soon as their advancement in civilisation permits them to take their place' (Hasluck in Stone, 1974: 195). In 1949 a conference of senior bureaucrats concerned with Aboriginal affairs 'accepted as the guiding principle that Aborigines were to be part of the general Australian community, largely through the development of effective education programmes' (Giese 1969: 84) designed to teach Aborigines what they needed to know to become citizens.

As Cowlishaw has pointed out, there are contradictions embedded in the assimilation policy. The measures said to be designed for assimilation 'made the Aborigines remarkably dissimilar from their would-be fellow citizens' (Cowlishaw 1988: 82). Although Australians of European descent became citizens as adults, regardless of their level of education or civilisation, the existence of special education and welfare programs excluded indigenous people from possession of full citizenship rights as a birthright. Beckett asserted that Aborigines had a formal legal status and entitlement to the franchise, the protection and penalties of the law, free education and social security benefits which was no different from that of other Australians, but were also subject to special provisions under Commonwealth and State laws which made every facet of life quite different to other citizens (Cowlishaw 1988: 78). Adults and children on reserves were subject to arbitrary, intrusive and sometimes sadistic rule by managers. They could be moved between reserves, sometimes without notice. Their money could be kept in trust accounts, and spent without their knowledge. 'The taking of children was perhaps the most inhumane form of intrusion', and occurred on such a scale that in 1957 advertisements were placed in newspapers calling for foster parents as the institutions were overcrowded (Read 1981; Roberts 1981). The education and welfare programs provided as a means to attain citizenship became the means by which most Aborigines were excluded from participation as citizens of the welfare state. Some Aborigines were issued with exemption certificates (called 'dog licences' by Aborigines) or citizenship certificates. Holders were no longer legally Aborigines, and were in a different legal category to their relatives. Further, the certificates could be withdrawn (Cowlishaw 1988: 78), so even those Aborigines who were deemed to be assimilated could be subjected to arbitrary rules which did not apply to non-Aboriginal citizens.

Following Paine (Paine 1977), Beckett uses the term 'welfare colonialism' to describe the contradictory assimilation policy, which used the goal of eventual entry into the community as a justification for segregating Aborigines on settlements, and the goal of eventual citizenship as a justification for curtailing their civil rights (Beckett 1977; 1987; 1988; 1990). Under welfare colonialism the government made the final decisions, but they needed the assent of their subjects in order to gain approval at home and abroad, and as a practical measure to avoid the failure of government programs.

Welfare colonialism may be interpreted as a form of disciplinary power which aimed to bring Aborigines within the direct control of the state, while minimising political and economic cost (Foucault 1979; Smart 1983: 109). Its effect was the formation and control of individuals

through teaching, normalisation and surveillance which became internalised and diffused, so that Aborigines could no longer think of themselves except in relation to Europeans and the state. Through policies and programs of Aboriginal welfare the state constructed a status for Aborigines in which they were subject to and dependent on the state, yet different to normal citizens. As Jennett comments, 'The chief reason for the inability of Aborigines to achieve a 'decolonised' status (comparable to that of independent nations which are ex-colonies) relates principally to the welfare function of the state' (Jennett 1987: 58). This phase of colonialism is summarised in Table 7.

Table 7: Welfare colonialism

Polarity	savage v. citizen
Practice	tutelage
Strategy	welfare colonialism
Contradiction	citizens rights v. need for education

Self-determination

In 1967 the policy of assimilation was amended. Under the integration policy it was expected 'that all persons of Aboriginal descent will choose to attain the same manner and standard of living as that of other Australians' (Department of Territories 1967: 44). This injunction introduced an element of spurious choice. A powerful government directed Aborigines to choose, but offered only one alternative. Just as Henry Ford is supposed to have offered his customers a choice of cars in any colour, so long as it was black, Aborigines were offered a choice of any lifestyle, so long as it was white. Integration can be seen as an attempt to continue the assimilation policy at a time when its inherent contradictions were making it increasingly difficult to maintain. The change in rhetoric did not resolve the contradictions of welfare colonialism, or prevent mounting pressures for a new policy.

The policy of self-determination, which was introduced in 1972, became necessary as Aboriginal resistance and protest had demonstrated that the integration policy could no longer claim to have the assent of its subjects. From the late 1960s Aborigines utilised opportunities for publicity and resistance (Lippmann 1981; Perkins 1975; 1989a). With growing public and international sensitivity to the issues, governments became concerned to take action to remove inequalities in health, income, education and living standards between Aboriginal and other Australians (Whitlam 1985; Hawke 1989; Keating 1992). New administrative structures were established, special programs were initiated, Aborigines were invited to advise government through formal channels, and mechanisms for reconciliation were established.

The policy framework of self-determination contains its own contradictions. John Howard, commenting on the proposal for an Aboriginal treaty said it was 'an absurd proposition for a nation to make a treaty with some of its citizens' (Jennett 1990: 268). The Hawke Government agreed that there should be only a single category of citizenship within the state, and Aborigines were denied recognition of special status as indigenous people. The history of colonialism, while regrettable, was considered largely irrelevant to the contemporary situation. Special administrative and political structures to incorporate the indigenous minority into the state without loss of identity were established (Hiatt 1976; Weaver 1983a, 1983b; Jennett 1990).

Aborigines did not have national political structures. The government, which required a single voice for policy advice, set out to construct them on their behalf. In 1973 the National Aboriginal Consultative Committee (NACC), with 41 elected Aborigines, was established to advise the Minister for Aboriginal Affairs. NACC 'engaged in confrontation with the government, seeking recognition as an independent political organisation, not simply as an advisory body' (Weaver 1983a: 3). In 1976 a newly elected Liberal National Coalition Government replaced NACC with a National Aboriginal Conference (NAC) 'that resembled the problematic consultative committee' (Rowse 1990: 16). The Hawke Labor Government elected in 1993 strengthened NAC, but Aboriginal leaders continued to highlight the limitations of consultative and advisory arrangements, demanding that the agenda for discussions be set by Aborigines. In 1990 a new Minister for Aboriginal Affairs, Gerry Hand, announced a 'truly radical reform', an arrangement which would give Aborigines 'genuine executive powers over federal policy' and allocation of resources (Rowse 1990: 15). The Aboriginal and Torres Strait Islander Commission (ATSIC) is an administrative structure in which Aborigines elect representatives to Regional Councils which in turn elect national Commissioners, who have a role in policy making and allocate government funds within prescribed limits (Kelly 1988; ATSIC 1990b; Hiatt 1990; Jennett 1990: 258).

ATSIC contains its own contradictions. Aborigines managed this continent for thousands of years without an organised nation state. But to make decisions in ATSIC they must learn and use the administrative practices of a state bureaucracy. ATSIC, the centre piece of the Hawke government's self-determination policy (Jennett 1990, Kelly 1988), can be interpreted as a mechanism to recruit Aborigines into the new middle class (Jamrozik 1991) and state managerialism (Muetzelfeldt 1992: 199). A form of management grounded in Aboriginal knowledge and practice is not allowed for within the administrative structures of the state.

Despite this, Aborigines have used ATSIC to present positions independent of the government (Jones 1990), making claims for special status as 'indigenous Australians' from a platform which positioned them as an interest group like any other in a pluralist state.

The state required structures which demonstrated the autonomy of the indigenous peoples, and could speak on behalf of them. Because the subjects were politically weak and fragmented as an outcome of previous practices of colonialism, the state had to sponsor and create channels of political expression, but then control these so that they would not challenge or endanger the unitary sovereignty of the state. In Beckett's words: 'political incorporation of the indigenous minority into the nation-state can be effected only through special structures, which institutionalise colonial distinctions, while creating a political constituency which has to be maintained and controlled' (1988: 14).

The Hawke Government subscribed to a rational model of policy-making. It looked to resolve the country's problems through programs based on 'achievable goals' (Hawke, Policy Speech, 1983 cited in Stewart and Jennett 1990: 1), and sought agreement between competing interest groups through consensus politics. In Aboriginal affairs this was expressed as a commitment to 'consultation and self-determination' (1983 ALP policy statement cited in Jennett 1990: 25). Consensus politics assumed that broad goals could be agreed upon, but in the words of a ministerial adviser:

> The government came to power saying 'we're going to do what Aboriginal people want', and then they can't get agreements amongst Aboriginal people about what they want ... There is not enough cohesive leadership and organisation on the part of Aborigines... Compared to other interest groups they just don't match' (cited in Jennett 1990, p. 248).

The demand for cohesive leadership and organisation reflected the neo-corporatist (Emy and Hughes 1988: 80-100; Muetzelfeldt and Bates 1992: 64) outlook of the Hawke Government, which arose in an acceptance of a pluralist view of the welfare state.

In the early days of his term as Prime Minister, Paul Keating claimed a position of moral commitment to social justice for and reconciliation with Aborigines (Keating 1992) . Whereas Hawke and Aboriginal Affairs Minister Gerry Hand had placed major emphasis on new administrative arrangements represented by ATSIC, Keating tied Aboriginal affairs into his vision for a new Australian identity. He said:

> We have to come to terms with Aboriginal Australia - pre and post European. Until we do this ... I think there will always be a feeling among us that maybe we don't quite belong, that we're not serious, that we're simply here for the view (Keating 1992: 2).

The Council for Aboriginal Reconciliation, established 'to promote a process of reconciliation between Aborigines and Torres Strait Islanders and the wider Australian community' (Australia 1991: S.5) was hailed as 'one of Australia's most important initiatives' lying 'at the heart of Australia's identity as a nation' (Tickner 1991: 1).

In a process linked to the reconstruction of Australian national identity, Aborigines are to be liberated by reconciliation and self-determination, through the mechanism of bureaucratic structures. This strategy simultaneously increases both dependency and autonomy. As Aborigines join the new middle class they enjoy opportunities for making decisions about their communal lives such as they have not experienced since pre-colonial times. The increased autonomy of Aboriginal people is often exercised in participation in programs of the state. Government sponsored and government funded programs in land tenure, health, education, employment, community development, legal services, and especially government funded Aboriginal corporations, are key expressions of Aboriginal self-determination on the ground. Paradoxically, it is by becoming increasingly involved in state sponsored and state funded programs that Aborigines achieve autonomy.

The social justice values on which the self-determination policy framework rests are overwhelmingly non-Aboriginal (Folds 1993). Statistical measures which reveal the extent of inequality, and establish the needs of Aboriginal communities, measure what is valued in the dominant culture in ways which do not reflect indigenous knowledge or values. When Aboriginal disadvantage is measured in terms of home ownership rates, access to child care, school retention rates, level of unemployment and so on, pressures are brought to bear on Aboriginal communities to make their lifestyle more similar to the dominant middle class (Folds 1993: 31). In one community in NSW a government inquiry found overcrowding, with more than ten persons to each house. Old wooden houses were demolished and new brick homes built. Now there are more than 13 people to each house, because Aboriginal social obligations make it impossible to turn certain relatives away (Dennison 1994). The measures designed to reduce statistical inequality ended up increasing it. The program implemented to promote social justice and self-determination was designed on the basis of non-indigenous measures and values. The outcome was that indigenous peoples had 'the freedom only to choose from categories of injustice already determined by mainstream society' (Folds 1993: 33).

As Aborigines continue to achieve autonomy, the state continues to make the rules, including the rules which define Aboriginal self-determination. When it seems to be in the interests of

the state, it will change or suspend the rules, as in the proposal to suspend the 1975 Racial Discrimination Act (Australia) for the passage of post-Mabo native title legislation. But Aborigines are able to make use of contradictions as leverage points in their unequal political relationship with the state. During the drafting of native title legislation, for example, two senior Aboriginal public servants – Pat Dodson, head of the Council for Aboriginal Reconciliation, and Lois O'Donoghue, head of ATSIC – both publicly criticised proposed legislation (Hughes and Pitty 1994: 16, 18). It would have been politically embarrassing for the Government to use public service rules to silence its own Aboriginal appointees.

The policy of self-determination asserts the autonomy of indigenous people, while simultaneously denying autonomy and perpetuating a colonial relationship. Under an ideology of cultural pluralism the indigenous peoples are declared to be essentially different from other citizens. They are granted formal access to the benefits of citizenship and, because of their special status as indigenous people, recognition of rights which are not available to other citizens (such as native title). While constructing difference through recognition of indigenous rights and special administrative institutions, the government simultaneously denies difference through the assertion of a single class of citizenship and a single form of sovereignty, refusing to recognise the claim that Aborigines are a colonised people who have never lost sovereign status. The policy which asserts and promotes Aboriginal autonomy and self-determination, increases Aboriginal participation in the state as elected representatives, state employees, employees of state funded organisations and recipients of programs provided or funded by the state. I have coined the term 'dependent autonomy' to distinguish this form of internal colonialism from its predecessors.

Previous policies of assimilation and integration exhibited a set of contradictions summarised under the label 'welfare colonialism'. While elements of welfare colonialism continue in the present, the policy framework of self-determination goes beyond contradiction, being a 'paradox of power' (Watzlawick 1976: 21-26), or political paradox.

As discussed in the previous chapter (page 17), a political paradox is a command or injunction in a relationship of power, having a paradoxical form. It is an order which must be disobeyed to be obeyed, and vice versa, will be obeyed if it is disobeyed (Watzlawick 1976: 21-26; 1990: 234-241). An empty square on a student test, with an instruction for candidates to write 'Yes' in the square if and only if the examiner will find the square empty, would be a political paradox because the examiner could fail the student for a 'wrong' answer, whatever the student did.

The policy of Aboriginal and Torres Strait Islander self-determination is a political paradox. After two centuries of colonial domination a powerful government issued a directive to its subject indigenous people to make autonomous decisions on their own behalf. If the indigenous people determine their own future, then they are being obedient to the government directive, and therefore are not self-determining. To obey the government, they must be self-determining, that is, act autonomously and not in obedience to the government. 'Be self-determining' is a political paradox in which a powerful government gives a command which has to be disobeyed in order to be obeyed. Political paradoxes are a form of 'incongruent' communication which Watzlawick (1976: 15-26) found has the effect of constructing and maintaining asymmetrical power relationships.

Through the paradox of self-determination the state constructs an autonomy for indigenous people which is not autonomy from the state, but an autonomy which depends upon the state, a dependent autonomy. This new form of colonialism is summarised in Table 8. The recognition of native rights by the High Court and the Parliament brings those rights under the jurisdiction of the High Court and the Parliament, and makes them dependent on the state. Indigenous people now look to state institutions to secure native title which in principle exists independently of the state. Provision of the means of self-determination by the state through ATSIC and funded Aboriginal organisations make the means of self-determination dependent on the state.

Table 8: Self-determination

Polarity	controlled v. free
Practice	bureaucratisation
Strategy	dependent autonomy
Contradiction	autonomy v. duty of development

Commentators such as Henry Reynolds (1993) announced the end of colonialism. The Mabo High Court decision and Native Title legislation point to a recognition that an end of colonial domination of Aborigines and Torres Strait Islanders cannot be achieved without a transfer of resources back to indigenous ownership and control. But political and economic inequality is entrenched in the large scale hierarchical organisation of the state which dominates the surviving indigenous non-hierarchical forms of organisation. Recent national trends have been to increase the disparity between the richest and the poor. As the advantages of dependent autonomy seem not to be distributed equally between indigenous and non-indigenous

Australians, it seems possible that any return of resources could bring greater economic benefits to corporate Australia than to indigenous people.

Conclusion

This reinterpretation of the current phase of internal colonialism has demonstrated that contradiction has existed in Aboriginal affairs policies since the beginning of the European colonisation of Australia. Contradictions in each phase, with other contemporary events, have led to the formulation of modified or new policies. Rather than resolving or removing contradiction, successive policies have incorporated new contradictions into themselves in an iterative process leading to the emergence of political paradox. It seems likely that an Aboriginal affairs policy free of contradictions and paradox may never be constructed. Contradiction and paradox can be viewed as conditions to be lived, rather than irrational elements which must be resolved or removed.

Because contradictions have political uses and political effects, theory must move beyond calling for their resolution, to enable the analysis of their uses, effects and benefits for actors in power relationships. Hiatt asserts that in Aboriginal philosophy and myth 'reality as a whole is conceived as paradoxical or dualistic' (Hiatt 1975: 16), and Aborigines have shown themselves adept in using embarrassment over contradictions and inconsistencies in the discourses, practices and outcomes of Government policies as a political tool. The paradoxical character of the self-determination policy may assist Aboriginal people to maximise the potential benefits they can obtain from it. Once located, paradoxes may be useful as leverage points, from which relatively powerless actors can increase their chances of political success. The remainder of this thesis is a case study of community development in health, in which a local Aboriginal community used contradictions and paradox to empower themselves in relation to the state, represented by a regional government health service. The method used in that empirical study is described in the next chapter.

Chapter 4 Research Method

Oakley (1988) points to contradictions in research between text book prescriptions and what actually happens in practice; between the objectification of informants and the need to develop relationships to obtain meaningful information from them; and between the framing of research data as having no meaning in terms of social interaction, and the personal relationships which can arise between researchers and the people they work with. Oakley concluded that 'personal involvement [in research] is more than dangerous bias – it is the condition under which people come to know each other and to admit others into their lives' (Oakley 1988: 58). This chapter tells the story of my search for an appropriate research design and method for data collection. I describe how I prepared a detailed proposal, including a literature review which led to the development of a theoretical position. I outline the method I proposed for a research project to test the application of this theoretical position. I explain how and why this original research design was not implemented, and what came to replace it. This includes discussion of methodology, research design, participation, methods of data collection, sampling, and data analysis.

This project posed particular methodological problems. The reflexive and interactive nature of the project led me to extend the search for an appropriate research design and method into the period of fieldwork. What started as a proposal to use analysis of texts led to consideration of participatory action research, thence to participant observation of a community development in health project. Meetings of an Aboriginal health action group and some conversations were tape recorded and transcribed for computer aided analysis. A list of items for coding documents was progressively modified during fieldwork and data analysis (see Appendix B). The high degree of participation by the researcher in the processes under study, and the close engagement in the field of research challenged the traditional distance between researcher and researched. This had implications for the status accorded to indigenous knowledge and affected the way I did the research.

The search for appropriate method

The research design was complex and sophisticated, and attempted to satisfy a number of requirements. I wanted a research design which would:

1 provide concrete benefit for Aboriginal people;

2 conform to the ethics and principles of research with Aboriginal people;

3 be relevant to community development in health;

4 address the research questions with rigour and validity; and

5 contribute to the development of theory.

Work on this project began with my enrolment in a Doctor of Philosophy program, in 1992, in the Faculty of Social Sciences at Deakin University. My supervisor was Dr Michael Muetzelfeldt. The project grew out of twenty years of professional and teaching experience in community development and related fields of health and welfare. In practice and teaching over a number of years it seemed to me that in the field of community development the relationship between theory and practice was not as close as in some other fields involving professional intervention to change human relationships, such as family therapy. I had become aware of theories involving paradoxical communication and their application in family therapy. But in working with larger social systems, policy makers, professionals and activists faced with contradictions and paradoxes have tried to resolve contradictions by following logically consistent principles, whether they operated in liberal-humanitarian, rational-scientific or revolutionary-Marxist frameworks. I noted that the literature did not "include much on how radical constructionism and critical social theory can be applied to make the world a better place" (Letter to M. Muetzelfedlt, 24 February 1992).

I proposed that contradictions and paradoxes are inherent in complex social systems, so that at high levels of system complexity, all solutions could have paradoxical outcomes. Hence, we may be able to use paradox in seeking solutions. I proposed to apply this approach to the theoretical analysis of internal colonialism and the policy of Aboriginal self-determination.

RESEARCH QUESTIONS

My 1992 proposal presented the underlying question of the thesis as:

> In the current policy context, in which Aborigines and the Australian Government declare commitment to principles of self-determination, to what extent can Aborigines be self-determining?

This was not understood as a question of the evaluation of policy outcomes. Examination of the contested meanings and uses of the term 'self-determination', with a recognition of the socially constructed nature of 'Aborigines' (Attwood 1989, King and McHoul 1986) and the state, led me to view it as a question about the relationship between Aborigines and the state.

To approach the question as one of policy evaluation would artificially limit the scope of the inquiry.

This question produced three main research objectives:

- to describe and analyse 'self-determination' as the concept is used by agents of the state and Aboriginal representatives;
- to describe relationships and interactions between 'Aborigines' and 'the state' around questions of self-determination;
- to suggest some implications of this study for action to empower Aborigines.

THEORETICAL FRAMEWORK

I completed a review of the literature to provide a context for understanding the policy context of self-determination, and presented this with a detailed research proposal in October 1992 (Hughes 1992). A thoroughly revised literature review is presented as Chapter Chapter 2 of this thesis. This provided the ground for an extension of the theory of internal colonialism.

I argued that over two centuries contradiction has been built upon contradiction in the structure of the colonial relationship between Aborigines and the state, with the result that relationship is now more than contradictory. The policy of self-determination is paradoxical. In implementing this policy the powerful government makes laws which tell Aboriginal people that they must become self-determining, but they must do this in a non-Aboriginal way. They must become autonomous by carrying out government instructions. They use government money and bureaucratic procedures to become independent of the government. Self-determination is a political paradox through which the state constructs an autonomy for indigenous people which is dependent on the state. I called this 'dependent autonomy'.

I presented this theoretical analysis to the 1993 Australasian Political Studies Association Conference (Hughes 1993), and with further revision it was published in November 1995 (Hughes 1995). This version, with minor revision is included as Chapter Chapter 3 of this thesis. At the same conference Roderic Pitty presented a paper rejecting the proposition that Mabo legislation signified the end of colonialism in Australia. Noting points of convergence between our two quite different papers, we collaborated to apply the theory of dependent autonomy to events surrounding the Mabo High Court decision in an article published in June 1994 (Hughes and Pitty 1994). This collaborative work illustrates that the theory of dependent autonomy can be applied to a different situation than that addressed in this thesis.

The development of the notion of dependent autonomy, and demonstration that it can be applied, represents the achievement of the first research objective: 'to describe and analyse 'self-determination'. 'Self-determination' is a paradoxical phase of internal colonialism, in

which the state uses a strategy of dependent autonomy to maintain an asymmetrical power relationship with Aborigines.

OPEN METHOD

The research method was open to change, and a number of methodological problems arose, some of which were unanticipated. A method for analysis of interaction which would recognise the validity of Aboriginal viewpoints, as well as its own perspective, could not be defined in advance, as the data which provided information on Aboriginal perspectives simultaneously provided the information required to devise a method appropriate to those perspectives. Leaving method open to change avoided privileging the academic and state discourses available to me before I entered the field over those of Aborigines which I might discover in the field. Thirdly, for ethical as well as methodological reasons, the method was open to scrutiny by representatives of the Aboriginal community, and responsive to their suggestions. Fourth, the nature of the linkages between different levels of analysis were not theoretically clear from the outset, but were a matter for empirical investigation. Finally, in the nature of the investigation, the original research questions might be redefined as new questions arose during the course of research (Muetzelfeldt 1989).

In 1992 I proposed analysis of texts as the primary method to achieve the second research objective, to describe relationships and interactions between Aborigines and the state around questions of self-determination. Proposed data sources included:

- statements of government policy including ministerial and prime ministerial statements to the House of Representatives and media releases;
- reports of the House of Representatives Standing Committee on Aboriginal Affairs;
- reports of the Royal Commission into Aboriginal Deaths in Custody, and reports relating to the recommendations of the Royal Commission;
- policy statements and discussion papers (green papers) on Aboriginal affairs issued by political parties;
- publications of ATSIC and the Council for Aboriginal Reconciliation, including annual reports, information kits and booklets;
- research reports, theoretical discussions and academic papers relevant to self-determination, in anthropology, political science, policy studies and other disciplines;
- publications by Aboriginal authors, including academic papers and publications directed at non-Aboriginal readers;
- documents issued by Aboriginal organisations, including submissions to government inquiries and committees;
- unpublished and unofficial documents by Aborigines;
- transcriptions of conversations with Aboriginal informants (Hughes 1992: 77-78).

I proposed to analyse texts from each of three perspectives, from the top, from the bottom and from the side. These perspectives correspond to three 'paradigms' identified by Berki (Berki 1989: 12) in texts of the state, works of literature, and writings in social and political science analysis, and also to three 'voices' identified by Carbo (Carbo 1989) in her analysis of reports of an earthquake in which the concerns, languages and discursive effects of members of government; of poor victims; and of officials and professionals were differentiated and contrasted. As Torode (1989: 158) comments, 'she identifies each of her three voices with a distinct ideological position, which could be said to reflect a class structure in miniature'. I proposed to identify contradictions between the voices of the state, the voices of Aborigines and the voices of academics as a heuristic device.

I needed a method which could deal with issues of paradox, contradiction, reflexivity and circularity to support the theoretical position developed in Chapter Chapter 3 , because the research project was a political act in the field which was its own subject, and because I wanted a method which can deal with paradox, contradiction, reflexivity and circularity occurring at the level of content.

As a heuristic strategy, I decided to looked in the field for political paradoxes. A number of academics have used historical perspectives, not only because social events must be seen in their historical context to be understood, but also because the perspective of history reveals contradictions and discontinuities which (according to our rules of knowledge) require explanation. While acknowledging the importance of historical strategies, I used pragmatic contradictions located in the present as heuristic generators. These paradoxes could be considered as artefacts, manufactured in social activity. When I 'found' a contradiction I intended to look at it from three perspectives, from above (the view of the state), from below (the Aboriginal view) and from the side (academic view). The three explanations could be complementary, consistent, or contradictory. My objective was to use the discourses and relationships between them to analyse the relationship which was constructed between Aborigines and the state. I wanted to describe the relationship between Aborigines and the state which is constructed in discourses and practices of self-determination.

Reflection and discussion after the research proposal was completed revealed that two issues required attention. There was no guarantee that the third research objective, to suggest implications of this study for action to empower Aborigines, would be addressed by the analysis of texts, and there was no plan for participation of Aboriginal people in the study, other than as authors of texts to be analysed. There was a risk that analysis of texts conducted

by a non-Aboriginal person could have disempowering effects or implications. I discussed these issues with my supervisors, Dr Muetzelfeldt, Dr Russell and Dr Khavarpour, with Aboriginal academics, and, as I describe in the next chapter, with members of a local Aboriginal community. Between April and July 1993 I decided on a method involving participant observation in a community based project, informed by action research.

Stewart and Williams (1992) proposed action research as 'a radically different research paradigm' which is suitable for research with Aboriginal communities, and indigenous researchers have linked action research with indigenous knowledge (Ngurruwtthun 1991; Yunupingu 1991). Action research combines action to improve social situations with research to construct new knowledge in a single process. According to Carr and Kemmis, the two essential aims of action research are to 'improve and involve' (Carr and Kemmis 1986:165). In a self-reflective cycle, practitioners identified an area they wished to improve, investigated what was happening at the time, suggested ways in which improvements could be made, drew up strategies for monitoring what happened as a result, and reflected on this data to plan a revised course of action. By using a self-reflective cycle to describe action research, Kemmis and Carr emphasised that the action researcher would be investigating his or her own practice, and would also make the action both participatory and collaborative. Participatory action research is a way of doing action research so that those who will be affected by the outcomes of research and action participate in all phases of a project. Kemmis and Carr talked about action research as being a 'social process' (1986:182) and that the researcher widened 'participation in the project gradually to include others affected by the practice' whilst maintaining collaborative control of the process (1986:166). They argued that 'this double dialectic of theory and practice, on the one hand, and individual and society, on the other, is at the heart of action research as a participatory and collaborative process of self-reflection' (1986:184).

Action research could provide a way in which I could participate in action to stimulate change in the relationship between Aborigines and the state, then observe the process of change. Having placed myself in a position to observe change, I could both describe the dynamic relationship between Aborigines and the state in a local case, and study the same process for implications for the empowerment of Aboriginal people.

Despite its many advantages, there were difficulties in using participatory action research in this particular project. In participatory action research those who may be affected by the outcomes of the action and research are involved in all stages of the project, including

research planning, decision making, interpreting data and disseminating findings. The University requires that a thesis presented for the degree of Doctor of Philosophy be substantially the candidate's own original work. This is not compatible with the degree of involvement and ownership of a project by stake holders which can be achieved in some participatory action research projects.

My preliminary contacts with members of the Aboriginal community in Kitya during 1993 are discussed on page 73. It soon became clear to me that the Aboriginal people I spoke to had no interest in my wish to gain a doctorate, and would oppose a non-Aboriginal person undertaking research in the Aboriginal community which did not bring direct benefit to the local community. Further, they strongly expressed the view that a great deal of research into Aboriginal health had been undertaken in the past, without the findings being implemented or obvious improvement in Aboriginal health. These Aboriginal people believed enough was known about Aboriginal health to take some action for improvement without waiting for more research to be done. They approved of research and action being combined into a single process, in the action research model, but clearly said they were interested in putting their effort into action which would directly benefit themselves and other Kooris, not research which would directly benefit a non-Aboriginal academic. In short, local Kooris wanted a health service, not another research report.

In response to this situation I agreed with participants on a form of research which had many of the features of community based participatory action research. Participants, including myself, were fully involved in community based action, in a community development project. This community development project would be researched, but the research design, data collection, analysis and dissemination of findings were seen as my responsibility. I had a dual role as community development worker and researcher. While always ready to share information about research activities, and to change the design at the request of Aboriginal people, as much as research can be separated from action, I conducted the research. The final research design, then, was a case study of a community development in health project. I was a full participant in the community development project, and the sole researcher.

The choice of a case study was not a choice of method, but of the object to be studied (Stake 1994: 236). A case study of a local process of self-determination would enable a detailed study of political process. The examination of a particular case could provide insight into the possibility and limits of self-determination, and test whether the conept of dependent autonomy may have some use. I was able to study the extent to which Aboriginal people were

able, in one case study, to alter the structures of meaning and power in their relations with the state, through their actions in the field of health.

Research design

I required a project design and a way of working which would draw on the knowledge and skills of action research and community development to combine action to improve health services, with empowerment and the development of knowledge and theory. Community development texts (Baldry and Vinson 1991, Cox et al 1987, 1984, Craig et al 1982, Freire 1972, Jones and Mayo 1974, Kelly and Sewell 1986, 1988, Sarkissian and Perlgut 1986, Tomlinson 1982b, Twelvetrees 1982) and action research texts (Grundy 1982; Wadsworth 1984; Kemmis and McTaggart 1988; Lees, 1975; Fals-Borda and Rahman 1991; Whyte 1991; Hughes 1996a) require the worker or researcher to have competence in a wide range of skills. The research design eventually chosen could be described as action research, community based research and as participant observation in community development in health. The eventual design combined participatory community based action with individual research.

CHOICE OF SITE

The Kitya region was chosen as a site for the project for a number of reasons. To have researchers come into a community for a short period of fieldwork can be disempowering, so the community I worked with should be one that I could maintain an ongoing relationship with, perhaps over a period of years, therefore I preferred a site not too distant from my home and work. It would be interesting to apply the theory in a region with a long history of colonisation, where the local self-determination had been severely disrupted.

There are problems associated with doing fieldwork at home but there are also advantages (Muetzelfeldt 1989). I expected fieldwork to continue over an extended period of time, but that my presence in the field for many hours every day of the week could become intrusive. To be able to devote a few (usually five to ten) hours each week to participant observation and data collection over a period of nearly thirty months, to be able to respond to phone calls and participate in meetings called on short notice, required a research site not too distant from my home and work.

There is diversity among Aboriginal communities. In the past much research into Aboriginal community life has focussed on traditionally oriented communities which retain many obvious signs of indigenous culture. I had worked and undertaken research in such a

community (Hughes 1991; 1996b), and felt that much could be learned from research in a different kind of Aboriginal community. Kitya is a region in which the local indigenous community was completely removed in a savage process of colonisation. The contemporary Aboriginal community have moved into the area from other parts of Australia, especially in the last twenty years.

PREPARATION

Preparation for fieldwork started in February 1992, with my first visit to an Aboriginal organisation to discuss the possibility of research. I met Alison and another staff member, and explained in the broadest terms my wish to undertake research in the community. It was suggested that research aims should include empowerment of the local Koori community and I should consider my responsibility as a researcher to the local Koori community.

Over the next few months I made occasional telephone calls and visits to Aboriginal organisations, to slowly introduce myself to the local community. I spoke to people in Aboriginal organisations in Kitya, explained my interest in an action research project in health, and asked whether this might be useful to the local community. These informal contacts led to discussion about hopes for an Aboriginal health or medical service in the region. People told me of their need for an Aboriginal health service, and that attempts to establish an Aboriginal health committee had failed.

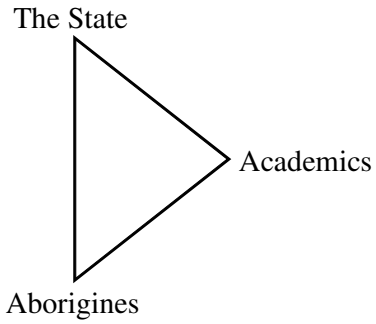
Entry into the field is often critical in action research and community based research. 'Beginnings are important. That is when expectations are formed. That is when impressions and relationships are most influenced by actions and events' (Dick 1996: 303). Establishing and maintaining relationships was an important feature of this project, and was very time consuming. In July 1993 I met Alison in her office. I offered help with community development and research, if this was wanted by the local Aboriginal community. We discussed action research in community development in health. We agreed that a committee or action group should be formed, and that it was important to invite other Aboriginal organisations to nominate members. A preliminary meeting of the action group was convened by Alison in August 1993. The initial members were myself, Alison, Ozzie, and Roger, a non-Aboriginal community member. Plans were made to expand membership by inviting Gunyah Care Service and Deerubin Aboriginal Corporation to participate. In August 1993 Kitya Aboriginal Health Action Group was inaugurated to take action for Aboriginal health, and conduct action research. Kitya Aboriginal Health Action Group worked to establish an

Aboriginal health service, which opened about two years later in October 1995. This community development project is described in the next chapter, which includes (Table 15) showing the chronology of the project. In December 1995 an incorporated body was established to conduct the health service, and the action group dissolved. I was a member of the Aboriginal Health Action Group, and a participant observer of meetings and other action group activities during the whole life of the action group.

ROLE OF RESEARCHER

Before entering the field I framed the research situation as a study of relationships between Aborigines and the state undertaken by an academic. I perceived the situation in terms of three actors, three voices and three discourses. These were Aborigines, the state and the academy. This provided a neat triangular model in which the researcher could study relationships between two separate actors, Aborigines and the state (Figure 2).

Figure 2: Preconceived research relationships



Once in the field I found that this neat triangle model did not fit reality. I found myself working in an unexpectedly complex, unstructured and unpredictable situation. I required a way of doing community based action research which could be used in such an unstructured setting. In retrospect, having considered the theoretical frame of dependent autonomy, and the ganma metaphor, perhaps I should have anticipated more complexity than the triangle model in Figure 2 implies, but the available literature had not taught me how to operationalise either dependent autonomy or ganma thinking. The distinctions identified in Figure 2 could not be maintained. I was a member of Kitya Aboriginal Health Action Group, and identified with the aims of Aboriginal people. Aboriginal health workers employed by Kitya Government Health Services were both Aboriginal and part of the state. I participated in some meetings from which others were excluded on grounds that they were not Aboriginal, but I have a noticeable

English accent, and am obviously not an Aboriginal person. Aboriginal people participated in the research, and included non-Aboriginal people as full and active members of the Aboriginal Health Action Group.

My non-Aboriginality was an important aspect of my role. There were roles within local Aboriginal community politics which were suited to non-Aboriginal people, who were seen as less involved in factional politics (see Chapter Chapter 7). Non-Aboriginality enabled me to avoid becoming identified with a community faction; to ask questions which an outsider might ask; to participate in a limited range of community activities and withdraw from others. I explained my interest and participation in action research for Aboriginal health in terms of my career as an academic; because as a non-Aboriginal resident I felt a responsibility to do what I was able to do to 'pay the rent' for the benefits I derived from living on stolen Aboriginal land; and because I felt a responsibility to contribute to building the kind of community I would like my grandchildren to grow up in, one which is good for both indigenous and non-indigenous Australians.

As I began to understand that Aboriginal members of the action group did not see Aboriginality as essential for membership, I felt more free to participate, not as a teacher or uninvolved researcher, but as a fully participating member as well as observer. I was able to make my skills and knowledge in community development available to the action group, while other members made different contributions. Within the action group I was not seen as a teacher or research consultant to the group, but as a member of the group who, like other members, had an individual contribution to make to the work.

Thus, as a member of Kitya Aboriginal Health Action Group I had a dual role as researcher and activist. According to Stringer:

> In community-based action research, the role of the researcher is not that of an expert who does research, but that of a resource person. He or she becomes a facilitator or consultant who acts as a catalyst to assist stake holders in defining their problems clearly and to support them as they work toward effective solutions to the issues that concern them (Stringer 1996: 227).

As an action researcher I acted as a catalyst to stimulate local people to organise for self-empowering change. The skills and perspectives I was able to bring to the situation enabled members of the Kitya Aboriginal community to make and express their own analysis of the situation, and formulate and implement their own action for change.

In community based work, whether it is action research, community development or both, it is important to 'start where the people are, not where someone else thinks they are or ought to

be' (Stringer 1996: 23). In this project this meant learning how decisions were made and how empowering change could take place in a disorganised and highly factionalised community which lacked an important structural element found in most Australian indigenous communities, a core group of residents with attachments to particular sites in the local landscape which have continued over a number of generations.

RELATIONSHIPS

Much depends on personal relationships in community based research (Dick 1996: session 303; Stringer 1996: 26), and time has to be spent in developing and maintaining subject-subject relationships, rather than the subject-object relationships of traditional positivist research (Fals-Borda and Rahman 1991: 4). Stringer points out in the words of his friend Doug, that 'relationships are the key' to community based research (Stringer 1996: 26). There are a number of reasons for emphasising the importance of relationships:

1. projects can fail because of antagonisms;
2. the quality of relationships has a direct impact on the quality of any human enterprise, including (though it is often not admitted) research;
3. positive working relationships are the medium of community based action research;
4. in this study, relationships were the main focus of study (another sense in which the project was reflective); and
5. in this study, the main source of data was speech and interaction, which occurred in relationships.

Stringer suggests that relationships and communication between all participants should have certain positive qualities for effective action research to take place. Stringer maintains that relationships in action research should

> Promote feelings of *equality* for all people concerned
> Maintain *harmony*
> *Avoid conflicts* wherever possible
> *Resolve conflicts* that arise, openly and dialogically
> *Accept* people as they are, not as some people think they ought to be
> Encourage *personal, cooperative relationships*, rather than impersonal, competitive, conflictual or authoritarian relationships
> Be *sensitive* to people's feelings (Stringer 1996: 26).

In the Kitya project, communication did not approximate this ideal. Relationships between participants were complicated by interpersonal and factional conflict. Stringer (1996: 26)

noted difficulties in working effectively in situations characterised by hostile feelings. I found it important to avoid hostility towards myself from people who may have had the power to exclude me from the field of research, or obstruct my action research activity in other ways. But interpersonal conflict was a feature of the relationships which I was studying and working with. The presence of hostility, conflict, confusion, and disinformation helped to define the nature of the research task. Freire (1972) notes that we should expect people who are oppressed to show signs of their oppression in their relationships with their oppressors and each other, and Foucault (1979) points out that power is expressed in relationships at all levels of the system. So liberating research and action located anywhere in the system can act to change power relationships. The work of changing oppressive relationships is part of community based research, and was started during this project (see Chapter Chapter 8) in the context of factional conflict.

THE PARTICIPANTS

Participants in the action research project were the people who came to meetings of Kitya Aboriginal Health Action Group. These were members and non-members who attended one or more meetings. Terms commonly used in research reports such as 'sampling' and 'recruitment' are not appropriate to describe participation in this study. This study has no human subjects. The object of study is not people, but the relationships of power which exist between groups of people. No participants were 'recruited' into the research project. People joined the action group to develop health services for altruistic, political, self-interest or other motives. For all participants other than myself, the research project was incidental to the community development work of the action group. The number of people attending action group meetings varied between three and twenty four, and the largest number of people who were members at any time may have been about thirty. Membership was not limited to Aboriginal people, but only three non-indigenous people became members.

Participants in this project were self-identified and self-selected as participants in the Kitya Aboriginal Health Action Group. The non-indigenous members were myself (the researcher), Roger (a political activist who was a member for about the first year), and Keith (who represented the organisation of GPs, and became a fully active member). Dr Glen represented the GP organisation at four meetings before Keith arrived, but there is no record of his being a member in the minutes, and his discourse seemed to indicate that he did not identify as a member of the group.

The Aboriginal members of the group had varied backgrounds and interests. About eight were staff members of Aboriginal organisations; a further three or four were committee members of Aboriginal organisations, and three were employed in Aboriginal liaison positions in government departments. At least three were unemployed people who said they hoped their activity with the action group might lead to employment; five Aboriginal people who had recently moved into the region used the action group as a way to establish contacts in the local community, and a number were community members providing voluntary services to help to develop a badly needed community resource.

Membership of the action group was not representative of the Aboriginal population as a whole, and included a disproportionate number of Aboriginal people who were active in developing Aboriginal self-determination at the local level. To my knowledge seven members of the action group had at some time been executive members of the Kitya Local Aboriginal Land Council, and eleven had held office in other Aboriginal organisations in the region. Four held supervisory positions in Aboriginal organisations, and nine were members of Aboriginal committees with state-wide responsibility. Not all of the Aboriginal leaders in the Kitya region were members of the action group, but a large proportion were. There was no formal way of recognising Aboriginal elders in the region, but I believe that at least four members of the action group would be acknowledged as elders by most Aboriginal people in the region.

VALIDITY AND RELIABILITY

The participatory nature of the methods used and the reflexivity of the topic ensured a high degree of internal validity. The criterion that the project have concrete benefits for Aboriginal people which were decided by Aboriginal people ensured that the project used to study Aboriginal self-determination was an example of self-determination. The recording and transcription of more than forty hours of action group meetings assured that discussion related to a rich context of meanings. ‘Time is a major factor in the acquisition of trustworthy data’ (Glesne and Peshkin 1992: 146). Over the two years of the project I developed relationships with participants, and was an accepted member of the health action group. The action research character of the project enabled tape recording of actual discussion aimed at indigenous self-determination in health. In contrast to interview or other methods in which informants would talk about self-determination, in this project I observed and tape recorded an actual process of self-determination through community development in health. The research method stimulated a change, then studied that process of change. The degree of participation by the researcher in the community development work of the action group effectively limited

observation to the Aboriginal domain. I did not attempt to describe the same events or process from the point of view of people employed in Government Health Service.

Reliability was achieved through the triangulation of different strategies for data collection. Strategies included participant observation of action group meetings, tape recording and transcription of meetings, field notes, discussions with key participants, collection of minutes and other documents, and informal reporting of the progress of research to participants.

I remained critical of my own methods and interpretation throughout, checking these against the views of participants, reflecting through a research journal, and engaging in critical thought informed by theory throughout the project. Reading Ashmore's *Reflexive Thesis* (Ashmore 1989) engaged me in a continuing challenge to the validity of my own interpretations and reflections.

Long extracts from meetings were used for analysis, and items or ideas which appeared only once in transcripts, and were not confirmed by being repeated, were excluded from analysis. Meaning is provided by context, and where short extracts are reported in the thesis, these were not taken or quoted out of context.

Data

Collection and recording

Participant observation was the principal method of data collection. Glesne and Peshkin note that

> participant observation ranges across a continuum from mostly observation to mostly participation'... The 'full participant' is simultaneously a functioning member of the community undergoing investigation and an investigator (Glesne and Peshkin 1992: 40).

This can lead to conflict between roles, between that of the detached 'objective' observer and that of the fully participating community member, with feelings and relationships. Action research takes the participation further than what Glesne and Peshkin call 'full participation'. As a participant in action designed to produce social change, I was involved in constructing and shaping the social field which I observed. When I observed a change, it was in part an outcome of my own action.

This led to some confusion between the role of activist and that of researcher. Though in practice during action group meetings, these roles may not be distinguishable, they can be separated conceptually when the researcher analyses data and reflects on the processes. This

somewhat artificial switching between the perspectives of activist and researcher required ethical sensitivity, to balance the requirements of research with the needs and interests of participants. It enabled the non-researcher members of the action group to 'own' the action, and the researcher to 'own' the analysis of the case study.

Participant observation was supported by the use of tape recordings, field notes and documents. Meetings of the Kitya Aboriginal Health Action Group were tape recorded and transcribed. These were supplemented by a few recorded and transcribed conversations, regular field notes, and documents produced during the project including minutes of meetings and copies of correspondence.

Kitya Aboriginal Health Action Group held a total of 18 meetings from the inaugural meeting in August 1993 until the last meeting in November 1995. All meetings other than the inaugural meeting were tape recorded. I attended every meeting, and placed a small tape recorder using standard cassettes with the red recording light in full view of participants. Cassettes were changed during meetings in full view of participants, without interrupting the flow of discussion. I collected copies of minutes and other documents circulated at meetings. I made field notes of the venue, attendance and other details to supplement tape recordings.

The inaugural meeting was not tape recorded, because at that time the action group had not given formal permission for research to be undertaken and not all members had provided formal consent to participate in research. Consents were arranged before the second meeting, and as new members joined the action group the research was explained and they were invited to sign consent forms (see Appendix A). All did so. The tape recorder and the research project were referred to from time to time during meetings, which provided confirmation of continuing consent.

The action group and GP organisation established a joint working party to draw up a proposal and funding submission for the service which was later called Belah Aboriginal Health Centre. I was a member of this working party, which met four times between August and October 1994. These meetings were focussed on tasks which had been allocated in action group meetings. I tape recorded one and took notes at all four. The GP organisation did not provide formal consent to participate in the research, so this tape recording was not transcribed, and notes taken in working party meetings were not included as data.

I held a number of conversations with participants. Participant observation of these conversations was recorded as field notes and some were tape recorded. Tape recordings and

field notes were made also during three days during which I assisted Katrina with a small research project to develop a statistical overview of Aboriginal health in Kitya which she requested help with. During these working sessions, at Katrina's place of work, conversation involving Katrina, myself and others ranged over a wide range of topics. The research method was participant observation of conversation, rather than unstructured interviewing, because I did not ask questions or guide conversation towards topics of particular relevance to my inquiry.

On three occasions when action group meetings were cancelled on late notice, I arrived at the meeting venue and engaged in conversation with members of the action group. On each occasion, the general tone and content of the conversation was set by the Aboriginal participants rather than myself, and were directed towards their concerns and interests rather than gathering information relating to formulated research propositions. One of these conversations was tape recorded. Several conversations were held by phone in which participants and I discussed the work of the action group and related issues. These were recorded in field notes.

Sykes drew attention to the importance of conducting conversations in ways which respect Aboriginal norms and conversational practices. 'Traditionally, anyone who stands in a superior relationship to the interviewer is entitled to set the agenda of any interaction, and to designate the subject which will be discussed ... and to initiate and terminate any discussion' (Sykes 1986: 71). An interviewer who used a questionnaire, or pre-designated set of questions, or who controlled the subject of conversation could be seen as claiming a position of superiority in the relationship, which could be interpreted by Aboriginal people as a lack of appropriate respect. These rules of interpersonal communication apply in traditional settings (Harris 1988) and, with some variation, in contemporary rural and urban situations. A culturally inappropriate technique could distort information collected.

No research interviews were conducted in this project. Research interviews do not take place in the ethnographic context, that is, 'the researcher is not usually in the situation of being able to directly observe the informant in his or her everyday life' (Minichiello, Aroni et al. 1990: 98). Secondly, even in unstructured interviews, 'gaining access to information ... is done by asking questions in direct face-to-face interaction' (Minichiello, Aroni et al. 1990: 88). While an unstructured interview does not follow interview schedules and specific ordering of questions, 'it is always a controlled conversation, which is geared to the interviewer's research interests' (Minichiello, Aroni et al. 1990: 93). While reducing his or her control to a

minimum, the research interviewer does keep the informant 'relating experiences and attitudes that are relevant to the problem' (Burgess 1982: 107). I did not direct conversations to experiences, attitudes or issues which I judged to be relevant to the research problem. The conversations which I recorded on cassette or in field notes were overwhelmingly controlled by the participants other than myself. Almost all topics of conversation were introduced by other participants, and the tone and direction of conversation was mainly set by them. At times I facilitated conversation, and used techniques to draw out a topic of interest to me, but only after the topic was introduced by another participant.

The main source of data are meetings of the Kitya Aboriginal Health Action group convened by Aboriginal people and conducted in an aboriginal way. The agenda and content of discussion were not set by the researcher. A number of conversations were held with key participants outside meetings. I paid considerable attention to framing in conversations. In this technique, after introducing myself and briefly explaining my purpose, I observed and listened to interaction between those present, modelling my own verbal and non-verbal communication style on theirs. That is, as a researcher, I entered into the participants' frame of reference. Sykes (1986: 73) noted that, as a black researcher, her shared knowledge was a major advantage. As a non-Aboriginal researcher, it was necessary to devote time and energy to overcoming my lack of shared knowledge. I kept field notes as word processing files in which I recorded events which occurred between meetings, notes of face-to-face or telephone conversations with participants, descriptions of places, observed interactions and events. I also maintained a reflective journal which was not used as a data source. In three bound volumes I kept mainly long hand notes of my thinking about the research, interaction with supervisors, notes of potentially useful resources, reflections, thoughts, emerging ideas and other information which seemed relevant but did not seem to fit anywhere else. During the project all data was collected in naturally occurring conversation, in ethnographic context, as part of or related to a community development project in indigenous health.

DATA SAMPLING AND ANALYSIS

The notion of 'sampling' refers to the process of selecting a set of observations from the totality of possible observations. 'Field researchers attempt to observe everything within their field of study; thus in a sense they do not sample at all' (Babbie 1991: 213). In this case study, sampling would refer to the selection of what to record and then what to analyse from among all that was said and done by participants during the study period. All action group meetings were tape recorded. Other conversations which were included in the data set, either as tape

recordings or field notes, arose from the life of the action group. For example, two conversations with participants happened when other members of the action group did not arrive for an advertised meeting, and I observed and participated in two working parties set up by the action group. Much of the internal political activity which took place among Aboriginal leaders and activists occurred outside action group meetings, in situations at which I was not present, and Aboriginal members of the action group would do business to further the aims of the action group in telephone conversations, visits to each other's homes and other locations. To some extent I engaged in these activities myself, but was not able to observe all of these directly as they were often unplanned, and because members discussed matters in friendship or work groups which did not include me. Although I often gained knowledge of these through my own phone calls to action group members, and when they were reported or discussed at action group meetings, it is true that much political activity took place outside the view of the researcher. Selection of data during analysis using NUD·IST software is discussed below.

During the study period I accepted invitations to visit each of the Aboriginal organisations which employed members of the action group, and visited the foundation chairperson in his home on a number of occasions. I attended public events at which the local Aboriginal community gathered, such as an Aboriginal exhibition, a multi-cultural festival and a visit to a school by an Aboriginal rock star.

Tape recordings of meetings of Kitya Aboriginal Health Action Group, discussions with participants and field notes were transcribed into word processor files. Speakers were identified by codes, and personal names, names of organisations and other identifying data were replaced by codes. Transcripts were proof read, then word processor files were converted into text files, which were introduced into a project running under NUD·IST software. NUD·IST stands for *Non-numerical Unstructured Data Indexing and Theorising* (Qualitative Solutions and Research 1994: 1-1). This program assists researchers to store, explore, search and index data, automate routine and repetitive tasks, link ideas and construct relationships among data and generate detailed reports. It is useful in managing large volumes of qualitative data (Silverman 1993: 38).

Data in text files were entered into NUD·IST as on-line documents. Many extracts from these are included in Chapters Chapter 6 to Chapter 8 . In-text citations to on-line documents consist of a document identification number and a range of NUD·IST text units enclosed in curly brackets. The document identification number is the date of the original tape recording

or field note in 'YYMMDD' format. When a tape recording and a field note were made on the same day the identification code for the field note was post-dated one day. In this study a NUD·IST text unit is any (or no) text appearing between two paragraph markers in a computer file. Text units were numbered sequentially from the start of each computer file. In meetings or conversations the identification code (or pseudonym) of a speaker occupies one text unit each time it appears. An index system was built up progressively as on-line documents and off-line documents, such as minutes, hand written notes and other paper documents, were indexed in NUD·IST. The list of possible items for coding of documents included in the research proposal (Appendix B, Table 18) was entered into NUD·IST as an index system, and repeatedly modified. As documents were added to NUD·IST and indexed new categories and sub-categories were required. Occasionally categories were moved within the index system. By the end of the project, the list of items for coding documents was longer and more complex (Appendix B Table 19), reflecting issues which had emerged during the project. Node (4 7 3), 'GP clinic', for example, indexed paragraphs in which speakers referred to a collaborative venture with general practitioners which could not have been anticipated before the establishment of the action group. The NUD·IST index system became the tool for primary analysis and indexing of data, for selection of data for closer analysis.

Text in documents was indexed to nodes in two ways. Automated searching and indexing of particular words was undertaken within the NUD·IST environment. Text searches for 'community' and 'development', for example, were indexed to nodes (4 5) and (4 6), and 'community development' was indexed to node (4 6 1). As I read each document I indexed paragraphs containing concepts not expressed in particular words, which would not be picked up by automated text searching, and ranges of paragraphs containing discussion of specific topics, like (4 3 1 1) /COMMUNITY-DEV/soc-action/publicity/slogan, or expressing certain qualities, such as (6 6 1) '/POLITICS/colonialism/resistance' or (8 1) '/DISCOURSE-/indigenous'.

The index system was developed progressively throughout the project, as data was gathered and analysed. Some nodes were built as combinations of index nodes, or as the results of complex text searches, such as (80 1) to (80 5). Some lines of inquiry indexed during the project, such as notions of health indexed under node (5), are not reported in detail in the thesis, but inform discussion at several points. Nodes such as (4 5) 'community', node (6 5 1) '/POLITICS/local/factions' and nodes under (6 4) '/POLITICS/this project' index the data sources for central themes of chapters in this thesis. The NUD·IST index system became the

primary tool for selecting data to be reported and discussed, from the much larger volume of data collected.

The NUD·IST index system was a useful research tool. It helped me to navigate around the large quantity of raw data collected over two years, to identify and draw together data relevant to emerging topics and theories, and to index the same data in different ways at the same time. NUD·IST allowed me to economically try different ways of sorting and arranging data, without losing previous sorts. The software permitted a deeper and more complex analysis of data, grounded in the language of participants, than I could have managed using manual methods.

A data base of identity codes, real names, pseudonyms and other information was built up throughout the project, using FileMaker Pro software. A total of 196 people and 32 organisations referred to in transcripts were entered into the data base and coded. Electronic and paper copies of this file were destroyed to ensure anonymity. EndNote Plus (Niles and Associates Inc. 1995) bibliographic software was used to maintain a data base of references, and to format them in the thesis.

The main method of data sampling and analysis approximated 'the methodological orthodoxy one finds enshrined in standard textbooks on ethnographic methods' (Atkinson 1992: 455). Data collected as tape recordings and field notes were indexed and grouped under a hierarchy of categories using computer technology. To avoid completely 'decontextualizing' this data, a description of the region and its history, and a narrative account of the project are given in Chapter Chapter 5 . The narrative has less prominence than ethnographic analysis in this thesis, because it is not the instrinsic interest of the particular case study, but its relevance to the general question of self-determination which has priority.

Ethics and politics

All research serves the interests of particular people. This research was intended to serve at least some Aboriginal people as well as my own intellectual and career interests. My personal ethics, together with guidelines for research with human subjects and Aboriginal people, placed constraints on the research process which affected the questions asked, the ways answers were sought, and the nature of the explanations and accounts given. As a researcher I did not adopt a position of ethical and political neutrality. I am a non-Aboriginal person committed to support for Aboriginal self-determination and reconciliation between indigenous and other Australian ways of life and thinking.

To a greater or lesser extent, politics suffuses all social science research (Guba and Lincoln 1989: 125). This project raised issues common in ethnographic research, including entry and the development of trust among participants, withdrawing from the field, the involvement of the researcher in the lives of participants, and associated stress. A number of factors extrinsic to the academic research problem influenced the choice of research site and case study (Punch 1994). These included my life history, professional background and current employment, the place where I live, and my ability to make relationships with gatekeepers. The fact that my professional experience and institutional affiliations meant I had something to offer greatly helped my entry and acceptance. The deliberate attempt to change relationships of power at the local level could challenge the interests of power holders. This could produce unwelcome results.

Research was undertaken openly, with no attempt to collect information covertly. At times this led to some information being not available for research purposes, but in my judgement this was more than compensated for by the wealth of information obtained through the development of trust with participants.

The intention to engage in social change carries ethical responsibilities additional to those faced by less interventionist researchers, and can raise questions about the nature of the academic enterprise. In this case the changes were wanted by the members of the Aboriginal community, but would not be welcomed by everyone else. As my identification with the Aboriginal health action group became known I found that some members of Government Health Service became less open and frank, while others became more informative.

NHMRC Guidelines point out that Aboriginal groups are more vulnerable than other human groups in Australia to exploitation by persons conducting research, that a researcher's social status as determined by an Aboriginal community will be a vital consideration in determining the quality and quantity of information provided, and that particular issues of cultural appropriateness arise (National Health and Medical Research Council 1991: 3). This project was informed by these statements, and guided by the following principles in The University of Sydney Koori Centre statement of principles for the conduct of research involving Aboriginal people and communities (Koori Centre 1993):

- Self-determination

A number of statements on Aboriginal research (Finane 1987; National Aboriginal and Islander Health Organization 1987; National Health and Medical Research Council 1991; Crowley and Cruse 1992; Koori Centre 1993) refer to the importance of Aboriginal self-

determination in research. A national workshop organised by the National Aboriginal and Islander Health Organisation on Aboriginal research 'endorsed the principle of Aboriginal self-determination as fundamental in any consultation/negotiation process. This was taken to mean that Aboriginal communities have the right to approach any discussions on research from a point responsive to the primacy of Aboriginal interests and culture' (National Aboriginal and Islander Health Organization 1987: 8). The University of Sydney Koori Centre principles state that 'Aboriginal and Torres Strait Islander empowerment and self-determination is fundamental to research' (Koori Centre 1993: 1). This recognises the political nature of research, and stakes an ethical claim for the primacy of Aboriginal interests. Self-determination in research is a prescriptive ethical statement which applies in an explicit way to research with indigenous peoples, and not to other research.

This project was directly relevant to, and explicitly committed to, this principle. The project was an analysis of self-determination undertaken with an ethical commitment to Aboriginal self-determination. This involves a certain circularity. This ethical position has affected the design, conduct and findings of the research. The importance and centrality of Aboriginal self-determination in this project influenced and strengthened the application of general ethical principles applying to research with humans.

- Consultation and consent

Consultation and collaboration with Aboriginal people was an ongoing feature of the research during all phases. The process was designed to ensure that the research met the needs and aspirations of local Aboriginal people. The consultative process itself contributed to changes in research design, in the manner of community based action research.

I retained the principal role in research decision making in consultation with my supervisor, as under university regulations the thesis must be an account of the candidate's own work. Within this constraint, and in keeping with principles of participatory action research, I looked for consultation with Aboriginal people on all aspects of the project, and welcomed their involvement in the decision making process. Consultation and collaboration included all areas in which interested Aborigines became involved, throughout, and past the end of field work.

The process of obtaining informed consent involved:

1. Provision of information in an accessible written form,
2. verbal explanation and discussion,
3. sufficient time for people to consider and respond to the information offered,

4. a request for written consent from representatives of organisations,
5. information that consent could be withdrawn at any time,
6. respect for any limitations placed on participation.

Data were collected in informal settings and in meetings. Aboriginal communication is frequently verbal, and formal written consent was not always appropriate for individual informants or participants. However, information was always provided openly and fully, the collection of research data was never concealed, and written consent was provided by most participants. I have respected the right of participating Aborigines to request information about aspects of ongoing research, to limit the use of information provided, or to withdraw consent.

- Confidentiality

Results presented in this thesis are not in a form which permits identification of individual people. On completion of the research and award of the qualification, tape recordings, transcripts of interviews and raw data identifying individuals will be destroyed. To preserve anonymity and confidentiality, personal acknowledgment of contributions to the research is not made. The names of authors of publications which may identify individuals or groups of people are coded in the bibliography. A confidential bibliography with these names is not included in the bound thesis.

- Custom

It was necessary to respect contemporary Aboriginal customs and practices. The 'communal and collective system of Aboriginal ... communities' (Koori Centre 1993: 2) informed the process and the content of the research. I acknowledge with gratitude the participation of Aboriginal people as active participants, colleagues and collaborators, rather than as the objects of research. A researcher's status and relationships within a local Aboriginal community are crucial to the quality and quantity of information provided. My status in the local community was determined by a number of factors including my approach and commitment to their cause, and the skills and professional experience I was able to offer. I had previous experience in Aboriginal communities in NSW and Northern Territory, and have extended kinship ties with Aboriginal families. I had been a resident of the Kitya region for some years, and knew some participants before the study began.

I have respect for and have adhered to Aboriginal rules and practices, and looked for continuing information and guidance to assist me in maintaining respect for Aboriginal ways.

I am grateful for guidance provided by elders in the Kitya community, and Aboriginal academics in The University of Sydney.

Information was sought from appropriate people in the community, and the process of approaching the proper people was time consuming. Aboriginal elders, women, and men were involved in matters concerning their special knowledge or expertise. Participants were invited to remove or prohibit the publication of material considered sensitive, or to place conditions on their participation in accord with local customs and practices. Material which participants did not wish to be published and which was recorded on tape is not included in the published record.

- Publication

Research materials and findings may be disseminated through a number of channels including papers, journals and periodicals, electronic publications, theses, seminars, and feedback to participants in writing and orally. Information on this project was provided to informants in language appropriate to the communication systems and styles of Aboriginal people. An annual report of progress was made available to those participating in the research. Reports on particular aspects of the research were provided, usually verbally, when requested. All communication with the media during the period of field work was handled by Aboriginal members of the action group.

- Benefits for Aboriginal people

Research should provide concrete benefits for Aboriginal people. The health service which was organised as a direct outcome of the action research process was an immediate benefit for Aboriginal people. This was the outcome requested and hoped for by local Aboriginal people, and towards which they put their efforts.

Aborigines, their organisations and communities may benefit from the re-examination of the relationship between Aborigines and the state in this thesis. The examination of the political paradox underlying the government policy of self-determination has already received favourable comments from some Aboriginal people. An interactional view of power relations, which analyses the relationship between Aborigines and the state as mutually constituted, rather than dictated by the state, may be empowering for Aborigines. The ganma metaphor, as used in Aboriginal community action in health, may contribute to reconciliation between Aboriginal and indigenous systems of thought. An outcome of the research is the documenting

of unpublished strategies for Aboriginal community action. Implications of the study for action to empower Aboriginal communities is included in Chapter Chapter 9 .

Conclusion

In this chapter I have outlined the search for an appropriate method, the design chosen, research methods used, and ethical considerations. Though a detailed proposal was written, the method was changed and adapted as the project developed and unfolded. Issues of ethics, method, epistemology and technique repeatedly presented themselves, and became enmeshed with problems of action. Though action and research sit neatly together in the action research literature, the task of combining both in the same process in specific field setting can be complex and confusing, especially when events do not turn out as anticipated. An overall picture of how the project unfolded in its regional context is presented in the next chapter, which is the first of four presenting and analysing findings.

Chapter 5 The Kitya Project

Introduction

The central question I address in this thesis concerns the extent to which Aborigines can be self-determining under the policy framework of self-determination. In Chapter 3 I analysed the notion of self-determination, and described relationships between Aborigines and the state in terms of a state strategy of dependent autonomy. Chapter 4 described a method for participant observation of a community development project as a case study of action to empower Aborigines within the policy context of self-determination, to see what degree of self-determination could be achieved.

This is the first of four chapters which report and discuss the findings of the case study. These chapters are not related to each other as steps in a linear argument, but each examines the same events at a deeper level of analysis and in closer detail. Some may think this is like peeling the layers of an onion, however this could imply an inner kernel of truth. A better metaphor may be an archaeological dig, in which each layer of findings reveals another, deeper, level below. This device, or way of organising the material, is consistent with the holistic perceptions of indigenous knowledge, and is useful in managing the contradictions and paradoxes which I uncover in the data. As discussed earlier, paradoxes can be constructed in confusing levels of analysis, and political paradoxes can develop as repeated iterations of contradiction are heaped up. By presenting analyses in a way which keeps levels distinct I hope to guide the reader to levels of deepening complexity without too much confusion.

This chapter is a report of a community development project. It provides a geographical and historical context, an account of the dissatisfactions which led to the project, a short narrative account, and a chronological chart.

The Kitya Region

Kitya is a pseudonym for a region in New South Wales less than 250 kilometres from Sydney. It has a local airstrip and helicopter port, a ferry service, and fast road and rail connections with the capital city. The region covers about 2,000 square kilometres. Average rainfall is about 1,300 mm. Average daily temperature ranges from 16°C to 27°C in January, and 4°C to 17°C in July.

According to Aboriginal tradition the region was created by Daramulen, the sky god who is the source of all power, and who now lives above the sky (V. 1980; Swain 1993: 127). Many of the natural features, including the rivers and lakes, were shaped by the Rainbow Serpent, who rests in a swamp at the northern end of the region (N. 1981: 69).

Before European invasion most of the Kitya region was the country of a single language group I am calling the Kitya tribe. They were on good terms with their neighbours to the south and west, meeting regularly for initiation and other ceremonies, for trade, and to share food resources. Relations with the tribe to the north were marked by conflict. The Kitya lived by hunting, gathering bush foods and fishing. The region was part of an extensive trade network and large ceremonies were held at times of the year when fish were plentiful. One of the creeks was a ceremonial ground where boys were initiated into ganma knowledge (V. 1980).

The European invasion of Australia started at Sydney in 1788. Its effects were devastating for the Kitya people. Smallpox, measles and other exotic diseases quickly reduced the population (S. 1979: 11), and resistance to invasion led to punitive expeditions (Barlow and Hill 1987: 11-13). Before the invasion there may have been 1,500 Kooris in 12 family groups. A census of the Aboriginal population in 1827 estimated a total of 65 people, in five family groups. Historians report that the last Kitya person died in 1874.

After the removal of Aboriginal people from their land, Aborigines and Europeans lived separately in space (Coombs 1994: 70). The Kitya region grew rapidly as a centre of European population without a visible Aboriginal presence. The literature of the post-war assimilation period in the 1950s and 1960s provides little evidence of an Aboriginal population in the region. In 1968 a local historian commented that ‘these friendly and worthy people ... are no longer with us’ (B. 1968: 3). Although it is possible that some descendants may have continued living in the region (V. 1980) or elsewhere, I have no direct evidence of this.

Most of the present day Koori population of the Kitya region migrated into the area after the non-Aboriginal population was well established, and relatively few of the adult Aboriginal people now living in Kitya were born there. I know of only one family which has lived in the region for more than thirty years, with two locally born generations. In the last decade the region experienced a population boom. In the five years 1986 to 1991 the average annual growth was 4%, while Sydney was growing at 1% per year (H. 1993: 4). Most of this growth was due to young families moving into the region, as high rents and house prices made living in Sydney too expensive. Some of the young families moving into the region have been Aboriginal and Torres Strait Islander people, whose traditional country may be anywhere in

Australia. Of a total population of about 230,000 in the Kitya region, 1,773 (0.78%) were recorded as Aboriginal or Torres Strait Islander in the 1991 census. This is sure to be an underestimate. Local Aboriginal organisations say there are 5,000 (2.2%) or more, which is probably an overestimate.

Aboriginal Health History

Prior to the 1788 invasion the Kitya region provided an abundance of sea and land food, supporting a healthy population who gathered for seasonal events and visited regularly with neighbouring tribes for trade, ritual and social interaction. Reports by early European visitors indicated a vigorous and healthy population with few infectious diseases. Accidental injuries from camp fires were quite frequent, and a number of people carried the scars of spearing from tribal punishment. Local traditional medicine men used herbal, physical and spiritual treatments for these injuries.

One local historian estimated the largest native population of the region was about 360 (B. 1968: 3). Recent scholarship increases estimates of the pre-invasion population in NSW four or five times (Butlin 1993: 136), giving a minimum pre-invasion population of 1,500. When Captain Phillip landed at Sydney in 1788, soldiers, sailors and convicts introduced new contagious diseases which quickly spread ahead of European settlement with devastating outcomes. The small pox epidemic of 1789 was so virulent that whole families were wiped out so quickly that they were unable to bury their dead. Contagious diseases like smallpox, measles, pneumonia and tuberculosis reduced the Kitya population from more than 1,500 to a couple of hundred even before European occupation of the region (B. 1968). From about 1820 the region was invaded, first by moonshiners who set up camps to make illicit liquor, and then by timber getters and pastoralists, who added gonorrhoea and murder to the causes of Aboriginal deaths. In six years, between 1821 and 1827, the recorded Kitya population was reduced from 200 to 65. A second smallpox epidemic in about 1828 almost completely destroyed the remaining indigenous population. In 1874 a man said to be the last remaining Kitya drowned in a lake, which had been the source of life for his people (S. 1979).

In short, the Kitya tribe of more than 1,500 people seems to have been completely wiped out by introduced diseases and deliberate slaughter in the space of eighty-six years. If there are any surviving descendants I do not know of them. For a century there were few Aboriginal people living in the region, and I have traced no information about their health status.

The last twenty years have seen an increasing rate of immigration of Aboriginal and Torres Strait Islander people into the region, and it is probable that the number of Aboriginal people now living in the region is larger than before the European invasion, though their health status is poorer. Aboriginal people have moved into the Kitya region following violence, cultural suppression and dislocation in their home lands. People were removed from their ancestral lands and herded into settlements and missions. Tribal affiliations and family ties were disrupted. In NSW the removal of children from their families (Read 1981) continues. Between 40% and 50% of the inmates of Juvenile Justice Centres are Aboriginal, though they are less than 2% of the population of NSW. The history of colonisation, subjugation and discrimination has profound effects on the physical and mental health of Aboriginal people. The Kooris of Kitya have suffered as much as any Aboriginal people.

ILLNESS PROFILE

There is strong evidence that the health status of Aboriginal people in the Kitya region is much worse than that of the general population. The average life expectancy for Aboriginal men is about 19 years less than for the general population, and for women about 16 years less. In NSW the proportion of the total population over 60 years is 16.3%. In Kitya region the proportion is higher, at 19.4%, reflecting the region's popularity as a destination for 'retirement migration'. But only 3% of Kooris are 60 or more years old (G. 1994: 11, 7) (see Table 9). The fact that the proportion of Aboriginal people over 60 is one sixth that of the general population of the Kitya region indicates that the Aboriginal population has distinct health needs.

Table 9: Proportion of population aged 65 years and over

Proportion of Aboriginal people in Kitya aged 60 and over	3.0
Proportion of Aboriginal people in NSW aged 60 and over	3.7
Proportion of all people in Kitya aged 60 and over	19.4
Proportion of all people in NSW aged 60 and over	16.3

Source: based on 1991 census.

An adequate survey of Aboriginal health in Kitya has not been undertaken. The few surveys which have been done have methodological problems, but indicate that the pattern of illness among Aboriginal people in the Kitya region is different to the general population. For example, in 1990 an Aboriginal researcher asked 350 people to indicate the illnesses which they had from a list (see Table 10). 51% said they had Hepatitis B (S. 1990: 30).

Table 10: Illnesses reported by Aboriginal people

Illness	*%*	*Illness*	*%*
Hepatitis B	51	Kidney problems	10
High cholesterol	37	Hepatitis A	10
Arthritis	34	Asthma & bronchitis	7
Cirrhosis	29	Epilepsy	5
Heart problems	27	Convulsions	4
Sugar diabetes	12	Other	6

Adapted from S. 1990.

A 1993 analysis of 300 clients of Gunyah Care Service, an Aboriginal home care service in the Kitya region, showed a different pattern of illness to both Aboriginal and non-Aboriginal people across Australia, especially a higher incidence of respiratory illness (Table 11, Table 12).

Table 11: Summary of main complaints, Males

	Kitya		*Australia*	
	ATSI		*ATSI*	*non ATSI*
Main complaints	*Number*	*%*	*%*	*%*
Digestive	5	4	6	11
Infections, parasites	19	14	8	2
Injuries & poisons	1	1	18	18
Neurological, sensory	7	5	7	5
Respiratory	36	26	16	11
Skin	2	1	6	2
Other	70	51	31	41
TOTAL	140	100	100	100

Source: L. 1993.

Table 12: Summary of main complaints, Females

	Kitya		*Australia*	
	ATSI		*ATSI*	*non ATSI*
Main complaints	*Number*	*%*	*%*	*%*
Genito-urinary	4	2	8	10
Infections, parasites	6	4	6	2
Injuries & poisons	0	0	12	9
Pregnancy problems	0	0	13	19
Respiratory	59	35	11	7
Skin	0	0	4	2
Other	100	60	42	47
TOTAL	169	100	100	100

Source: L. 1993.

HEALTH SERVICES

Kitya has an extensive range of public and private hospital services, private doctors, government community health services, and a wide range of alternative health practitioners. These are available to all residents, including Aboriginal people. Kooris are frequently reported as under represented among users of mainstream services. A 1990 survey found, for example, that only 2% of Aboriginal people surveyed knew a community nursing service existed, and from a list of 11 health related services, only four had been used by members of the 90 Aboriginal households surveyed (S. 1990). Government Health Service statistics suggest a very different picture. The number of people identified as Aboriginal who attended public and private hospitals between 1990 and 1993 was 857 (G. 1994: 14). This would represent 56% of the population identified as Aboriginal and Torres Strait Islander in the 1991 census, an extraordinary rate of hospital admission which may indicate more about the unreliability of statistics than the health of, or use of health services by, Aboriginal people in Kitya.

Deerubin Aboriginal Corporation, a community controlled Aboriginal corporation, provides a range of home and community care services to Aboriginal and Torres Strait Islander families, including home delivered meals, respite care, home modification, and transport for frail and disabled people. Gunyah Care provides domiciliary services including cleaning, shopping, cooking, personal care, home maintenance services, respite for carers for short periods, family support and liaison services.

Some Kooris went to community controlled Aboriginal medical services in Sydney, which involved up to four hours of travelling time. During the study period a mobile dental service provided by an Aboriginal medical service visited the area, and provided dental services for a few weeks. Government Health Service employed one Aboriginal health liaison worker, who became a channel for complaints by Aboriginal people.

Complaints about Government Health Service

In a meeting of the Aboriginal Health Action Group in March 1994 members of the Kitya Aboriginal community identified a number of complaints about Government Health Service. These were not complaints about single events or incidents, but were seen by members of the action group as typical of established practices. I list the complaints under six headings, and then analyse extracts from transcripts under the same headings. These complaints illustrate how members of the action group experienced Government Health Service as part of a

dominating state which did not meet the health service needs of the Aboriginal community. Their analysis of the situation can be viewed as indigenous resistance to domination by the state, which implies a distinction between hierarchical triangle thinking and egalitarian pattern thinking. Pattern thinking underlies the ganma metaphor, which, as we shall see, was important in the achievement of the main goal of the Kitya Aboriginal Health Action Group. The complaints, grouped under headings, were:

Racism

1. Staff of Government Health Service were prejudiced {940325: 248, 262}.
2. Staff in Casualty made assumptions based on racist stereotypes {940325: 740-768}.
3. Government Health Service tolerated racist practices {940311: 389}.
4. Indigenous people were not treated with respect {940325: 356}.
5. The question 'Are you an Aboriginal or Torres Strait Islander' was not asked on admission {930903: 467} so statistics of Aboriginality were not collected.
6. Aboriginal people were treated impersonally, not like human beings {940325: 252}.
7. Staff of Government Health Service did not listen to Aboriginal people {940325: 252}.
8. Casualty staff did not provide proper treatment if they suspected a patient or parent had been drinking {940325:789-844}.
9. The Director of Public Health's solution was for the Aboriginal people to change to fit existing services, not for services to meet their needs {940311: 389}.

Medical care

10. Incomplete medical histories were taken in Casualty {940325: 670}.
11. People saw a different doctor each time in Casualty, who prescribed different treatment each time {940325: 734}.
12. Doctors did not explain medications and treatments carefully {940325: 700-704}.
13. Doctors and health professionals did not sit down and talk with patients about what was wrong with them {940325: 666, 670}.
14. Patients were prescribed multiple medications which interacted with each other {940325: 666, 686, 694}.

Community care

15. Government Health Service home nurses were unreliable, and sometimes did not keep appointments to provide treatment {940127: 752}.
16. Community nurses did not always arrive to give care in the home {940127: 753}.

Palliative care

17. Visiting hours were enforced for extended families of dying people {940325: 400}.
18. Regional Hospital did not have a room for the families of people who were dying {940325: 851}.
19. Regional Hospital did not provide accommodation for the families of seriously ill Kooris {940325: 656-950}.

Aboriginal services

20. Many people travelled to other cities to make use of Aboriginal medical or dental services {940127: 798}.

Discharge

21. Children and young people were discharged from hospital without parents present {940325: 356}.
22. Aboriginal people discharged from hospitals in the Kitya Region were not referred to Aboriginal organisations for services {940225: 1183}.
23. Aboriginal people were not referred for home care services when they were discharged from hospital {940225: 1183}.

Administration and training

24. Training was not provided for the Aboriginal Health Liaison Worker {940325: 1175}.
25. Offers by Kitya Aboriginal Health Action Group to be an advisory committee to Government Health Service were not acted upon or accepted {940325: 230}.
26. There was not an Aboriginal member of the Hospital Board {940325: 402}.

Complaints under each heading will now be discussed in detail, drawing on extracts from meeting transcripts. In the March 1994 meeting of the action group Irene had recently been appointed as Government Health Service's first Aboriginal Health Liaison Worker. She had met most of the participants in their workplaces, and was attending her first meeting of Kitya Aboriginal Health Action Group. During the meeting she outlined a request from the doctors in Casualty, who wanted to know what the Aboriginal community expected of them. This led to what amounted to a focus group in which members of the action group were able to speak freely about their experiences of Government Health Service. Katrina took a lead in responding to Irene's request. She held a senior para-professional position, had some years experience in providing care services to sick and other Aboriginal people, and though perhaps not considered an elder, was respected as a mature adult in the Aboriginal community. Her role in the Aboriginal community made her probably the best informed person about the situation of sick and disabled Aboriginal people. Although Katrina had attended meetings

with Government Health Service prior to this, she felt her concerns had not been properly listened to, and had not produced change in the practices of Government Health Service.

RACISM

When Irene asked what the community wanted doctors in the hospital to know, Katrina complained that Aborigines were not treated with the respect due to human beings, and extended the scope of discussion from the Regional Hospital Casualty (accident and emergency) service to the five government hospitals in the region. Irene opened discussion with her request:

Irene: *Now next week I've arranged to have a meeting with all the doctors that will be seeing anybody that comes through Casualty, right. So they'll be the first people that they see are these group of doctors. And what they want from me is to find out off the community what we want them to look at. Whether it's alcohol related diseases, and stuff like that you know. When people get admitted into casualty if we want to know whether they come in with heart problems anything like that. And what we expect from the doctors when we get in there. So [pause].*

Katrina: *Well I'll go, start. Number one expectation is to be treated like a human being.*

Irene: *Are you talking about Regional Hospital or Regional and Nyanor Hospital?*

Katrina: *I'm talking about all hospitals.*

Irene: *Both.*

Katrina: *All hospitals {940325: 685-664}.*

A little later in the discussion Katrina added a new complaint related to the Casualty Department, that staff in Casualty made assumptions based on racist stereotypes:

Jane: *You know it's going through casualty. You know what I mean. I know myself if I've been through casualty what they say.*

Katrina: *And they. It's just assumptions. And they assumed that I'm an alcoholic.*

Ian: *Yes?*

Katrina: *I've been to the hospital twice. I mean, I was intoxicated. I fell down the steps and knocked myself out. Alcohol just doesn't agree with me and they think I'm an alcoholic. On the two occasions.*

Ian: *Oh right. But what you're saying is you're really a 'cheap drunk' [general laughter].*

Katrina: *Yes. I actually had a break down, and had to be taken to hospital at six o'clock in the morning. They got my file. Because I have my file up there. The first question they asked me at six o'clock in the morning was: 'Was I drinking?'*

Ian: *Yes, so?*

Sam: *These are the things that should be put on [the list to be discussed with casualty doctors]. This too is about. They all do it. As soon as, you know, they see on your form that you're Aboriginal: 'Oh have you been drinking today?' or 'this morning?' Oh, 'When did you have your last drink?' Well all Aborigines don't drink.*

Ian: *Of course not, of course not.*

Sam: *I have a drink once a week. But I've been to the doctors because I've got ulcers. 'Oh you're a heavy drinker aren't you?'*

Alison: *Yes they say it.*

Sam: *They say 'You're a heavy drinker.' I say: 'Mate I'm an occasionally, a social drinker.'*

Irene: *So you want some, so?*

Katrina: *Basically just assumptions {940325: 737-766}.*

Irene, the Aboriginal Health Liaison Worker employed by the hospital, was aware that the complaints voiced related to Aboriginal perceptions of racist stereotypes and assumptions. She countered the suggestion that intoxication presented problems for Casualty staff, by implying that non-Aboriginal people are not subjected to the same stereotypes, although a lot of them arrived at Casualty intoxicated.

Irene: *But a lot of whites go up there drunk too.*

Jane: *Well when. I mean I can take it on a personal experience when, not me but someone in my family.*

Katrina: *I was going to say.*

Jane: *Because we've had alcohol related deaths in our family, OK. So that's fine and that's all on a record.*

Ian: *Well it's a major health problem in the Aboriginal communities.*

Jane: *Well it is. I took my son up to Nyanor and they pulled the file and they said 'Is there any alcohol within the family?' and I said: 'Right this, this and this.' And they said, 'Well obviously it's alcohol related.' My son was fourteen! {940325: 769-780}.*

The meeting continued, with further accounts of the experience of being subject to negatively labelling judgements. Sam announced that the fault was in those who made stereotypical judgements. It was the hospital staff who were sick, in contrast to the patients who they judged.

Sam: *They're sick!*

Jane: *Fourteen! And I said: 'But no he's only fourteen. He doesn't drink.' Oh well: 'You don't know. That you don't take care of your child'.*

Ian: *God!*

Katrina: *I mean these are the things that happen. It's terrible {940325: 781-788}.*

Participants expressed horror at a reported suggestion that an Aboriginal mother would not take care of her child. The complaints continued, with an increasing tone of protest by people who had been subject to negative stereotyping. The stories illustrated how individuals holding key positions in the organisation of state health services were able to exercise power in this specific local situation. This is an example of the continuing domination of Aborigines by the state, which led to expressions of resistance.

Jane: *And it hasn't just happened once. And it's happened here at Regional Hospital. And they just say: 'Well you have this in your family', so automatically you are this.*

Val: *Yes*

Katrina: *Yes they stereotype us.*

Alison: *They really do.*

Jane: *And if you were to go there and you have alcohol on your breath, you might have only had one drink, automatically: 'Well then you've had your consumption for the day, so you're inebriated. You're an alcoholic. This is why your son's done this.'*

Katrina: *Or you've used mouth wash.*

Jane: *Well that's right. Listerene for a start [contains alcohol].*

Val: *And that any skin complaint doesn't necessarily mean that you riddled with scabies. That's what shits me.*

Jane: *Yes.*

Katrina: *Yes.*

Val: *Look I was frustrated with a nephew of mine. The poor little bugger he had this skin complaint but the doctors still insisted it was scabies. You know, he's unclean. Like you know, it's got to be scabies {940325: 789-810}.*

Discussion wandered to other topics, then as a participant in the meeting I brought discussion back to the agenda topic, and attempted to sum up the discussion into a request for information. This led to Sam identifying the problem as discrimination.

Ian: *So would we like to know what the procedure for handling people who arrive at casualty where there is some question of whether they may be intoxicated is? What's the procedure that they're following?*

Katrina: *I think we have to know. We've got to really know that side of it.*

Sam: *Because if they keep it up you know someone's going to get them for discrimination.*

Katrina: *Oh yes {940325: 837-844}.*

The accounts of local domination led Sam to refer to anti-discrimination law as a potential source of power for people to resist domination. The use of legal remedies established by the

state, to take action against the state is an example of the use of contradictions within the state to empower Aboriginal people. The organisation of a complex and fragmented state can be turned against itself.

MEDICAL CARE

Katrina continued with complaints about poor communication between doctors and Aboriginal patients. She pointed out that many Aboriginal people visiting Casualty have multiple health problems, and that the whole person should be treated, not only the presenting problem. Because Aboriginal people move around the country, and do not always follow medical advice, Katrina maintained it was important for doctors to take a full medical history and give a full physical examination when patients presented at Casualty.

Katrina: *I think they also have to ask questions about. I think they need to sit down with them and talk to them about what actually is wrong with them. Don't just take one word off them. They've got to try and get it out of them to talk on what's wrong. Their actual health problems, and not just that one problem that they might have at that time. Because what happens in some areas is our people have more than one health problem. they will give them a medication for that health problem which is doing the opposite to the other health problem that they've got wrong with them. They're giving them the wrong medication because they're not getting enough information out of them.*

Irene: *So what you want is for them to take all precautions and screening for everything.*

Katrina: *Yes they need to communicate. There's nothing wrong with a doctor sitting down and communicating. You know and finding out exactly the health problems of that particular person. Not just why they're in there at that time. At that, I'm not going to, I'll just give an example. If I go to hospital and I've got bronchial asthma, right? And then my other problem is my heart. So I mean if you're going in just for that, they need to know. Because our files are all over Australia for heavens sake. We don't go to the same doctors. You go to one doctor and you don't like him so you don't go back there again. I mean, I'm a classic bloody example of that. I went to a doctor. I'm supposed to have all these tests, and all this. It's going to cost me a hundred odd dollars and I can't afford it. So I think I'm dumb and that's all there is to it. And I think they need to really ask what is wrong with that particular person, not what. Their medical history if you like.*

Ian: *Yes. So take a very full medical history.*

Katrina: *Yes. And if they haven't been to the doctors for a long time then give them you know take their blood pressure and do a complete physical on them {940325: 655-673}.*

Katrina listed another matter of concern. In her experience Aboriginal people, who often move between doctors, can be over supplied with prescribed medications, when a complete list of all medications a person is taking at the time, is not elicited by the attending doctor.

Katrina: *I have clients that are on sixteen tablets. Sixteen different tablets. And they were all counter acting each other. And none of them were working because she was on sixteen different tablets.*

Jane: *Well one lot she had was, say an anti spasm; and then she was taking this anticoagulant at the same time; and then she was taking an antidepressant; and then she was also taking a pain killer. And they were all out of date. And the doctor just kept her on them.*

Katrina: *See that's where you come in, Irene {940325: 665-690}.*

In the last sentence of the extract above, Katrina hopes that Irene will be able to advise Aboriginal people to manage their medications, and assist in communication between the doctors and their Aboriginal patients.

COMMUNITY CARE

Katrina's tone and vehemence in this meeting reflected her anger at the harm suffered by Aboriginal people who took medications prescribed by non-Aboriginal government funded doctors. In her experience, doctors in Casualty prescribed drugs to Aboriginal people without careful analysis of possible drug interactions, and without effectively explaining their proper use in a culturally sensitive way. Non-medical community services then had to deal with the problems generated by over-prescribing. Also some clients collected out of date or inappropriate medications. Katrina and her staff were not trained to advise clients about medications, so could not advise them which tablets to keep and which to throw away. In Katrina's understanding, community welfare services could not advise or take control of medications for clients. However, her experience as a worker in a welfare service, was that health workers did not provide Aboriginal clients with a level of community care which prevented over medication. She looked to Government Health Service for effective advice and assistance to clients in their management of medications, but had not found this in the past. In the historical context of dispossession this was seen as a continuation of oppression by the state which funded the doctors. Jane, who contributed to the discussion, worked in Gunyah Care Service with Katrina.

Katrina: *With you Irene. You come if our field staff or if [our Service Coordinator] goes into the homes to assess the client, and there's a whole stack of tablets in their cabinet like there usually is. We as home care [workers] have never been able to get in and just say to them: 'Look that's out of date throw it away'. We have but we're not supposed to, right, because we're not health. But now Irene's in that position that can be part of her job. So if we can, you know with Gunya Care, we can say to Irene: 'Hey look. We've got this client that's got all these tablets in there. Would you go out and have a look what she's got? See what she's on and get rid of the rest of them'.*

You know, just keep the ones that she needs to be on at that time. Because what they're doing they're overdosing.

Val: *Yes*

Katrina: *They're overdosing themselves.*

Jane: *They don't have a clue. And the doctors don't explain.*

Katrina: *They don't explain what the tablets are for.*

Jane: *What the tablets are for; what's wrong with them; why they're giving them medication; how and when to take it. I mean there was one lady that was given four different medications for what was wrong with her. And he didn't tell her how to take them, so she was taking them all at once. In retrospect one was supposed to be an a.m. p.m., and then again at one in the afternoon and one at night. And then there are these other ones that should have been taken in between, but she was taking them all at once. Because the doctor just said take these tablets and nobody explained to her when, how or why.*

Katrina: *So that's another big issue is the medication.*

Jane: *And I'm lucky because when I've been out in the homes because of my nursing, that's the only reason why I've known. I've sat down and said: 'Well OK. No look, this is what should be happening. You do it this way.' And I've been able to monitor it that way. But that's not my role.*

Katrina: *But see we can only monitor it.*

Ian: *Yes.*

Katrina: *We can't, because we're [welfare] and not health. It's been very hard for us to sort of. Where's that fine line? you know. What can we do to save our people? Do we let them keep on continuing taking those bloody drugs and killing themselves? or do we step in and say: 'Hey they're out of date. We'll throw them out'? And that's exactly what we've done. We've had to do it that way because we've seen our people with prescription drugs, bombed out of their brains most of the day. I mean, that's crazy {940325: 693-714}.*

Katrina's question: '*What can we do to save our people?*' reveals her construction of her own people as threatened by the dominant culture. In this instance, the bureaucratic rules which arbitrarily define some occupations as 'health' and others as 'welfare', threaten to block efforts by Aboriginal people to protect their own people from the danger of over medication, a danger which itself arises from the professional practices of non-Aboriginal doctors. As discussion continued Jane supported Katrina in linking complaints about GPs to complaints about hospital based services, as some Aboriginal people used the Casualty department instead of going to see a GP. She told an anecdote to establish that doctors in Casualty led Aboriginal people to over medicate. Throughout the project much argument was through story telling, using parables, analogies and metaphors. Stories which were not always historically

true, had metaphorical or illustrative value. The reason for telling a story was sometimes to make a point in an argument, rather than provide a record of past events.

Jane: *I mean one lady. She had her medication, she had, in her medicine cabinet. She was still taking it and it was two years out of date. But the doctor had told her to keep them.*

Katrina: *Yes see the doctor tells you to keep the tablets, so of course our people are just keeping their tablets.*

Alison: *If they're out of date, they're out of date.*

Katrina: *It's terrible. And that's where Irene can come in, you know. If we need to ring you up, Irene to get you out to a home to have a look at that medication that's in that lovely nice big box. All the tablets you know.*

Jane: *Or washing basket or [General laughter].*

Mack: *Washing basket!*

Katrina: *And the thing is though. They go to the doctors once a week or once a fortnight and they keep. Those doctors keep on giving them medication after a week or two weeks.*

Ian: *But that's not the hospital is it? That's not casualty that's the GP.*

Katrina: *Yes but that's.*

Jane: *Some have been through casualty where they're informed they've been going back. They've been going there there's one particular lady that we have, and she's been going. She doesn't go to an ordinary GP she goes to the hospital because she thought the hospital was doing everything really wonderful. So the doctor, and she was seeing a different doctor each time, and that each different doctor was telling her different stuff. And these doctors were automatically prescribing different stuff. So she just thought that she'd take them all at once.*

Sam: *In other words instead of taking six tablets a day she's taking sixteen. {940325: 715-736}.*

Difficulties with culture conflict extend into community health services including home nursing. In another meeting Katrina had complained that a nurse did not arrive:

Katrina: *I had a customer that had an ulcerated leg. Community nurse was supposed to come in and do the dressings. He hadn't seen them. And you know, and I said: 'Get up to the hospital'. Well I just said 'We'll transport her to the hospital. You are to take her there and she is to get that re-dressed. And you're not leaving her sitting at home waiting for no one to come.' You know, so that's what we do. We mightn't do it ourselves but we take them up there and we wait till it gets done. And that's all you can do {940127: 752}.*

Continuing, Jane complained that home nurses, exercising the power of their professional knowledge, were judgemental of Koori's life styles and language within their own homes.

Aboriginal people resisted domination by the normal accepted procedures of home care nurses, who carried professional surveillance into the homes of Aboriginal people.

Jane: *Including nursing that goes into the homes. They're disgusting. The way they treat our people, because they treat them as if they're nothing [indistinct comment]. Absolutely disgusting. And if they swear, that's it, they won't go back. I had quite a few experiences through Gunyah where I've only had community nurse to fall back on. And what's happened is, I go out and see them and they say 'Yeah, all right Katrina, I know that I have to have one.' And when they get in there they might have an off day, or. See, Kooris with swearing, it's not anything against anything. We just say.*

Sam: *Part of our language*

Katrina: *Yeah. We just swear.*

Marilyn: *Yeah. It's not meant to be offensive.*

Alison: *It's not offensive it's just the way that they come across {940325: 415-429}.*

PALLIATIVE CARE

After a few exchanges which were irrelevant to this theme, discussion turned to requests for culturally appropriate provision for Aboriginal people who were dying in hospital. The cultural importance of extended family support for dying people and their family, and the perception of discrimination, was evidenced in the transcripts. The extracts point to cultural expectations which were apparently not recognised by the hospital staff. In the anecdotes, hospital staff provided a room for relatives of a dying person to use, however Jane believed that staff made a cup of tea or coffee for white people, and offered comfort which was not provided to an Aboriginal family The impersonal drink machine was not seen as a substitute for the expression of caring communicated in the act of making a cup of tea, and there was an implication that hospital staff wanted to get a bereaved Aboriginal family out of the way.

Jane: *I think they should have a room too, for when a person dies. The white people get it. They get a room where you can go into and, they bring tea and coffee to you and everything.*

Katrina: *Yes.*

Jane: *We should have that.*

Sam: *Yes they give us a room and told us to shut our mouth.*

Jane: *Yes that's right. Where they should, they're supposed to bring you tea and coffee and make them feel welcome. Not welcome but try and comfort them.*

Sam: *All they said: 'There's a drink machine around there if you want a drink {940325: 851-864}.*

Some Aboriginal perceptions of differences between Aboriginal and Anglo Australian culture can be inferred from this discussion. Aboriginal extended families can be very large and the significance and importance of large and extended families was not recognised by staff of Regional Hospital. The discussion underlined the importance of dying as a rite of passage, for which a person needs family support. And families need each other's support at this time of bereavement. The cultural importance of dying as an event for a large extended family, which can include people who are not related by blood or marriage, was illustrated. Members of the action group continued to tell Irene what she, in turn, should tell Government Health Service: that the hospital should make provision for Aboriginal families. This meaning of 'extended family' was different to that used in mainstream English, as Sam included non-relatives as members of the Aboriginal extended family.

Ian: *When people die do you prefer to stay with that deceased person for a while?*

Sam: *Yes.*

Jane: *Yep.*

Sam: *Got to say goodbyes.*

Ian: *Yes well that's what I thought. And of course not all non Aboriginal people like to do that. But I think it's an important I think it's important.*

Katrina: *It's very important.*

Sam: *That's where it comes an extended family, whether you're related or not you're still extended family {940325: 865-878}.*

The hospital recognised the importance of family to children, and made provision so that immediate family members (or at least parents) could stay in hospital with a sick child. Aboriginal members of Kitya Aboriginal Health Action Group said that adults also needed their family near them when they were admitted to hospital. They protested that the hospital denied to adults rights which were extended to children. The protest reflected a more egalitarian attitude towards children, but especially to the greater importance placed on family among Aboriginal people, in comparison with their perception of Anglo Australians. Many Aboriginal people, especially but not only in the older generations, were afraid of hospitals. Families wanted to be able to reassure their elders if hospital stay became necessary. Katrina spoke of the fear of hospitals felt by many older Aboriginal people. These elders needed family support to deal with fear of separation from home and family. But though white culture recognised that need for children, the hospital did not extend such understanding to elders. For Aboriginal people who have been brought up to respect elders, and to expect children to do the same, this privileging of children seemed strange.

Katrina: *And the thing is too, I mean it depends on how many relatives you've got you know or extended people that you've got living in the one area. There could be more than ten people there.*

Sam: *There might be twenty.*

Katrina: *You know there could be twenty or there could be people coming in, from say from, from wherever you know, coming down to see.*

Jane: *Yes even just within the immediate family I mean there's seven in mine, and if you put the wives and husband in with them and then the children. I mean that itself.*

Katrina: *And then the deceased's parents.*

Ian: *You're going to need a big room.*

Jane: *Yes you know I mean but there should be something available.*

Katrina: *They should have something available.*

Jane: *Well I thought that was already policy within the hospital system anyway. Because I know that is in Sydney. They do give you a room there is a room up there, for Aboriginal people. It is in Sydney, I know because I was on one of the wards with that.*

Katrina: *And someone else was telling me that they had a problem when someone was in hospital. Like I didn't have a problem with my grandson, my grandson was in hospital and [son's name] and his girl stayed in the hospital there while the baby was in hospital. But someone was telling me they had a problem that they couldn't get him to stay with their, with their mum. I mean it's all right for children, you can stay with children but why can't you stay in because your Mum's in there. Right?.*

Alison: *Just because you're an adult.*

Katrina: *Yes its because you're an adult. And I mean some of our Mums are scared of hospitals they want their daughter or sons there to stay with them knowing that they'll get up in the morning, they can get up in the morning and go straight round to them and sit with them {940325: 879-902}.*

Earlier in the same meeting Sam and his wife, Val, had complained about their recent experience at Regional Hospital when they experienced a nurse in Casualty as rude to them in a time of crises, when Aunty died.

Sam: *We had one a fortnight ago. When Aunty died.*

Val: *In casualty.*

Sam: *In casualty. That! up there, I tell you what, if she'd been a man she'd be on her arse now.*

Katrina: *Yes.*

Sam: *That's how prejudiced. And she was prejudiced.*

Val: *She couldn't understand why we were all really emotional. 'And why are you crying?'. 'What was this woman to you?' she's saying. {940325: 253-264}.*

Val's comment illustrated the clash of cultures between the local Koori community and the culture of Regional Hospital. Val's point was that the nurse in casualty did not understand the values and feelings of Aboriginal extended family members. The actions of the extended family were puzzling to the nurse. Aboriginal people in the meeting were visibly shocked on hearing this story. The behaviour of the nurse was interpreted as rudeness, which was especially unacceptable at a time when a person had died, an important event in Koori families. At the time of death people were expected to respond with support and understanding. The nurse has broken this expectation. The strength of emotional reaction to this story illustrated the lack of cultural sensitivity which Kooris perceived in Regional Hospital. The discussion led to a number of strongly stated complaints about hospitals in the region.

Alison: *Good grief.*

Sam: *I tell you, she was rude, mate. She was rude.*

Val: *Yeah.*

Sam: *When I went to identify Aunty's body I went back and I tore shreds off her. I said. She wouldn't give me her name. She never had a name tag on. I said 'I know your name and I'm going to put in a letter of complaint about you.' And she abused [names little girl].*

Val: *And Aunty was her godmother.*

Sam: *And she said 'What's this kid going on about. Shut her up'*

Val: *'Shut her up' she said.*

Sam: *Shut her up.' [general hubbub]*

Katrina: *It happens all the time*

Val: *'Get into the waiting room. Get into the waiting room and please be quiet.' And I told her. And I said 'Look! She was no blood relative but she was my aunty, she was her aunty, she was his aunty. She was everybody's aunty.'*

Katrina: *And this is where Irene's going to be really good being inside there on a day to day. Because she'll be educating them on a day to day. And then when we get into that committee, you know, we can educate the high doctors and paramedics.*

Sam: *We've already told Irene about it.*

Alison: *Going to do something about it?*

Irene: *Yeah, well see that's why I've got to talk to Val later on. Well I'm having a meeting with the nurses up there next week.*

Sam: *You can't miss this one she's got a mo[ustache]. Dead set, she's got a mo [laughter].*

Ian: *She might have been shaved by now.*

Sam: *It's not just. It's a dead set mow.*

Val: *No, but I mean, how many more of our people cop that sort of thing? 940325: 265-308}.*

Later in the meeting Katrina complained of the lack of understanding of the importance of dying as a rite of passage in Aboriginal culture. The need to die at home, in one's own country, was not understood by non-Aboriginal medical and nursing staff, who operate in different values. At a time when Aboriginal people were so sick that they wish to prepare for death in their own home, hospital staff declared that they are too sick to travel. Jane firmly rejected the world-view of the professionals, who could act in ways which did not demonstrate the importance of extended family and respect for elders which were valued by Kooris, but passed professional judgements on Aboriginal parents and families, based on the values of their professions. Judged by Koori standards, the actions of the health professionals seemed negligent and uncaring. Jane did not accept that health professionals should have authority or power to judge Aboriginal carers.

Katrina: *I mean, they didn't even have an understanding of how our people, when they know they are dying, a lot of them will go back to their home where they were born. You know? And they say: 'But how will they get there?' I said 'They probably get a bloody train.' You know. And she said, 'But they're too sick.' I said, 'Well they'll still get on that train and go home.' So it's really hard. It's going to be a very hard egg shell to crack.*

Val: *And that's what Kooris have their biggest fear is. I know when my mum had a brain tumour. And she was in Sydney being treated, but she begged Sam and I, you know, 'Don't let me die in Sydney.'*

Katrina: *Yes.*

Val: *She had to go home to her roots.*

Katrina: *So it's going to be really hard.*

Jane: *And they tell us we're negligent! {940325: 343-354}.*

Ian: *And given that there are different cultures within the hospital, there should still be plenty of room for indigenous people to mark their bereavement in a strong family sense, in an appropriate way, that doesn't interfere with other people. And it's quite easy to do that. Quite easy to do that.*

The discussion returned to the issue of extended family visiting seriously ill or dying relatives, and the importance of this time in the life of a family and community.

Jane: *I mean, people go to hospital and there'll be five or six or ten or, people in there seeing them. You know, you just don't get one.*

Val: *And what they've got to understand is*

Ian: *And that can be done in a way that needn't disrupt the whole hospital.*

Val: *What they've got to understand with bereavement, it's not your immediate family. If we had been to the hospital and she [points to Marilyn] passed away*

Marilyn: *Oh!. God! {940355:355-378}*

Marilyn reacted to the mention of her own death with an expression of fear. Val responded by generalising the comment. She stated that the members of the action group were like extended family, a mob. The kinship-like relationships within a Koori extended family mob were not understood or accepted by hospital staff. Val provided a concept of extended family, in which the term is used for the extension of categories of family beyond kinship ('blood relatives') to include people who are accepted as family, though not biologically related. The Koori family is a social rather than biological category.

Val: *No, I'm just saying, you know, any one of us. We would all feel, and we'd be crying and upset. It's like we're all extended family, this mob. See they've got to understand this.*

Sam: *They've got to understand this.*

Ian: *They don't understand it.*

Val: *Even though we're not blood relatives. We feel for you just the same.*

Jane: *It isn't the carers of non-Aboriginal people. [several speakers in excited, confused agreement] I mean, non-Aboriginal people who are carers of Aboriginal people living in an Aboriginal community. I go in and I say, 'Right, we want this, this, this and this. And now Irene's there*

Jane: *We don't have to do that. [laughter].*

Sam: *Just like in the country towns. Up the country towns, you have someone who's dying, like of cancer, you're allowed to stay there.*

Ian: *That's right.*

Sam: *Twenty four hours a day. Two months if you wanted to. The last two months. Down here, they say 'Eight o'clock. Out!'*

Katrina: *'Out!' {940325: 379-400}.*

The difficulties Aboriginal people experienced at times when a relative was dying in hospital sprang partly from a set of values relating to family life and responsibility characteristic of Aboriginal culture in Kitya. There was some correspondence between difficulties experienced around dying and issues relating to discharge from hospital.

DISCHARGE

Jane and Katrina complained that staff of government hospitals discharged children and young people from hospital wards and casualty without their parents being present.

Jane: *It happens all the time. Especially in casualty. Regional Hospital casualty is fantastic for that kind of reaction. And Nyanor is absolutely incredible. They discharged a sixteen year old kid without the parents being there. Didn't even check the kid. Just told the kid. The kid had a virus. Stomach virus. The kid had a seizure that afternoon. Now, they discharged the kid without a parent being there. Now that's disgusting.*

Katrina: *That's like my grandson. He had an asthma attack just before Christmas last year. I was in Nyanor hospital and I stood up to them in there. And they said to me, 'Aw. You take him through to Regional Hospital'. And I said 'If anything happens to my grandson while I'm driving him from Nyanor Hospital to Regional Hospital', I said, 'Who's responsible for that?' {940325: 309-312}.*

Katrina's question: *'Who's responsible'* points to her fear of victim blaming. That if her grandson suffered a severe attack of asthma in her car, she could be blamed. A little later in the meeting Jane characterised the Mental Health Team as unwilling to take responsibility and engaging in victim-blaming, rather than offering help and support to parents worried about their child.

Jane: *They don't want to take the responsibility. They certainly don't want to take the responsibility of an Aboriginal at all, in any of the hospital systems. The Mental Health Team, they just say 'This is the way you brought that child up, so you pay the consequences.' I've just gone through court with something where they've said that 'It's your fault. You are the parents. Because of your culture this child is like that. So you brunt it and you wear it. And you go and have to see a counsellor.*

ADMINISTRATION AND TRAINING

The meeting went on to suggest to Irene that she should suggest an Aboriginal person become a member of the Health Board.

Val: *And in country towns they have an Aboriginal sitting on the Hospital Board.*

Katrina: *Yes. That's another issue too. We need an Aboriginal person sitting on the Board. On the actual Board.*

Sam: *Up Mareeba too,*

Irene: *[taking notes] On the Medical Board?*

Katrina: *On the Hospital Board needs to be a Koori person {940325: 401-410 }.*

During the same meeting Irene announced that Dr Brian had asked her to prepare a regional strategic plan for Aboriginal Health in one month. Several people saw this as an unreasonable request, and Katrina expressed this colourfully. Effective strategic planning in Aboriginal

communities requires extensive community consultation and participation, which takes considerable time. It also requires knowledge of a strategic planning model, skill in coordinating planning exercises, and in converting the output of exercises into a written plan which will receive the assent of stake holders. As Katrina pointed out, this requires training. Katrina encouraged Irene to resist a reported instruction which is likely to end in failure. In expressive language Katrina suggested that Irene ask for the training she would need to perform her duties.

Irene: *Dr Brian said that they're to do the strategic plan in one month.*

Katrina: *Have you ever done a strategic plan?*

Irene: *No, to be honest.*

Katrina: *Right well you tell Dr Brian to bite his arse, excuse me, and to give you some training {940325: 1169-1176}.*

Although they were not expressed in this form before the start of the project, these complaints reveal the dissatisfaction of local Aboriginal people with the services provided by Government Health Services which led to action to establish a health service which would meet the needs of Aboriginal people. Complaints of this sort led directly to the formation of an action group.

Kitya Aboriginal Health Action Group

Kitya Aboriginal Health Action Group was inaugurated in August 1993, and ceased operation with the incorporation of Ganma Aboriginal Health Services in December 1995. The action group had one broad goal, which was to set up a health service for Aboriginal people in Kitya. It ceased to operate when this goal was achieved.

MEMBERSHIP

Membership of the health action group was open to indigenous and non-indigenous people who were active in working towards the aims of the group. Membership was highly variable over the two year period, with myself as the only person who held continuous membership for the whole of the period. Attendance at meetings varied from three (or fewer if meetings which failed for lack of quorum are included) to eight members, with fourteen people including invited non-members at one meeting.

The action group was positioned on the boundary of what Rowse (1992) and others have called 'the Aboriginal domain'. Although not wholly within the Kitya Aboriginal community,

the health action group almost always met in rooms belonging to an Aboriginal organisation, conducted meetings in an Aboriginal style, and was enmeshed in the local Aboriginal community politics. Though the non-Aboriginal membership did not exceed two active members at any one time, Aboriginal members rejected the notion of membership restrictions in the inaugural meeting and on other occasions.

Non-indigenous people were invited to participate for a number of stated reasons, including a strategy to manage factional conflict within the Aboriginal community (Gerritsen 1982); a way to utilise the skills of non-indigenous members; and to gain access to organisations and resources under non-Aboriginal control.

THE PEOPLE

For reasons of confidentiality I cannot identify personal details or life histories of individual members of the action group. However I think that much of the action reported in this thesis can be better understood if something of the life histories of the participants is known. I therefore present a few fictional life histories typical of members of the action group. The use of such fictional stories in research helps to provide a full picture, while not breaching confidentiality.

Alec was born in an Aboriginal community in 1946. His father did seasonal farm work, but most of the wages he earned were held in trust by the settlement manager. Alec was one of eight children. From the age of eight until he left the settlement at 14 he, like his brothers and sisters, was beaten by his father and his uncle. He was sexually abused as a child, but has not said by whom. He has been a heavy drinker, and used marijuana and occasionally other illegal drugs. He has worked as a farm worker, a builders labourer and in 'work for the dole' programs. He is a heavy drinker, who abstains for months at a time. He has been in jail on charges of assault. Alec has never married, but has had a number of short relationships which usually ended after a violent episode. Few of these have led to police action. He fathered a number of children, whom he did not support.

Bessie is 42 years old, in a long term stable relationship, with two children, a son aged nine and a daughter of 14. Both attend school regularly, and do well at school, though they often get into arguments with teachers and children. Bessie was one of eleven children. She grew up on a government settlement in Queensland, where she and all of her sisters were sexually and physically abused by adult relatives. Her mother lived in constant fear that her children would be taken from her by white authorities. Most of her brothers and two of her sisters have been

imprisoned on charges ranging from swearing at police to rape. She is the only member of her family who does not drink. Bessie has political insight which is clouded at times by her anger.

Charlie was taken from his family in Victoria at the age of four years, and placed with a white foster family, whom he still visits and has affection for. At the age of fourteen he was withdrawn from school and sent to work on country properties. He made contact with his natural family as an adult, but does not have much to do with them. More recently, he was able to gain technical qualifications, and works as a plumbing and maintenance contractor, mainly for Aboriginal housing corporations. He believes that with hard work Aborigines can make a life for themselves. His own three children are quiet, and belong to an Aboriginal dance troupe.

Dawn is in her late twenties. She grew up in a NSW country town, in a large composite family. Her mother's fifteen children have almost as many fathers, but her mother managed to keep the family together. Dawn was in frequent fights at school. She came to Kitya to get away from her family, because they were always in trouble in the country town. She is married, and has three children aged between seven and twelve. The oldest, a daughter, was born after Dawn was raped in the country town. All the children are members of an Aboriginal dance troupe, which Dawn helps to run. Both Dawn and her husband have regular employment, but find it difficult to manage finances well. The youngest child, a boy, has tried to burn their house down on two occasions.

These life histories have produced psychological and social difficulties, which can be seen as the outcome of 200 years of oppression, institutionalisation and abuse under colonial regimes. Colonial oppression and generation of abuse at the hands of European colonisers has been internalised as low self esteem, mental disorders and family dysfunction.

The Community Development Project

This is the story of a two year community development project conducted during the life of the Kitya Aboriginal Health Action Group. The local Aboriginal community had wanted a service to meet their health needs for some time before the beginning of the project. A study in 1990 showed that Kooris had special health problems, and often did not use services designed by and for white Australians (S. 1990). Kooris saw health needs as a high priority, but resources were scarce, and tied to specific projects.

PRECEDING EVENTS

In 1991 a feasibility study undertaken at the request of local Aboriginal people recommended that a multi-functional Aboriginal community centre be established, with future developments to include medical services (T. 1991: 54). In 1992 the Government Health Service tried to establish an Aboriginal Health Advisory Committee. This met twice, and was not reconvened. A second attempt met only once.

The idea of an Aboriginal health action group emerged about the middle of 1993. The community development project was initiated by myself as action researcher, Alison as a community member and activist, and Ozzie as a member of the Aboriginal community who had been pressing for an Aboriginal medical service. A first task was to expand this small group to include representatives of Aboriginal organisations and more members of the Aboriginal community. A preliminary meeting of the as yet unnamed group was convened by Alison on 6 August 1993. The initial members were myself, Alison, Ozzie, and Roger, a non-Aboriginal community member. Plans were made to expand membership by inviting Gunyah Care Service and Deerubin Aboriginal Corporation to participate in a meeting to formally inaugurate the action group.

The inaugural meeting of Kitya Aboriginal Health Action Group was held on 18 August 1993. This followed preliminary meetings between the researcher and local Aboriginal organisations, at which the idea of a health action group to improve Aboriginal health services in the region was discussed. The initial concept was modelled on health action groups in Torres Strait and New South Wales (Campbell and Ellis 1993; 1993), in which representatives of the Aboriginal community, Aboriginal organisations and the State health department come together to concentrate on important health issues.

AIMS

The aims of the Aboriginal Health Action Group were:

> *To conduct action research in Aboriginal health and community development [in the study region]*
>
> *To assist and promote the development of Aboriginal health services [in the study region]*
>
> *To try out and document ways of doing research suited to the special needs of Koori communities*
>
> *To undertake other activities as the action group determines {930723: 168-175}.*

CHRONOLOGICAL DESCRIPTION OF THE PROJECT

A summary of some events is given in Table 13. This time line shows Aboriginal Health Action Group office bearers during the study period, and Aboriginal health initiatives in the region. A more detailed chronology in tabular form appears at the end of this chapter (Table 15).

Table 13: Kitya Aboriginal Health Action Group - Time Line

	1993							*Aug*	*Sep*	*Oct*	*Nov*	*Dec*
Meetings								*	*			
Other												
Convenor								Ozzie				
Secretary								Marilyn				
GHS Liais.												
GP Rep.												
	1994											
	Jan	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*
Meetings			*	*	*	*		*		*	*	*
Other								Work-	ing party		Dental	van
Convenor	Katrina		Jane						Alison			
Secretary	Marilyn											
GHS Liais.		Irene				(HIV program)						
GP Rep.					Dr Andrew			Keith				
	1995											
	Jan	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*
Meetings			*	*	*	*			*		*	*
Other	D.van									**Health Centre**		
Convenor	Alison											
Secretary	Ma'lyn	(vacant)										
GHS Liais.				Pam								
GP Rep.	Keith											

The inaugural meeting of Kitya Aboriginal Health Action Group was held on a university campus, as 'neutral ground' not associated with any local Aboriginal faction or organisation, on 18 August 1993. A draft set of rules {930723: 166-212} was discussed, amended and adopted. Ozzie was elected convenor and Marilyn was elected secretary, both by consensus. A provision in the draft rules that at least 70% of the members of the action group should be Aboriginal or Torres Strait Islander people was removed at the request of the Aboriginal

members present. During this meeting informal discussion focussed on local factional conflict. Animosity had erupted between Ozzie and Alison before a meeting of Kitya Local Aboriginal Land Council a week earlier. When the action group was discussed, Alison was not nominated as a member of the health action group by the Land Council members present {930723: 132}. Alison joined the health action group as an interested community member. It was said that conflict between Gunyah Care Service and Deerubin Corporation could obstruct the work of a health service.

The second meeting, on 3 September 1993, was held in a local shop which was not associated with any Aboriginal faction. A large proportion of time in this and other meetings was spent on internal politics of the Aboriginal Health Action Group, and interpersonal or factional conflict in the local Aboriginal community. Ozzie, as convenor, asserted his authority over the secretary Marilyn, issuing orders to her. Ozzie also made disparaging comments about the staff of local Aboriginal organisations. Disparaging local leaders was a continuing feature of informal Koori conversations throughout the project. At this time the action group had a fuzzy goal of establishing an Aboriginal medical service, roughly along the lines of the Redfern Aboriginal Medical Service (AMS). Redfern was the first Aboriginal Medical Service in Australia, and a number of local Aboriginal people travelled to Sydney to attend there. Information on how to establish a medical service supplied from Redfern was tabled at the meeting, and it was decided to get advice from Redfern AMS.

A logo for a letterhead was discussed. The letterhead used was plain, with no logo, but the choice of a logo as a symbol of the Kitya Aboriginal Health Action Group was discussed several times, with suggestions including the sea eagle, which Marilyn said is the Kitya totem; a stethoscope in an Aboriginal design, and a map of the Kitya region.

There was heated discussion about whether or not to invite local organisations to participate, especially Gunyah Care Service and Deerubin Corporation. While some members considered the active involvement and support of groupings and organisations in the Aboriginal community to be essential, others (particularly Ozzie) thought this would invite factional conflict, which would prevent the action group from getting on with the job of establishing a health service. Discussion of strategy at this meeting included the idea of a petition to demonstrate community support, and a health exhibit at an upcoming regional Koori Expo.

On 22 October 1993 I visited Deerubin Corporation, where the coordinator, Evon, told me that the State Government policy was that Aboriginal people should use mainstream services rather than starting new identified Aboriginal health services. Evon thought that Kitya

Aboriginal Health Action Group should consider strategies to make Government Health Services more accessible to Aboriginal people, including more indigenous employment. Evon suggested a large, well planned and organised, community meeting with service providers and community members. She gave me a copy of the ATSIC regional strategic plan, to which she had contributed {931010: 17-33}.

The following week I visited Gunyah Care Service, where two Aboriginal community workers explained difficulties which local people have in visiting an Aboriginal Medical Service as far away as Sydney. Although there is at least one local general practitioner who 'thinks black', many Aboriginal people do not make use of local doctors, and relations with the Government Health Service in the region were described as very poor. Katrina, the manager of Gunyah Care, said that she had tried to collect statistics previously, but did not know how to go about it. She asked for assistance in gathering statistical information from records held in Gunyah Care. In three visits to Gunyah Care Katrina and I prepared a short profile of illnesses suffered by Gunyah clients registered in the previous year (L. 1993).

About this time discussion with Katrina, Ozzie and others provided insights into their understanding of illness and health, and the importance of indigenous knowledge, bush medicine and culture in their constructions of health, illness and health services. Ozzie offered to teach me bush lore, and to give me a tribal name.

A meeting of the health action group was planned for 10 December 1993. Only Ozzie and I turned up, and no apologies were received. Ozzie was disappointed at this turn of events. I suggested that an individual approach should be made to every member of the action group. Ozzie said this was '*too hard*' for him, which I took to mean that he felt shamed by avoidance of the meeting by other Kooris, and would be shamed to approach them. I thought at the time that people not coming was a tactic to show disapproval or lack of support {931010: 106-119}. Subsequent events showed wide Aboriginal support for a health service, but not for Ozzie. Before Christmas I made individual phone contact with members of Kitya Aboriginal Health Action Group to develop my relationship with each. In February Irene was appointed Aboriginal Health Liaison Worker in Government Health Services, based at Regional Hospital {940218: 1080-1098}.

The Kitya Aboriginal Health Action Group did not meet between 3 September 1993 and 25 February 1994. This break is significant, as the previous health advisory committee had two formal meetings and did not reconvene. The action group had two formal meetings, then lapsed, and was reconvened five months later. Observers (including Marilyn and Dr Brian)

did not expect that the group would meet again, and that the pattern of the advisory committee would be repeated. Between the meetings Ozzie resigned as convenor, I made personal contact with members of the group, the lapse of time allowed messages to get round the Koori grapevine and an Aboriginal liaison worker (Irene) was appointed at the hospital.

The first meeting for 1994 was held on 25 February. The previous two months of individual working with the key people, going and talking to everyone was important in getting this meeting to happen. When the action group met it had a changed character. Ozzie had resigned as convenor. I was invited to take the role, and declined, saying it should be a Koori, and to maintain my role as action research 'consultant' (Stringer 1996: 47). Katrina was elected to the position. The group entered a dynamic phase, with regular extended meetings. Discussion included sources of funding for Aboriginal medical services, and approval for a research student to come to the area, and conduct research under control of the action group. Katrina showed skill in seeking and sensing consensus. Whereas Ozzie had talked about factional conflict, used divisive language from the chair, and focussed on conflict. Katrina emphasised common purpose, was careful to invite comments from those present, and talked about points of agreement and consensus. Katrina conducted meetings efficiently, following accepted meeting procedures in a relaxed, loose way. She kept to the agenda and ensured that each participant had an opportunity to speak. She was experienced in participating in and conducting meetings in a manner acceptable to Kooris within a government agency. The manner in which she conducted the meeting appeared satisfying to those present, and effectively dealt with the business of the meeting. This contrasted with Ozzie's confused and disorganised manner in meetings.

After previous meetings, the February meeting was noticeable for a mood of common purpose, agreement and consensus between members, lack of disputation and cooperation between members of different factions. My observations of this were confirmed by comments made by Katrina and Alison after the end of the meeting. Both of these are experienced Koori workers in this community. Alison said, about this meeting:

> *'I think it's been wonderful' and Marilyn commented 'It made me a lot happier about being on the Action Group' {940225: 11896, 1902}.*

As the senior staff member in a local Aboriginal organisation, Katrina held status in the local Aboriginal community which Ozzie was aspiring to through his leadership of the health action group. Her assumption of the chair increased the range of her own influence in the Aboriginal community, and at the same time increased the standing of the health action group. This

power shift within the health action group had ramifications in the wider Aboriginal community.

Representatives of organisations providing services to sick Kooris had many stories of inadequate services in local health services, particularly those provided by the Government health service. Though some doctors, nurses and staff in the hospital and community health system were respected for their awareness of the needs of Kooris, their willingness to help, and their ability to hear what Aboriginal people were saying, there were complaints of insensitivity, inappropriate behaviour, lack of cultural awareness and sometimes outright racism, which have been summarised earlier in this chapter. Of special concern was the inability of some hospital staff to accept or adjust to the way Koori family and friends relate to an indigenous person who is close to death or who passes away in hospital.

Because of their previous experience, and the experiences of their elders of government oppression, many local Kooris were intimidated or afraid to use hospital, health or medical services. Members reported a common belief that people identified as Aboriginal would get a lower standard of care than Whites. This was supported by health statistics showing much worse health status for Aboriginal people, and by many stories of instances of poor care circulated by word of mouth. In the same meeting there was a long discussion about the importance of bush medicine. Aboriginal people exchanged their experiences of traditional herbal remedies {940225: 468-494; 613-633; 695-725; 795-805} and there was general agreement that bush medicine should be included in the range of services offered at the proposed health centre.

Regular meetings were held following the election of Katrina to replace Ozzie as convenor. In February, following a ministerial directive and the provision of identified funds, Irene was appointed as Aboriginal Health Liaison Worker in the Government Health Service. Because of her position as the first Aboriginal health worker in the regional Government Health Service, Irene was seen as a key figure in the improvement of local Aboriginal health services. On 11 March 1994 I had a long discussion with her. We both took the opportunity in this meeting to establish a relationship. I saw Irene as a key informant for research, and a key actor in the development of Aboriginal health services. Irene saw me as a useful source of information. During the meeting Irene advised me about approaching members of the Aboriginal community. For example, she said to me:

Irene *You can't rush things with Aboriginal people. They talk about things among themselves, and think about it. They wait to see how things are. It's like when they sit*

> *on the edge of a river bank and throw stones in to see how deep it is. They don't just dive straight in {940311: 246}.*

I undertook to give her copies of local research reports relevant to Aboriginal health. Irene discussed an Aboriginal health advisory committee which she had been asked to organise {940311: 211-225}.

I noted that this meeting had what I called a 'spiral structure'. Each topic of conversation was discussed three times. The first set the agenda and sounded out initial reactions. The second explored issues and expanded the field of discussion, and in the third there was an attempt to come to closure. This did not necessarily involve a decision about action to be taken, but included an expression of agreement or consensus {940311: 13}.

The next meeting of the Aboriginal health action group heard a report from the new Aboriginal Health Liaison Worker. There was detailed discussion of difficulties experienced by Kooris with local hospitals, and the need for staff training on cultural sensitivity, which is reported earlier in this chapter (pages 96 to 113). The value of workshops to change attitudes of staff was questioned. Critical comment included the view that Aboriginal health programs benefit non-indigenous staff {940325: 1594-1602}. The meeting passed a motion that the Kitya Aboriginal Health Action Group should be the Health Advisory Committee for Government Health Service, and made a list of things which Kooris should be able to expect when they go to hospital {940325}. Irene said she had been asked to draft a strategic plan for Aboriginal health, which was discussed.

Katrina announced that she was planning to leave the area, and foreshadowed her resignation. Jane, who was going to take over her duties at work on a temporary basis was elected as convenor by Kitya Aboriginal Health Action Group. On the day of her farewell from work I had a long discussion with the retiring convenor. This included her ideas about rivalry between her organisation, Gunyah Care, and Deerubin Corporation. Both Gunyah and Deerubin were funded through the State Department of Community Services, through different funding arrangements. There was significant overlap in the services provided by the two organisations to the same client group. Both Gunyah and Deerubin, for example, provided house cleaning, shopping and personal care services to sick and disabled Aboriginal people in the Kitya region. In a situation of very high levels of Aboriginal unemployment, both provided casual employment and on-the-job training to Aboriginal people. Each served the whole of the Kitya region, and their offices were in the same town. These factors, in the context of local Aboriginal politics, led to intense rivalry between Gunyah and Deerubin.

The April meeting was cancelled as Jane, the new convenor, was stressed by the duties of her new job. I visited Jane at Gunyah, where she had taken over Katrina's duties. Kitya Aboriginal Health Action Group did not have a treasurer at that time, and a small amount of money was available to the health action group. To accept this money the action group needed a bank account, but Jane indicated that there were no Kooris on the coast who she would trust to operate a bank account. When a bank account was opened some months later a non-Aboriginal person was elected Treasurer. The level of rivalry and mistrust in the Aboriginal community throughout the project contrasted with people's declarations that they were working for the community and were committed to values of 'caring and sharing'.

Kitya Aboriginal Health Action Group invited Dr Brian representing Government Health Service and Dr Andrew representing the regional organisation of general practitioners to a meeting on 26 May 1994. This meeting marked a change in direction of the project, and gives insight into the power relations between local health service providers. Dr Brian offered use of a cottage owned by the Health Department for a Koori doctor to set up a general practice. Dr Glen announced that an organisation of local general practitioners had decided that they wanted to do something for Aboriginal health, could apply for funds through a government funded scheme, and asked the Aboriginal health action group what the Koori priorities were. There was discussion of the idea of an Aboriginal medical service, and Dr Glen thought it may be possible to organise a service with a volunteer roster of general practitioners, which could be expanded if demand was high.

This meeting illustrated the strongly supportive attitude of the regional organisation of GPs, and the refusal of support from the Government Health Service to provide or support identified health services to Aboriginal people. The Government Health Service appeared determined to control the agenda for Aboriginal health in the region. This meeting confirmed the action group's unease about the Government Health Service. What Dr Brian said in that meeting, and the conclusions members of the action group drew from what he said led to a firm decision that the action group would work towards a health service without the support of the Government Health Service.

The involvement of Dr Andrew, and later Keith, an employee of the GP organisation, presented an opportunity to the health action group. The collaboration between the GP organisation and Aboriginal members of the Action Group fitted the model espoused by Aboriginal members of the action group, of a bringing together of Aboriginal and non-Aboriginal people in the project. A proposal for a cooperative venture between local GPs and

the action group was developed over a series of meetings. Over twenty GPs volunteered for a duty roster, and Kooris volunteered for receptionist and support roles. The support of the GP organisation was crucial to the opening of an identified health service for Aboriginal people.

The following meeting, on 9 June 1994, was attended by Keith. The idea of a general practitioner's clinic was explored in detail, a new direction for planning emerged, and incorporation was discussed. Keith became a member of Kitya Aboriginal Health Action Group. An action group workshop scheduled to work on a strategic plan for Aboriginal health in the region was cancelled because the workshop leader had other work commitments, and was not re-scheduled.

At the meeting of 3 August 1994 the idea of a clinic staffed by general practitioners on roster was further discussed, new members joined Kitya Aboriginal Health Action Group, and a working party was formed to prepare a submission for funding. The broad terms of the proposed general practice clinic were clear by this meeting, but resources to implement it were not available. The working party prepared a submission to fund the organisation of general practitioners to provide medical services to Aboriginal people in the region. In August a discussion paper, as a first step towards a strategic plan for Aboriginal health, was released by Government Health Service. The action group did not meet in September, though the working party continued work on a funding submission. The health action group contributed to a document preliminary to a regional strategic plan for Aboriginal health, published in August 1994 (G. 1994). A joint working party between Kitya Aboriginal Health Action Group and General Practice organisation was formed to draft a project proposal and application for funding.

During September and October members of the health action group became embroiled in local Aboriginal politics. Jane, the convenor of the health action group, and Marilyn, the secretary (not acting in that capacity), wrote to the Government Health Service, in support of a complaint about Irene, the Aboriginal Health Liaison Worker lodged by her de facto husband, against whom Irene had taken a domestic violence order. By mid October the action group appeared to be not functioning. The domestic conflict between Irene and her de facto spouse had become embroiled in regional 'factional politics'. The secretary could not be contacted by phone, and had taken leave from her work. The convenor cancelled two monthly meetings, and there was a high level of conflict among members of the action group. Then an event provided a reason for the action group to combine against an external enemy.

Arrangements had been made for an extended visit to the region by a mobile dental service owned and operated by an Aboriginal Medical Service in another town. Many Aboriginal people who had bad teeth would not go to a private dentist or the government dental clinic. The Koori owned and operated service understood the culture of Aboriginal people, and the fear and anxiety some people have about the removal of parts of themselves, and contact with white professionals. Many of the people who made use of the Aboriginal dental service had not been to a dentist for years. Some put up with pain for a long time rather than go to a private or government dental service. The mobile dental service was located within the grounds of Regional Hospital. Soon after it was installed it became clear that the presence of a team providing a culturally different approach to treatment was difficult for some senior hospital staff to accept. The caravan containing the dental clinic was set up in the grounds of Regional Hospital, but after delays in starting the service, the hospital asked for the caravan to be removed. A meeting of key people in the Aboriginal community was held to plan action about the mobile dental service. This had the effect of drawing key players in the health action group together, to face a common external foe, the Government Health Service.

An action group meeting was held on 28 October 1994. The working party and others reported progress. Discussion of possible locations for a service included a proposed women's health centre in a building owned by Nyanor Council. This was followed by detailed discussion about the mobile dental service. Three days later Alison, as a representative of the action group, met with the chief executive officer of Government Health Service. In this meeting it was agreed that the relationship between the action group and Government Health Service could be formalised.

A meeting of the action group approved a letter to Government Health Service calling for the mobile dental service to remain in the grounds of Regional Hospital, and repeating the action group's offer to be an advisory committee to Government Health Service. During the study period the Aboriginal health advisory committee did not meet. The dental caravan did remain in the grounds of the hospital, which was seen as a political victory by the action group. Funding to staff the caravan was withdrawn and, though the mobile clinic remained for more than a year, few Aboriginal people received treatment. The Health Action Group, together with other Aboriginal organisations, was able to provide support to the mobile dental service, and make representations to the Government Health Service on behalf of the Aboriginal community. The Action Group developed skills and potential for local political action, and a sense of accomplishment from this action.

At an action group meeting held at Kitya Land Council on 15 December 1994 Jane resigned as convenor and Marilyn resigned. It was decided not to hold an election of new office bearers as a representative number of members was not present. Alison was nominated and elected acting convenor by those present. The meeting discussed possible locations and sources of funding for the general practice clinic. The meeting was mainly occupied with planning the practicalities of running a clinic. Keith asked for help in planning a program to educate interested general practitioners in cultural sensitivity.

On 21 December 1994 a Christmas lunch and informal meeting between members of the action group and general practitioners was held. This was mainly for information exchange and to develop relationships. About the end of the year the Aboriginal Health Liaison Worker resigned, and the position was not filled until April 1995, when Pam started work. Planning with local general practitioners continued.

At an action group meeting on 12 January 1995 alternatives for incorporation were discussed at length. Evon, the manager of Deerubin Corporation, attended and the meeting decided to ask that the action group come under the auspices of Deerubin, rather than incorporate as a new organisation, with the risk of creating a new faction in the Aboriginal community. Evon informed the meeting that Deerubin itself was going through constitutional change, and that the action group could see a copy of the constitution after it had been approved by the registrar {950112: 499}. The meeting was informed that Irene had resigned from Government Health Service.

The next meeting of the action group was on 15 March 1995. The meeting opened with a dispute between Ozzie and Alison. Alison, as chair of this meeting, claimed that Ozzie had resigned from the action group and so was not entitled to speak without re-applying for membership. Ozzie maintained that because he had not '*signed any paper to say I resigned*' {950315} he was entitled to participate in the meeting. Ozzie remained but did not speak. Discussion of incorporation ensued, and plans were made to advertise for a part-time Aboriginal nurse-receptionist, using money guaranteed by the regional organisation of general practitioners. A name was chosen for the new Aboriginal health centre. The action group was informed that Government Health Services had decided to advertise the position of Aboriginal Health Liaison Worker, and that Alison had been invited as a member of the selection committee. The question of incorporation was again raised, and Val suggested the action group may wish to make use of an Aboriginal corporation which had been incorporated but not made active.

At the meeting held on 6 April 1995 possible premises, including property belonging to Kitya City Council which could be made available, were discussed. Wording of an advertisement for a nurse receptionist for the proposed health centre was agreed on. There was discussion of the appointment of Pam as Aboriginal Health Liaison Worker, against the advice of Alison (the only Aboriginal person on the selection panel) that a member of the local Aboriginal community should be appointed. The position of Nurse-Receptionist was advertised on April 15 1995.

At its next meeting, on 19 May 1995, the action group heard that some members of the Aboriginal community had decided not to come to action group meetings because there was 'too much politics'. The meeting was attended by Pam, the newly appointed Aboriginal Health Liaison Worker, who announced that the Government Health Service was going to undertake an Aboriginal health survey and strategic plan. Sources of funding were discussed and the recent transfer of responsibility for Aboriginal health funding from ATSIC to the Federal Department of Health was noted. Following the request from general practitioners, plans for training sessions in cross-cultural awareness for local general practitioners were agreed to.

By mid June 1995 a number of potential sites for a health centre had been inspected and found unsuitable, the application for funding through the organisation of general practitioners had been rejected, and Government Health Service had decided to establish a new Aboriginal health advisory committee, rather than make use of the existing action group. Despite these setbacks, plans were made to employ a part-time Nurse-Receptionist, other sources of funding were discussed, and the action group continued the search for premises. In June 1995 a part-time nurse-receptionist was appointed with short-term funds provided by local general practitioners.

The constitution of Deerubin had not been sighted, and rumours of investigations into financial irregularities circulated. The action group decided to take up the offer from Sam and Val to use their 'shelf corporation'. Revised objectives were drawn up. By the end of August premises had been located, with the general practitioners guaranteeing the rent. Serious allegations were rumoured about the administration of Deerubin, and rumours that the shelf corporation was the subject of an investigation by the Registrar of Aboriginal Corporations led the action group to decide on incorporation as a new association, under NSW law.

Internal conflict was apparent in the action group. Marilyn had applied for the position of nurse-receptionist, and been unsuccessful. She suggested the reason she had not been

appointed was a long standing personal conflict with Alison, the Convenor, and that she should be appointed as a paid coordinator. Nevertheless, a meeting on 8 September 1995 was well attended, and discussion focused on practical issues of opening the health centre. Clients started to attend Belah Aboriginal Health Centre on 18 September. An official opening on 10 October 1995 was attended by people from all Aboriginal organisations, Government Health Service, Kitya City Council and members of the Aboriginal community. A religious organisation presented a cheque for a small grant, and a second-hand computer was donated.

Conflict over the use of the name widened the arena of disagreement in the Aboriginal community around the health centre. At a meeting on 16 November 1995 it was decided to incorporate under a different name, and on 22 December 1995 the service was officially incorporated as Ganma Aboriginal Health Services Inc. With this, Kitya Aboriginal Health Action Group ceased to function, and the research project came to an end. Table 15 lists events in the life of Kitya Aboriginal Health Action Group, and Table 14 shows the representation in the action group.

Table 14: Representatives in Kitya Aboriginal Health Action Group

Organisation	*Representative*
Kitya Local Aboriginal Land Council	Marilyn, Ozzie
Deerubin Aboriginal Corporation	Val
Gunyah Care Service	Katrina then Jane
Kitya Government Health Service	Irene, then Pam
Organisation of general practitioners	Dr Andrew, then Keith
Nangamai Aboriginal Corporation	Sam

Table 15: Chronology of the project

Date	*Event*
18 Aug 1993	Inaugural meeting of Kitya Aboriginal Health Action Group. Ozzie elected Convenor, Marilyn elected Secretary.
3 Sep 1993	Action group meeting
5 Nov 1993	Gunyah Care Service working on statistics.
10 Dec 1993	Meeting of action group cancelled
4 Feb 1994	Ozzie resigned as Convenor by phone.
Feb 94	Irene appointed Aboriginal Health Liaison Worker
25 Feb 1994	Action group meeting. Katrina elected Convenor.
25 Mar 1994	Action group meeting. Irene briefed, Katrina resigned, Jane elected Convenor
29 Apr 1994	Action group meeting cancelled
26 May 1994	Action group meeting attended by Dr Brian and Dr Andrew.
May 1994	Government Health Service started Aboriginal HIV/STD education

9 Jun 1994	Action group meeting
22 Jun 1994	Draft Government Health Service strategic plan circulated
3 Aug 1994	Action group meeting Keith joined.
10 Aug 1994	Working party meeting
Aug 1994	Discussion paper released by Government Health Service
20 Aug 1994	Working party meeting
20 Sep 1994	Working party meeting
5 Oct 1994	Working party meeting
Sep 1994	Dental van arrived in Kitya
20 Oct 1994	Meeting about dental van
28 Oct 1994	Meeting about dental van.
15 Dec 1994	Action group meeting. Jane resigned, Alison Acting Convenor
21 Dec 1994	Action group and GP organisation Christmas lunch
Dec 1994	Irene resigned as Aboriginal Health Liaison Worker
12 Jan 1995	Action group meeting
15 Mar 1995	Action group meeting, name of centre agreed
Apr 1995	Pam appointed Aboriginal Health Liaison Worker
6 Apr 1995	Action group meeting.
19 May 1995	Action group meeting
9 Jun 1995	Action group meeting
16 Jun 1995	Action group meeting
25 Aug 1995	Premises located
8 Sep 1995	Action group meeting
10 Oct 1995	Official opening of Belah Aboriginal Health Centre
16 Nov 1995	Action group meeting
22 Dec 1995	Ganma Aboriginal Health Services Incorporated

Did the Action Group succeed?

The action group succeeded in its central goal, to establish an Aboriginal health service, and it achieved this despite clearly stated opposition of Dr Brian, representing Government Health Service. If the action group was to succeed in its broader aim of improving Aboriginal health in the Kitya region, it had to influence Government Health Service to change. For a small action group lacking resources, to change a relatively large and powerful government department is a major task. Yet there is evidence that the action group did achieve some success.

Action by Government Health Service

Prior to the 1993/94 financial year, during which Kitya Aboriginal Health Action Group was established, Kitya Government Health Service made no commitment to Aboriginal health and had no identifiable Aboriginal health activities. About February 1994 an Aboriginal Health Liaison Worker was appointed. In 1995 some short Aboriginal health education programs

were conducted, and a preliminary document for strategic planning was drafted. In their 1993-94 annual report Kitya Government Health Service wrote that they 'look forward to a far more responsive servicing of our Aboriginal and Torres Strait Islander customers' (A. 1994: 43). An objective was set for the 1994-95 year:

> 1.3 Improvement in Aboriginal health (A. 1995: 14).

The following year this was promoted to become the first objective of Kitya Government Health Service for 1995-96, as:

> 1.1 Improve Aboriginal Health (A. 1995: 81).

During 1995-96 liaison with the Aboriginal community continued, and some support in money and staff time was provided to the Belah Health Centre. An Aboriginal health advisory committee was formed to continue work on an Aboriginal health strategic plan commenced in 1993-94.

Alison gave me a copy of one page of the 1993/94 NSW budget papers (NSW Government 1994: 20) which included a commitment to move towards spending 1% of the health budget on Aboriginal health by the end of a decade. In 1993/94 Kitya Government Health Service spent nothing on identified Aboriginal health services. $34,500 was allocated in 1994/5, which was used for Irene's position with its car and overheads, plus $2,500 allocated to employ a part-time HIV educator {Field notes 941020; 78}. The whole of this amount was dedicated funds, which could not be spent for any other purpose, and represented 0.02% of total expenditure of $160,837,000 (A. 1995: 59). 1% of total expenditure would have been $1,608,370.

CAN THE ACTION GROUP TAKE CREDIT?

As is usual in political actions, a number of factors lead to change. Changes in the Government Health Service could be said to coincide with changes in the staffing of senior positions, whereby people more sympathetic to Aboriginal health needs moved into a number of senior posts which became vacant during the two year study. However staff changes are a constant feature of Government Health Service. Within a space of two years Aboriginal health moved from not on the list of objectives to the first objective on the list. This change had not occurred with previous changes of staff, so the question arises: What was different this time?

Dr Brian's account was that a ministerial directive was given, and funds allocated for an Aboriginal Health Liaison Worker could not be used for other purposes. Certainly action

towards the appointment of a liaison worker started before the Action Group was formed with the attempt to form an advisory committee and lobbying by Katrina in 1992. This appointment, however, does not fully account for increasing the priority of Aboriginal health in the 1995-96 objectives, and the change in attitude from frank opposition to financial and staff support for a community controlled Aboriginal health centre.

I believe there is evidence to show that the action group was a significant factor in this change. The action group did a number of things which affected the ways the Government Health Service talked about and acted on Aboriginal health.

1. The existence of the action group demonstrated that there was a problem of Aboriginal health which was of concern to a group of citizens.
2. The action group challenged the Government Health Service assertions that there were few if any Aboriginal people in the region.
3. By standing up to senior officers of Government Health Service over the location of the mobile dental clinic the action group demonstrated that it may have the capacity to embarrass Government Health Service.
4. The action group produced statistics which, however poor in quality, could be used as a basis for a claim that there was a need for Aboriginal health services.
5. The action group acted as a pressure group for change.

Community development outcomes

This community development project achieved its major goal with the opening of Belah Aboriginal Health Centre and the incorporation of Ganma Aboriginal Health Services. As discussed previously (page 22), Butler and Cass provided a framework for Australian community development in health which lists seven elements. This can be used as a framework to evaluate the Kitya Aboriginal Health Action Group project in community development terms. The seven elements are: control of decision making; involvement in action; development of community culture; organisational development; learning; concrete benefit; and new power relationships (Butler and Cass 1993: 10).

CONTROL OF DECISION MAKING

Aboriginal community members participated to control the Kitya Health Action Group project, including control of the identification and definition of the issue. The action group always had a majority of Aboriginal members, all of whom were members of the Kitya Aboriginal community. The decision that a health service should be the primary goal came

from the community, and was implemented despite opposition from the Government Health Service.

Involvement in action

The project involved the community in action for change through their participation in action group activity, and also through their discussion and participation in other Aboriginal organisations in the region. The action group included Aboriginal and non-Aboriginal people from the local community, Aboriginal organisations, the GP organisation, Government Health Service and a university.

Development of community culture

The project made a contribution to the development of community culture by providing a forum for joint activity and for discussion between different factions within the Aboriginal community, by promoting the self-esteem of community leaders, and by contributing to the identification of a Kitya Aboriginal community.

Through this project knowledge of Ganma as indigenous knowledge and a powerful metaphor, and its relationship with a specific site in the Kitya region, became more widely distributed in the region, especially among Aboriginal people.

Organisational development

The project built a new organisation, Ganma Aboriginal Health Services Inc., and a new service, Belah Health Centre. Ganma Aboriginal Health Services was an outcome of an action group which included Aboriginal and other participants, with an explicit adherence to Ganma as a metaphor for the coming together of indigenous and Western knowledge.

Learning

Participants in the project learned about the politics of health through reflection and discussion. Knowledge was shared in critical analysis of community action. Members of the local community learned how an indigenous metaphor, ganma, can be applied to a contemporary situation.

Concrete benefit

The project provided concrete benefit in the form of health services. Belah Aboriginal Health Centre opened in Nyanor, the town with the largest Aboriginal population in the Kitya region.

It was located in a rented shop front, close to the railway station and bus routes. The centre opened to provide general practice and health education, funded by bulk billing. Services were provided to 190 clients in the first six months of operation.

NEW POWER RELATIONSHIPS

Despite clearly stated opposition from key figures in Government Health Service, during the first six months of operation Belah Aboriginal Health Centre received support in provision of funds and services from the GP organisation, Government Health Service, Aboriginal volunteers, a religious organisation, the State Health Department and from the Australian Department of Health.

Conclusion

This chapter has outlined a successful community development project, which I used as a case study for participant observation of a process of Aboriginal self-determination at the local level. The claims of community development as a means of self-determination referred to in the literature review (Chapter 2) appear to be borne out by the outcomes of this project, in which Aboriginal people achieved their goal despite local opposition from within the Government Health Service.

There are difficulties with the simple acceptance of this conclusion as the conclusion of the thesis as a whole. First, the action group did not use the community development planning which is characteristic of contemporary Aboriginal community development, and did not appear to subscribe to the 'master discourse' of development. Secondly, despite the rejection of the idea of a community based Aboriginal health service by Government Health Service, and the declaration that it would be contrary to policy for Government Health Service to support such a service, when Belah Health Centre was opened it became dependent on financial support and direct services provided by Government Health Service. Paradoxically, when the action group achieved its goal, and showed itself to be capable of self-determination in establishing an independent health centre, that centre became dependent on Government Health Service.

I examine the contradictions and paradoxical aspects of this case study in the following chapters. In Chapter Chapter 6 I analyse the discourses of community and development recorded in meetings of Kitya Aboriginal Health Action Group. I describe a rich discourse of community and no indigenous discourse of development. The apparent success in community

development reported in this chapter is contradicted by findings in the next. In Chapter Chapter 7 I dig below this contradiction to uncover the paradoxical nature of factions, which build Aboriginal community in threatening to destroy it. This prepares the conceptual ground for a close and detailed analysis of the change in power relations between the health action group and Government Health Service which occurred during the study, reported in Chapter Chapter 8 . These chapters reporting empirical findings are followed by a discussion of implications for action in Chapter Chapter 9 .

Chapter 6 Discourses

Introduction

The previous chapter presented a report of a successful community development project. This surface level analysis showed little of the detail of interaction and social construction which produced change, but did reveal some contradictory or paradoxical elements. In this chapter I examine the meanings and relationships constructed in interaction through the use and non-use of key terms. The chapter is divided into three unequal sections. I take a long look at what 'community' meant to actors in the community development project. Then, for reasons which will be clear from the content, a much shorter analysis of 'community development' as the term was used during the project leads to a concluding section in which the lack of a discourse of 'community development' among Aboriginal participants led me to propose an alternative model. In the following two chapters, I continue analysis at deeper levels.

The analysis of ideas of community and community development in this chapter shows that there was no single or unitary notion of Aboriginal community in this setting. Ideas of community vary widely, but more significantly, the word was used in different ways by different people. Notions of community were used in community development, local political activity, and in action to construct new community. That is, discourse of community becomes a political resource in community politics. This is taken up in greater detail in the next chapter, which discusses the existence and activity of factions in the Kitya Aboriginal community. The concept of development was not used by Aboriginal members participating in a project constructed in academic discourse as 'community development'. The lack of talk about 'community development' was surprising to me.

Community

'Community' is a word which is much used in Aboriginal affairs but whose meaning is not agreed upon. The word is present in policy discourse and administrative practice, and is central to the theory and practice of community development, and thereby to the project reported in Chapter Chapter 5 . As I listened to tape recordings of meetings in this project furthering local self-determination, I gained an impression that the word was used frequently and strategically. Computer assisted analysis of transcripts confirmed that impression and

revealed contradictions and paradoxes involving the uses of the word. The analysis of the uses of a single word in the project revealed that below the surface appearance of a harmonious Aboriginal community, united in a common endeavour against opposition, lay strategic discursive constructions and uses of 'community'. This section examines the meanings and uses of the word 'community' using extracts from transcripts which are generally short, but sufficient for this task. The following two chapters contain analysis at deeper levels, using increasingly closer analysis of longer extracts.

There is a rich literature about the uses of the word 'community'. (Toennies 1955; Warren 1965; Stacey 1969; Clarke 1973; Effrat 1973; Rivera and Erlich 1981; Wild 1981; Cohen 1985; Dye 1988; Hawtin, Hughes et al. 1994). It has been called 'one of the most notorious concepts in sociology' (Williams 1983), and this well worn debate will not be revisited here. Community is an essentially contested term (Cox, Furlong et al. 1985: 26-44) with symbolic uses, and it is not surprising that Kooris involved in the Kitya project have different discourses around 'community'. The usefulness of the term lies in its variability, in the lack of agreement on its meaning together with its symbolic and ideological power (Cohen 1985).

USES OF 'COMMUNITY'

A NUD·IST (Qualitative Solutions and Research 1994) text search for the string 'community' was performed with a data set of 18 documents. Two documents (one which repeated data already included and another which was theoretical discussion and not data) were excluded from analysis. This analysis is based on 16 documents, including transcripts of meetings and field notes. The word 'community' was found in 267 text units (paragraphs). In 31 of these instances the word was part of a name of an organisation, program, publication or position such as School of Community Health, Home and Community Care, Kitya Community Profile or Community Nurse.

The word 'community' was frequently paired with another word to form a compound noun. The compound nouns found in the data were: community health; community development; community politics; community participation; community network; community member; community worker; community nurse; community nursing; community consultation; community meeting; community organisation(s); community centre; community facilities; community profile; Aboriginal community; indigenous community; Kitya community; local community; community controlled (organisation).

The word 'community' was used by Aboriginal and non-Aboriginal participants in a number of ways for various symbolic and constructionist ends. I have grouped uses of the word found in the transcripts in an intuitive order, from simple uses to those which seem less obvious. Community is spoken of in terms of geography, population, social organisation, identity, social action, political action, and Aboriginality

GEOGRAPHIC COMMUNITY

The first of six meanings of the word 'community' given in the Macquarie dictionary is 'a social group of any size whose members reside in a specific locality, share government, and have a cultural and historical heritage.' It was in this sense that several Kooris explained to me that there is a single Aboriginal community in the Kitya region. I recorded in field notes that one participant told me that '*Kitya region Kooris are one community, and the community should not be divided*'. The Kitya region is a geographic region with clear natural boundaries formed by water or mountains on all sides. Local government, health, school, community services and other administrative areas generally conform to the natural boundaries of the region. Aboriginal people within this natural region claim to be members of a single Aboriginal community without smaller permanent or named Aboriginal communities within the region. As I show in the next chapter, this does not mean that there are not divisions within the Kitya Aboriginal community, but that those internal divisions are not called communities. Official and other non-Aboriginal sources do not identify smaller Aboriginal communities within the Kitya region.

In the following extract Katrina assumes a geographic boundary between the Kitya region and adjoining areas. This extract frames the community in two ways: as an Aboriginal social group requiring services; and as the outcome of a decision taken at a particular point in time, about five years ago. The decision to be 'our own' community was linked to a rejection of continued dependency on inadequate services from Aboriginal medical services based in other cities. In Katrina's story the geographic community was created by an act of human choice. The people affected by barriers to service provision (whether geographic, social or administrative) chose to become a community defined in terms of place.

Katrina: *All the services were supposed to come from those areas: Sydney to Kitya, right? And they've never ever come. So we've been trying to go to the Dental Clinic, whether it's Sydney or anywhere, we didn't care. And then about five years ago we decided: 'No. We are a community of our own' {940401: 284}.*

References to the 'Kitya Aboriginal community', defining the community in terms of both place and Aboriginality, were frequent, and accepted as references to obvious 'fact'. The acceptance of the existence of an Aboriginal community in the geographic region of Kitya is assumed in the decision to undertake a project to provide community health services for that community.

COMMUNITY AND POPULATION

The director of community health services in Kitya was Dr Brian. For purposes of administration of health finances he distinguished between the Aboriginal community and the general community on the basis of official statistics. In this usage 'community' is a synonym for 'population' The statistical categories of 'Aboriginal' and 'Torres Strait Islander' are constructed from self-definitions (see p. 141). During the course of his meeting with the Aboriginal Health Action Group, Dr Brian said:

Dr Brian: *From the Department of Health's point of view, ... on average the Aboriginal community comprises 1% of the community. Therefore you spend up to 1% of your existing budget on Aboriginal health... {940526: 261}.*

For other purposes, however, Dr Brian's talk of community was grounded somewhat differently. What Dr Brian meant by the word 'community' changed during one meeting from 'population' to something like a local social system (Stacey 1969: 135) with enough internal organisation to offer inducements to attract an Aboriginal doctor. Dr Brian proposed a scheme to support an Aboriginal doctor to establish a general practice near the District Hospital, constructing a parallel between the Government Health Service and the Koori community, and calling for the same sort of decision making capacity as a bureaucratic organisation. Dr Brian's discourse does not give recognition to a distinctively Aboriginal way of making decisions:

Dr Brian: *If we could find one of these people, I mean [an Aboriginal doctor], I can offer the inducement of setting them up and giving them a cottage at, you know, peppercorn rental. But what inducements can the Koori community offer him to get him here? I mean does an Aboriginal doctor want to look after Aboriginal people?*

Ian: *Unless they're people who want to go back and work in their own community.*

Jane: *Yes. You see we all do. I mean once we all come out of training of some type we all want to go back to our own community and do something {940526: 338-341}.*

COMMUNITY AND ORGANISATION

Dr Brian implies that the Koori community, as he conceives it, has a capacity for corporate decision making, like an organisation. This conception was shared by a non-Aboriginal local resident who had undertaken local research in 1991. He was 'willing for me to see and use the report and data provided permission is given by the Koori community' {930723: 110}. He implied the existence of a mechanism by which the Koori community could give permission, but did not state who the community was, through what channel permission could be requested or who could express this permission on behalf of the community. This expectation that the 'Aboriginal community' is able to speak and act like an organisation is not uncommon among non-indigenous people, and parallels expectations at the national level, where state actors look for representative voices who can negotiate and act on behalf of Aborigines at a national level. However the relationship between 'community' and 'organisation' was not seen as parallel by all participants.

Members of the action group constructed an implied distinction between the Aboriginal community and Aboriginal organisations which guided criteria for membership. In August 1993, as the action group was being formed, animosity erupted at a Kitya Local Aboriginal Land Council meeting between two Kooris who had been involved in the Action Group from the first discussions. One of these, Ozzie, was nominated to membership of the action group by the local land council, the other (Alison) was present at the meeting but not nominated. After the Land Council meeting she continued membership of the Action Group 'as an Aboriginal community member' {930723: 132}. Her membership of the Action Group was accepted, and she was later elected convenor. Though Alison could not continue membership as the nominee of an organisation, she did so as a member of the community.

After this event, Ozzie referred to himself as the representative of the 'Kitya community' in the action group. The word 'Kitya' is the name of the local aboriginal land council, and his claim to be a 'representative of the Kitya community' derived from his nomination by Kitya Local Aboriginal Land Council to membership of the action group. In effect this equated 'Kitya community' with the land council, and identified the community with one organisation. This usage was confirmed at the next Action Group meeting in which Ozzie equated 'Kitya Land Council' and 'community' with '*the Aborigines in the whole Kitya region*':

Ian: *Who is the Aboriginal community we're looking for support from? Is it the Kitya community? Is it the Nyanor community? Who?*

Ozzie: *It's the Aborigines in the whole [area], the Kitya region.*

Ian: *In the Kitya region? Which is Kitya Land Council?*

Ozzie: *Yeah.*

Despite the earlier distinction between himself as a nominee of the land council and Alison as (only) a member of the Aboriginal community, here Ozzie equated '*Kitya Land Council*' and '*community*' with '*the Aborigines in the whole Kitya region*'. That is, those who live on Kitya land, not only those who have become members of Kitya Local Aboriginal Land Council. This usage reflected Aboriginal identity and kinship relationships with the land. Later in the same meeting, however, Ozzie made a distinction between the Aboriginal community and Aboriginal organisations. In the following extract '*those offices*' referred to two Aboriginal organisations, Deerubin Aboriginal Corporation and Gunyah Care. Ozzie made two relevant distinctions. The first was explicit, between the community and '*those people in those offices*'. The second distinction, which was implied, was between the community, and those people who were '*wanting to be chief*'. Ozzie appeared to construct two categories: community members; and those 'wanting to be chief'. It is possible that this was a distinction between a community characterised by symmetrical relationships, and '*those people in those offices*' who, in wanting to be chief, sought to establish hierarchical relationships among Aboriginal people.

Marilyn: *We won't get anything [a health service] off the ground if we don't have ... the support of the community.*

Ozzie: *You've got the support of the community. Don't worry about that. It's just those people in those offices up there. They're going to cause a problem, all right. Everyone wanting to be chief. [You] know what they're like {930903: 353-359}.*

A little later in the meeting Ozzie repeated the same distinctions, referring to the people in the offices as 'people in higher places':

Ian: *Nobody's going to give us money unless we've got evidence we've got the support of the Koori community.*

Ozzie: *We'll get the support of the local Koori community. But, er, people in higher places around here! {930903: 584-587}.*

And again, when it was suggested a petition be circulated at a local festival for the Year of Indigenous People:

Ozzie: *We'll get plenty of signatures there. No problem there. We'll have the backing of the Aboriginal community {930903: 693}.*

In a discussion about membership of the action group Jane made a distinction between organisations and the community. Jane suggested that two people who are not members of an

organisation should express the community's thoughts, implying both that the organisational members might have different thoughts, and that the community has thoughts which it would be possible for two people to voice:

Jane: *I reckon we should go for organisational members, and maybe two people so you're getting the community's thoughts. Provided the [names of three families associated with Deerubin] don't all have a monopoly of it.*

COMMUNITY AND IDENTITY

The relationship between Aboriginal and non-Aboriginal people is unequal, in which the disadvantage and subjection of Aboriginal people is almost part of the definition. While the Aboriginal and the non-Aboriginal community are constructed in relation to each other, membership of one or the other community is not equivalent. Any discussion of Aboriginality must take place in the context of the difference in power, wealth and status of the two communities. While identity as white is unproblematic for many non-Aboriginal people, being black is often defined as a problem. For members of the Aboriginal community the relationship between black and white communities can have a deeply personal relevance. Most Kooris in Kitya have Aboriginal and non-Aboriginal ancestry and family members, and Aboriginal identity has been problematic for many. In one conversation Katrina told me her own story about being a member of the Aboriginal community.

As a child Katrina's Aboriginality was denied. Katrina let me, a white researcher, know that she had internalised conflicts between the two communities as part of her own identity. She used to be a member of the European community, and is now a member of the Aboriginal community. When she was young she said she was really a Koori but did not know it. Her true identity was kept from her, but then she knew she was really an Aborigine. Her ambivalent identity was carried into her job, as the representative of a government agency in the Aboriginal community. She introduced her story by talking about the mental health effects of colonial domination:

Ozzie: *They are just taking the culture away.*

Ian: *Absolutely.*

Katrina: *Our language away. I mean that's mental health.*

Ian: *Of course it is.*

Katrina: *It's affecting my age group even. It's affecting some of the younger ones who are still out on missions, or reserves, or whatever they want to call them now.*

Ian: *That's right.*

Katrina: *I was brought up in Tasmania. I hated Tasmania. I can remember even at the young age of ten years old calling people hypocrites. By the time I was seventeen I got out of there by joining the Navy. It's the only way I could get out. I was suffocating down there. And then when we did find out, everybody else knew but we didn't.*

Ian: *Found out what?*

Ozzie: *We were Aboriginal. Everybody else down there knew we were. But my sister and I were Greek or Italian or, you know, that side. We weren't Kooris, we were Italian. You know. And of course, as I got older I started thinking about how I was brought up. And what was happening when I was brought up. And it's a pattern. There's a pattern there. And I didn't think it happened to me. Aw gee, I was lucky, you know, I was brought up in a white community. I wasn't lucky. I was not lucky that I was brought up in a white community. Because it's taken me a long time to come to terms with what has happened.*

Ian: *Well. Look, I know.*

Katrina: *I mean I was wondering why I didn't have any aunties or uncles. I only had pretend aunty and uncle. and I never found that out till later on in life. You know? {940127: 281-301}.*

Later in the same conversation Katrina explained that she had to sell the service she works for to the community because they had never used the service before, and because '*they just don't trust government organisations*'. Katrina identified with the government service, saying '*they ... don't trust*', and '*this is a government organisation*'. Despite her hard work to gain the trust of the community, she thinks they think they have to 'watch Katrina' because 'she knows everything about everyone in the community', and that knowledge is carried into a government service.

Katrina: *I mean when we first started we had about fifteen clients. But as we kept on saying to them: 'You have got to let us get out to the community to find the people, because the people are not going to come in here. They're not going to come in here and say 'I need this, this and this, and I need Home Care'. We actually had to go out and do the footwork. You know. And get down on the streets wherever we could to find out what was wanted. And they'd never had Home Care before. And basically, well, we had to sell the service to them. And also know that they had the trust in us not to, you know, as far as the confidentiality side of it goes. You know it was a really big thing. A very hard time trying to get it up. Very hard. They just don't trust government organisations and this is a government organisation. They think, 'aw, well, I don't want you to know everything about my life. I've had people in the community said 'Aw look. Just watch Katrina. She knows everything about everyone in the community' {940127: 582}.*

Though she identified as a Koori, had a job reserved for an Aboriginal person, and was accepted by representatives of Aboriginal organisations as a Koori, Katrina frequently used the language structures of someone outside the Kitya Aboriginal community. She referred to

the Aboriginal community as 'they' rather than 'we', and paralleled the distrust of her government employer with distrust of herself. Unlike other Koori participants, Katrina spoke of the local Aboriginal community as if it were a unified whole, without internal divisions, in the way non-Aboriginal people did. In contrast, when Ozzie spoke of 'those Kooris' he was referring to a sub group in the community, those in the offices, whom he saw as being difficult. Katrina said she was not trusted by the community, as if the community had a capacity for collective action (or perhaps collective feeling). She then implied a distinction between herself and the community, using a linguistic construction which placed her outside the Koori community. Later, talking about the census, she addressed the local community as 'you', rather then 'we':

Katrina: *...cause that's the biggest thing at the moment. The census. I really get up on my soap box about census, because I go back at the community [and say] 'Now, you get counted' {940127: 842}.*

For some the Aboriginal community was a source of personal identity, and some, like Katrina, carried within themselves the splits and hurts resulting from colonial domination.

COMMUNITY AS A FIELD FOR ACTION

The administration of Aboriginal self-determination assumes the existence of Aboriginal communities, and defines them as a field of action for self-determination. As researcher I saw the Kitya Aboriginal community as a field for community development and action research. In an action group meeting Katrina identified 'community' as the Aboriginal people in the Kitya region, seen as a field for community development action. In the next extract speech Katrina clearly nominated '*Kooris in the Kitya region*' as members of the community. The community was constructed as a field for action undertaken by the action group. Community consultation was included in the action plan as a safeguard against overlooking 'something we've missed out on', and as consumers the community were to be asked 'is this what you want?' But it was the '*workers within the community*' who were seen as active participants in the project, with the community as the context for and the object of action.

Katrina: *I thought another part of the action plan is that as an action group we need to get all of the information together first. And then we hold a full community meeting after we have all the information gathered. Otherwise we won't get anywhere. I think you need to gather that information as the action group, put it all together and then call a full blown community meeting for the Kooris in the Kitya region. Sit down and say 'OK this is the information we've got. You know, blah blah, blah blah. Bang! you know. And then make them have their input. They might think of something that we've missed out on, or they can have some input into that side of it. But I think initially*

> *when you're doing something like this, as workers within the community we need to sit down and get all the statistical information, all the information gathering, all the areas first. And then we go to our people and say 'Hey this is what we're up to. Here is that what you want?' You know otherwise we're going to go around in circles {940225: 1089}.*

The notion expressed by Katrina, of the community as a passive field for community development action, is in conflict with the discourses of community involvement and participation discussed in the community development literature (see pages 19 to 26), but may be a reflection of the notion of community development current in the government service in which Katrina was employed.

COMMUNITY AS POLITICAL FORUM

In another meeting Katrina used the word 'community' with a related but different meaning, as a field for local political action and community politics. Katrina complained that she had not been invited to either of the two meetings of the now defunct health advisory committee. When an invitation to attend these meetings did not arrive, she did not attribute it to inefficiency or oversight, nor to personal animosity, but to community politics. She gave two reasons for her exclusion from the committee. The first was that she knew too much about the community already. The implication was that membership of the Health Advisory Committee would give her more knowledge about the community, and thereby more power in the community. The second reason was that people wanted to get the credit and recognition for themselves. Credit and recognition as a person working for the community was a form of political capital in a community with a strong ethic of generosity. Katrina saw people in the community blocking community development action to develop services because they wanted to prevent one person gaining too much knowledge about the community, and thereby too much power.

Katrina *... they asked me to be on [the Aboriginal Health Advisory Council] but I never ever was told when [the meetings] were on...*

Ian: *Do you think that was personal or do you think sort of factions and community politics?*

Katrina: *I think it was community politics.*

Ian: *That people wanted to stake their claim to control the territory? the organisation?*

Katrina: *Yes. Well over all the years I've been here they've never said anything to my face, but they've always stated to other people: 'Oh don't tell Katrina too much. She knows to much about the community already.'*

Ian: *Right?*

Katrina: *Because we're actually in the homes. Of course we're going to know what's going on in the community. And of course there was that type of thing going around, you know those comments. That didn't worry me though. I mean as far as I'm concerned the people that had the service knew about the confidentiality, and if those people wanted to look at it that way that was fine. But those people that were doing that were also stopping things from happening in the community.*

Ian: *Yes.*

Katrina: *And this is what happens, you know you've got people that want to do community development, want to make sure that the services are there, and you've got people trying to stop you because you have got too much information... The way I feel, I think it's because they feel that I know too much about the community. And they don't want me to be involved in that side of it, they want to do it themselves and get the credit and recognition for themselves. {940414: 100-116}.*

Katrina followed custom by denying that she wanted credit, claiming she was motivated by a spirit of selfless community service:

Katrina: *You know to me, I don't care really whether I get recognition. The thing is as long as we are getting something done, and a service done for the community. {940414: 128}.*

ABORIGINAL COMMUNITY

Finally, in this survey of the uses of the word 'community' in the project, I examine a notion that there was something essentially Aboriginal in the Aboriginal community. Aboriginal communities are represented in the literature, popular press and television as traditionally oriented, rural, usually remote communities with a culture and way of life, which is different because it is Aboriginal. A number of participants in the Kitya project seemed to subscribe to a similar essentialist view of Aboriginal community. Marilyn, for example, had a deep interest in the revival of Aboriginal culture, and was engaged in a separate project to develop a culture camp for children. Marilyn used the word 'community' to construct a discursive connection between traditional or tribal Aboriginal communities and the local urban community.

A little background will set the context of the following extract from a discussion with Marilyn. The two protagonists were Marilyn and Dorothy. Marilyn was a married woman of about 30 years of age, whose eldest child was about 13. She was active in teaching Aboriginal culture to children, and was employed by an Aboriginal organisation. She had lived in Kitya for some years, and had been active in local Aboriginal affairs for two or three years. Dorothy was a mature aged woman, whom I did not met. I was told by three participants that she claimed to be the only surviving Gidja person, and the only Gidja elder. Marilyn and two

other local Aboriginal adults I spoke to were not sure whether Gidja was a variant spelling of Kitya, or a neighbouring tribe. In the following extract Marilyn complained angrily about a claim that Dorothy should be recognised by Kitya Local Aboriginal Land Council as a Gidja elder. In some parts of New South Wales Councils of Elders had been incorporated, but one did not exist in Kitya. According to Marilyn's account, the Aboriginal community can confer recognition of people as elders, and Kitya Local Aboriginal Land Council represented the voice of the Kitya community in accepting people as elders. This power derives from the essential Aboriginality of the local community. As the only body with legal responsibility to care for Aboriginal land, the land council had a claim to authority in the Aboriginal domain not shared by other organisations.

Marilyn: *Yes well we had our land council meeting there last week and that finished at 2.30 in the morning. So ever since that [pause].*

Ian: *What was the argument about?*

Marilyn: *Have you heard of Dorothy and [her husband]. Well they are claiming to be, Dorothy is claiming to be [long pause].*

Ian: *Gidja?*

Marilyn: *Not Kitya.*

Ian: *Right*

Marilyn: *So to be an elder it's a long process. And you can't just claim to be an elder, you have to be accepted from the community as an elder.*

Ian: *Right. So she's claiming through the Land Council for status of an elder?*

Marilyn: *Yes.*

Ian: *Right {940218: 21-40}*

There had been a long standing debate about the tribal name of the people who lived in Kitya prior to white occupation, and the boundaries of tribal areas. There was dispute in the literature, but the most commonly accepted account, which was outlined in resource documents approved by the Local Land Council and Aboriginal community representatives for use in local schools, have Kitya, Gidja and Gidjang as variant spellings of the name of a language group which lived generally to the west of the modern boundaries of the Kitya region. The people who occupied most of the region called Kitya in this thesis, and administered by Kitya Local Aboriginal Land Council occupied a large territory extending southwards. The name of this language group was not recorded in transcripts or field notes, and so far as I can tell, not used during the study period in local Aboriginal politics. Because it did not appear in transcripts I have not invented a pseudonym. The discussion is interesting in

casting light on the construction of community identity in the region as something which was essentially Aboriginal. As Marilyn explained to me:

Marilyn: *But she [Dorothy] won't say Kitya, she says Gidja.*

Ian: *All right.*

Marilyn: *But we asked her what boundaries is [of] Gidja and they're Kitya's boundaries. Because of the misspelling in Kitya, that is what her thing is. But it's still not Gidja {940218: 42-46}.*

During this discussion Marilyn drew a schematic map, which showed the approximate boundaries of the present day Kitya region, not the (probable) boundaries of the area reported in the literature as occupied by the Kitya (or Gidja) language group prior to European occupation. Alison contested those grounds which seem to support Dorothy's claim to eldership, and built grounds which at some point in the future could support a similar claim by Alison herself. This discursive contest occurred within the frame (as the term is used by Bateson (1973) and Goffman (1974)) provided by the land council Meeting. The discourse within the frame had a shape, like the figure and ground in Gestalt terms. The ground is a essentialist concept of Aboriginal community declared by Marilyn:

Marilyn: *... you can't just claim to be an elder, you have to be accepted from the community as an elder {940218: 34}.*

The community can confer acceptance of eldership because the community is Aboriginal. Marilyn was actively engaged in the construction of Aboriginality, with a special interest in teaching Aboriginal culture to Aboriginal and non-Aboriginal children. In discussion she saw the task in Kitya country as the construction of a new Aboriginal community, a neo-gemeinschaft (Rivera and Erlich 1981). Marilyn went on to a discussion of the boundaries of Kitya country, including drawing a rough sketch map. In the course of this discussion she referred to a mountain as a '*community meeting place everyone could use. Every tribe around could use that*' {940218: 302}. Here 'community' was not identified with the people of one 'tribe', as in 'Kitya community' but could includes '*every [Aboriginal] tribe*'. Later in the same discussion, Marilyn referred to 'community' including all Aboriginal people, when she said a downstairs room at Kitya Land Council will be set up '*for all the Aboriginal community to be able to use, and non-Aboriginal*'.

SUMMARY

The word community was frequently used but its meanings were not agreed upon. Among the many uses of the word, none carried negative emotional connotations, and ideas of

community were highly valued by Aboriginal participants. The flexibility with which the word was used, and the ways in which differences of usage were glossed over with positive emotional connotations, made it a useful word to construct apparent consensus on the basis of difference. The Aboriginal people of Kitya were very varied, yet all could subscribe to values of community, and make claims to be working for the Aboriginal community. The appearance of community coherence, and claims of support for a common cause described in Chapter Chapter 5 were discursively constructed out of difference and conflict, through varied uses and meanings of the word 'community'. In this section I have shown that participants in the community development project used the word 'community' in different ways, to construct meanings and social relationships. In the remainder of this chapter I use a similar method to examine discourses of 'community development'.

Community development

In designing this research I had decided to use a community development project as a site for participant observation. I described the project which Kitya Aboriginal Health Action group undertook as a community development project, and participated in the project for about two years before I discovered to my surprise that, though there was a rich and varied discourse about community, I was nearly the only person in the project using a discourse of community development.

A NUD·IST text search of transcripts for 'community development' discovered the phrase in 35 text units (paragraphs) from a total of 35,844 text units in on-line transcripts and field notes (0.1%). Of these occurrences, on five occasions 'community development' was part of a proper name (see Table 16). The phrase was spoken by Katrina, the only Aboriginal person to be recorded using the term in the project, eight times. Keith used the term once, and the remaining 21 instances were directly attributable to myself, in conversation or written field notes (see Table 16).

Table 16: Uses of 'community development'

Uses of 'community development'	*No.*
Written by Ian in field notes	13
Spoken by Ian	8
Spoken by Katrina	8
Part of a proper name	5
Spoken by Keith	1
TOTAL	35

Use of the words as part of a proper name will be excluded from this discussion. The single use by Keith referred to an administrative distinction between 'community development' and 'health' for funding purposes. This is excluded from the discussion as it was referred to only once in the transcripts. In the following discussion I comment on my use of community development discourse and I analyse Katrina's use of the term. I was surprised to find that other action group members did not use the term, so I examine the discourse of the three Convenors and the Secretary of Kitya Aboriginal Health Action Group who did not talk about 'community development' to see what (if anything) replaced 'community development' in their discourse.

REFLECTIVE DISCOURSE

The most frequent use of the phrase was in my own commentary about the project in field notes. This derives from my framing the research project as an inquiry into community development in health, reflecting my professional and research interests. I started the project from an academic and professional interest in community development, within the frameworks outlined by Ward (1993), Kenny (1994) and Butler and Cass (1993). My personal and professional values are in accord with these, with emphasis on participation, social justice, empowerment, and self-determination. During the course of this project I came to appreciate again the importance of a stance which avoids the imposition of my own values (however laudable I may think they are) on the people with whom I work. I came to see that the community development model, enshrined in values which I subscribe to, can be an instrument of domination.

KATRINA

Katrina was an Aboriginal person with para-professional education. She was manager of a government service providing home care to Aboriginal people in Kitya, and saw community development as part of her official role.

Katrina: *The thing is, too, Ian, that in my position as a manager that is part of my duty statement ... to do community development {940414: 132}.*

For Katrina, community development was about service providers improving or expanding existing services, or organising new services for the community. She was aware of values of community participation and empowerment, but found herself sometimes in conflict with community members.

Katrina: *And this is what happens, you know you've got people that want to do community development, want to make sure that the services are there and you've got people trying to stop you because you have got too much information, or you have got... I suppose, the way I feel, I think it's because they feel that I know too much about the community. And they don't want me to be involved in that side of it. They want to do it themselves and get the credit and recognition for themselves {940414: 116}.*

Katrina reports opposition to her community development activity, designed to '*make sure the services are there*', because community members think she has too much information, and they want to do it themselves. In Katrina's view community involvement and participation should come only when development has reached a certain stage:

Katrina: *If I see something that is not working or that needs to be expanded, or another service that needs to come in, I mean that's what I do. Just go ahead and get it done and work on it. And when it gets to a certain development then I'll have a full blown community meeting. Perhaps this is another reason why a lot of people don't like me being involved. I don't believe that you need to go to the community until you get your facts and figures together {940414: 136}.*

Her comment: '*perhaps this is another reason why a lot of people don't like me being involved*' shows she was aware that this view was not shared by everyone. Katrina's use of the term 'community development' excludes key elements of academic discourse, and provides her with a dualistic discourse in which she sets herself apart from her community. She had been taught a community development approach in her para-professional in-service training. Her usage may derive from her employment in a state agency, and approximates key elements of state practices. The discourse of development can be used to extend the reach of the state in dominating local community agendas.

Katrina: *In order to get something off the ground and if you go too early there's a lot of people that might try and stop you. So if you go to a certain level and say OK here's the facts, here's the figures, then people will say: 'Good on you Katrina, you've got your stuff together.'*

Ian: *Yes.*

Katrina: *And they don't understand the nitty gritties of it. And they don't want to know about the nitty gritties anyway. All they want to know is that 'here it is.' Here is the facts and figures. Now there's a full blown community meeting. Now we, 'Oh great, we're going to get another service'. And I really feel that a lot of the community people, you know, if they could do it that way I think we'd have more services on the Central Coast. Because what's happened before is, there's been all this little bitching and fighting of faction. Because nothing has been concrete. You know there's no steps, that you're up to a certain progress of that service. Development, the community development stuff. And that's only me personally, that's how I feel personally.*

Ian: *Yes*

Katrina: *But I do think that that is what we have to do in our community, is the people that have got roles in the community as a manager or coordinator, and they have that community development in their job description. If they see something in their service. They see [for example] that I need a health liaison office, then you go and start developing it. You get to the development stage, then you get the people together. It will never ever work if we don't do it that way. They'll never get them off the ground {940414: 144-157}.*

Katrina makes a specific call for unequal participation. Her approach to community development saw community participation as potential impediment. To be effective, participation should be reduced to participation as recipients of information and consumers of new services. This may reflect a view that community participation is necessary to prevent the failure of state programs, but should not be permitted to compromise rational planning or administrative efficiency. Katrina uses a discourse of community development which does not reflect the values or principles listed in contemporary Australian community development text books (see page 22). Neither is her discourse congruent with aspects of indigenous knowledge discussed as relevant to development. Katrina's notion of community development is inconsistent with professional community development, indigenous knowledge, and two-way thinking, as these have been discussed in Chapter 2 .

In this instance, the employment by the state of an Aboriginal person in a role which included community development did not ensure that either an indigenous perspective or community development approach was used. Discourses of community development and self-determination were coopted for the state's program of rational management. The model of community development Katrina used may be represented as triangle thinking in Mowaljarlai's terms (Bell 1996). The perspective would produce a triangle of participation in actual decision making, with a few elite community members making decisions to be ratified by a larger mass of community members. While this would empower Katrina and a small number of Aboriginal people in key positions, it would not empower the community as a whole and would not tend to make community members 'level'. This contrasts with the pattern thinking, which constructs egalitarian relationships between autonomous people. Katrina's model was an approximation of the organisational model of the government agency which employed her. By employing an Aboriginal person who had entry into the local Aboriginal community and a greater level of acceptance than a non-indigenous employee would have, the government agency extends the reach of the state into the heart of the Aboriginal community which might resist intrusion by non-Aboriginal people.

It could be argued that the actual words 'community development' do not have to be used explicitly in order for there to be community development discussion. Later in this chapter I examine what happened in discussions which were involved in the organisation of a new health service, and argue that the process which led to the opening of the new service could not properly be referred to as a community development process. While participating in this project as a member of the Aboriginal Health Action Group I did not discover any sets of discourses or practices which corresponded to community development discourse in the literature. What I observed and recorded in the action group was series or sequences of talk and action which were distinct from the discourses of community development occurring in Australian Universities at the same time.

OZZIE

The founding convenor of Kitya Aboriginal Health Action Group, Ozzie, did not use the phrase 'community development' at all. A search of all on-line documents revealed that in the meetings he attended Ozzie used the word 'development' only once, and then in reference to land development in another part of the state {940117: 222}. He used the word 'community' often, but not paired with 'development'.

Ozzie was committed to starting a new medical service, and opposed to involvement of local Aboriginal organisations and wide Aboriginal participation:

Ozzie: *I don't want too many hands in the pot, or we'll lose track of it all, you know. When we start this medical service off, if we get too many in everyone becomes involved, and that's where you get your fighting {930903: 136}.*

He made a distinction between the local Aboriginal community and Aboriginal organisations. He asserted that the action group had the support of the community, but did not advance evidence of this.

Ozzie: *You've got the support of the community. Don't worry about that. Its just those people in those offices up there. They're going to cause a problem. ... Everyone wanting to be chief. {930903: 356, 359}*

This was at the second official meeting of the group and there had been no publicity. Only a tiny proportion of local Kooris could have known of its existence. The assertion of community support had the appearance of a rhetorical or discursive appeal to authority. Ozzie's preference seemed to be that a small exclusive group, including competent whites, would organise a medical service, and then provide a service for the benefit of the community. There should be no attempt to involve representatives of local Aboriginal organisations, as this

would result in factional fighting, and slow down achievement of the medical service. Ozzie was vocal in his opposition to the involvement of local Aboriginal people:

Ozzie: *[Have you] had much to do with Aborigines up this way yet? They're driving me mad, they are {930903: 701}.*

This approach has few of the characteristics of the community development model, and is opposed to participation and empowerment, which are important elements of academic discourse. It does not demonstrate a commitment to Koori community values of caring and sharing discussed in some books (Walker 1989; Eckermann, Dowd et al. 1992: 105-108).

JANE

Jane took Katrina's job and became convenor of the Health Action Group in March 1994. Jane did not use the term 'community development', even though she had received some of the same para-professional training as Katrina.

Jane's discourse included a clear implication that something needed to change, and this was expressed in terms of immediate and practical measures. She suggested simple measures, which could be quickly implemented to meet the needs of individual clients. When Dr Glen told the Action Group that some GPs were interested to do something about Aboriginal health, Jane looked for a solution which could be implemented immediately.

Jane: *I mean you look at them. I was going to ask you if these doctors, if these doctors that are interested. I mean if maybe we could get some names so that maybe we can start recommending these people to those doctors now. So that maybe that's giving us a leg in before we start. It's going to take a long time to get this [health centre] going {940526: 249}.*

Jane: *[about Dr Brian's proposal to provide a cottage for a Koori GP] Yes that probably would be more expedient than sort of setting up a medical service, do you think? {940526: 279}.*

She asked about practical steps, testing a proposed course of action for feasibility rather than political or cultural desirability:

Jane *[to Dr Brian]: Yes OK but with these [Koori] doctors how would you chase them up? Would you just go through the AMA or the University or? {940526: 389}.*

At the same time she looked for services which would be available to Aboriginal people, for whom transport was often a problem:

Jane: *All right, would there be a possibility of having one in Kitya and one in Nyanor, maybe on alternative days {940526: 291}.*

or for practical ways in which transport (in this case drivers) could be obtained:

Jane: *And one suggestion was put to me about going to the parole board for people that have done community hours and seeing if there are people in the community hours and that could be used like for their time if you know what I mean. Yes cut a few hours out. Getting some Koori back into the swing of working and so. Which I'm convinced is a good idea as long as they're not people that are car thefts. [laughter and jumbled talking] {940803: 528}*

Jane: *Yes, if not bigger because, there's more people that come and go through Nyanor. So maybe even if it was set up in Nyanor instead of Kitya. Not that I'm saying that. I'm just saying like, because of the population that is in Nyanor it really is quite large. Even though in Kitya there is a big population it sometimes like there's a lot of overload {940526: 307}.*

Jane was the only Aboriginal person to speak in favour of Dr Brian's proposal. Others saw it as not practical, not meeting long term needs and too likely to be under government control. Some other Kooris talked about the use of Aboriginal traditional practitioners or non-medical healers.

Jane: *Well as far as inducing a doctor to do that, an Aboriginal doctor, I think as many problems as there are in country places there are here it's just that it's more open in country places than what it is in that people try to hide it so I mean. Yes, because they think that's where all the problems are. But believe me the problems are just as great here. And I mean I think once you sort of got to a doctor and explained that one of these ones the Koori doctors I think they'd be quite happy to stay. And knowing that they are going to have an allegiance with Dr. Glen and Dr Virginia and all the rest I think it would be very inviting as well. And I think the fact that they would be able to sort of get into a place where. I mean they all go through this, 'What I am going to do', you know {940526: 323, 327}.*

During a meeting Jane gave this summary of the changing project which produced the Health Centre:

Jane: *Yes. And not only with Dr Glen's supervision and help, which is really for the Aboriginal community. And he really wants to see this get up off the ground, and not sort of five years down the track but now. And sort of learn from the mistakes as we go. I mean obviously we know it's not going to be really large when it first starts off. And in the mean time among my duties, I have been working out with Nyanor-Kitya community transport about bus services directly to and from the medical service, to alternate with the women's health centre free of charge. Which hopefully that might, I mean there's a lot more people coming. Now. And also, through my department, I was going to go to one of them. Well I put in an expression of interest to have some extra money through them. Whether or not we can. I've never been one to lobby for money, and I'm not real good at mouthing off. So I just thought that those things might be really good to get it going and get it started without any. Because I thought even with all this. I mean when we have the HIV Educator, we might slip that up in*

there as well. That's a thought that we can look at and especially with all the clinics we can get, like the otitis, glue ear. And you know like the. {940803: 86}

True to her style, Jane proposed practical solutions to situations which she framed as practical problems:

Jane: *Which is fine I guess. So yes Dr Glen has he rang me this week and explained to me that the GPs have got this money for us to be able to set up a medical service and there is a meeting today with the women's health centre. They have been. And women from the representatives are going to be here I presume. They've been given a house, and we were thinking that maybe to get it going even quicker and to help the women's health centre get off the ground as well, that we could be able to, be, probably be nice too. And therefore we'd have premises to get the Aboriginal service going and also women's health centre who need it as well {940803: 62}.*

Unlike some other Koori members of the group (including one who had worked for a women's organisation) Jane did not anticipate objections from the women's health committee or clients to the attendance of Aboriginal men at the clinic. Jane used a discourse of practical expedience rather then gender politics. When potential difficulties were pointed out to her she framed them in terms of practical issues:

Jane: *Um. What's happening is with the women's health group they wanted, they've been given a house down here to set up a women's health centre and we were sort of thinking well I, if we could sort of maybe try and combine the two together. But what I didn't really think of [was] the men's side of women's health centre, and men not being able to go into the premises. And so I really don't think it's a good idea {940803: 260}.*

and looked for alternative solutions to the practical problem of accommodation:

Jane: *Well the owners of this block [where the meeting was held] they've got, they've got rooms. I don't know whether it's still in this exact block or whether it's somewhere else up the road. I was going to have a talk to them and ask them if they would like to lease out. I mean when, I say lease I mean a bit of room {940803: 370}.*

ALISON

The fourth convenor was Alison. Alison had facilitated and provided leadership in the period before the inaugural meeting of the action group, but did not accept nomination in the first meeting. She returned as acting convenor when Jane did not attend three consecutive meetings at a time of heightened community conflict. Alison placed emphasis on the involvement of all local Aboriginal organisations and factions in all stages of the process. Of the three convenors she was the most politically aware, and was a member of a minor political party. A computer search of the transcripts revealed that Alison did not use the terms

'development' or 'community development' at all during meetings which she attended. Her discourse was not a community development discourse. For Alison, participation was framed in terms of politics rather than development. She showed insight into the political situation. In a discussion of funding arrangements she referred directly to the use of funding arrangements as a means of domination. She said:

Alison: *To understand the word domination, I mean you know. I mean, what we're doing. What's the opposite to submission?*

Ian: *Well it's either domination or control. Yes.*

Alison: *Yes. I am making an application, a submission for funds. I am submitting and they are the ones who are dominating {940125: 631-636}.*

Alison was the most outspoken and radical in political discourse of the Koori members of the action group. In a meeting which I attended which was not a meeting of the action group and not transcribed, Alison proposed a non-violent demonstration (standing in the road) to prevent Government Health Service removing an Aboriginal mobile dental service. During the project she was the only person to suggest such tactics. When a suggestion was made that a list of problems with Government Health Service based on discussion at an action group meeting be sent to the Health Service, she spoke against this at an action group meeting, in a way which was not directly oppositional, following the Koori practice of avoiding direct expressions of refusal or opposition. She spoke against a proposal to send a letter expressing direct confrontation with Government Health Service.

Alison: *Yes but see by sending things like 'to be treated like a human being in all the hospitals', I mean {940609: 50}.*

And added an argument that the letter might not reach the people the group would hope to influence:

Alison: *OK you know a letter has been sent, but there's no guarantee that that will go through the structure up there as far as doctors are concerned anyway {940609: 78}.*

Alison then supported a suggestion from Irene that a written procedure be developed for Government Health staff who come into contact with Aboriginal people, as a better approach than writing a confronting letter. Alison expressed support for the proposed GP clinic. Over the period of the project the most favoured location for a GP Clinic was a 'unit' in the grounds of an Aboriginal organisation. This was a fibro building a little larger than a one-car garage which had been converted to an accommodation unit, with three single rooms, toilet and shower facilities. This was not being used for accommodation, and required renovation as a consequence of flooding by water coming down the hill from the neighbouring property

owned by Government Health Service {940609: 274, 334-412}. This unit was considered a good location for the GP clinic for several reasons:

- it was on Aboriginal owned land;
- it was in a central location, in Kitya City;
- it was close to X-ray and other facilities at Regional Hospital;
- it was close to a railway station and bus interchange;
- it was a self-contained building with a separate entrance;
- it had off-street car parking;
- it had toilet and shower facilities;
- it could be used as waiting and consulting rooms;
- when clinic not in session it could be used for health education or other uses;
- rent would be low;
- the landlord operated in Koori ways.

MARILYN

An important part of the role of the community development worker is building community relationships and enhancing existing communities. Community building community implies much more than a social group living in a defined area. It involves promoting the kind of interaction called gemeinschaft by Toennies (Toennies 1925; 1955). This process has been referred to as neo-gemeinschaft (Rivera and Erlich 1981). The task seen by Marilyn, the Secretary of the Action Group, was the construction of a Kitya community incorporating important features of traditional Aboriginal culture. As well as illustrating discourse about neo-gemeinschaft, the following extract is an example of the involvement of an action researcher in the process of change. The dialogue illustrates that, though not expressed in the words 'community development', Marilyn did have a notion of constructing Aboriginal community.

Ian: *When I was working up in the Territory, working with Aboriginal communities that have been on the same piece of land, and have been functioning communities for, you know 40,000 years. And they've had 40,000 years to get their act together. And they're pretty good at it.*

Marilyn: *Yes.*

Ian: *But in the Kitya region that community was wiped out. So you've got a community that is a new community, not a long standing traditional community.*

Marilyn: *That's right they all come from different tribes.*

Ian: *They all come from different places, and you've got to make a community. And there isn't really a model, because you don't want to be the same as the white community.*

Marilyn: *That's it. Yes, exactly. And it isn't the same as an indigenous community that's been on the same bit of land for thousands of years either. You've got to construct something that {940218:875-886}.*

There was a pause, as Marilyn tried find the words to express what it is she was trying to construct. She went on to identify the most difficult part of constructing this new community as learning the politics:

Ian: *It's yours and it isn't, it isn't. You can't just take something else and copy it. It just doesn't work like that, and I think that's a heck of a big job.*

Marilyn: *It is, it's a strain of a job.*

Ian: *It's a great strain, a great strain. And I think all of this politicking is part of the process of, I mean.*

Marilyn: *That's the hard part trying to learn the politics {940218: 887-894}.*

This extract illustrates processes which I thought had been operating in the Koori community, without much conscious and overt discussion. At that time I observed that some Kooris in the Kitya region who were putting effort into developing a community held a belief that the historical continuity between the present occupants and the original people of the region, who had been present at the time of invasion, was irreparably broken. This was a community building effort, an attempt to develop neo-gemeinschaft with Aboriginal features, but not using the discourse of development.

SUMMARY

This chapter, both in its form and its content, shows that a rich, diverse and complex discourse of community existed in the Kitya Aboriginal community during the study period. Discourses of development and community development, on the other hand, were sparse, and derived directly or indirectly from non-Aboriginal sources. Although it is promoted as a means of self-determination, community development is not grounded in indigenous knowledge, and was not a discourse generally used in the local Aboriginal community.

Chapter Chapter 5 showed that all the elements of community development in health identified by Butler and Cass (1993) were present in the Kitya Aboriginal Health Action Group project, but in this chapter I have shown that Aboriginal people did not frame these elements in a discourse of development or community development. In the context of agreement on the goals of the project, while I continued working on what I called a

community development project, Aboriginal members of the same action group did not use this discourse. I discovered after the successful completion of the project to establish a health centre, that while I had been doing community development, Aboriginal participants in the same project were doing something else. The question of what they were doing is addressed in Chapter Chapter 9 . In the intervening chapters I will continue to report empirical findings. In Chapter Chapter 8 I examine the central issue of the thesis, the process of empowerment of Kitya Aboriginal Health Action Group in relation to Government Health Service. Before doing this it is necessary to understand something of the paradoxical roles of factions in the Kitya Aboriginal community.

Chapter 7 Factions

In this chapter I take up an issue which emerged from the process of the project. I describe the operations of factions as they appeared in the project, and undertake some analysis of their paradoxical roles in the process of self determination. Factional conflict threatened the process of effective self-determination, and at the same time was the exercise of self-determination. Loosely organised factions divided the Aboriginal community, and undermined the development of effective Aboriginal organisations. At the same time they were the only indigenous form of local political organisation. They had a levelling effect which resisted the construction and consolidation of hierarchical bureaucracy in the Aboriginal domain.

At times internal conflict in the Kitya Aboriginal community threatened the establishment of an Aboriginal health service. As I described in Chapter Chapter 5 two previous attempts to maintain a health advisory committee had failed, as had a number of development proposals in the region. Factionalism was a topic for discussion in 70% of action group meetings. It was always spoken of in negative terms by Aboriginal participants, who discussed factional politics as inconsistent with Koori values of community and 'sharing and caring' discussed in Chapter Chapter 6 . The discrepancy between the 'is' of community conflict and the 'ought' of community values created the problem labelled 'factionalism'. In one meeting Ozzie commented:

Ozzie: *All those organisations in Kitya, they're fighting one another... You've got the whole lot in Australia fighting. This is why we never get anywhere. We've got to sit down and straighten our own lives out and stick together before we can go forward {940117: 154, 158}.*

Conflict between members of the local Aboriginal community was a frequent issue for debate, at times heated, in action group meetings and other locations in the Aboriginal community. Angry exchanges took place, and on occasions violence was threatened over issues connected with the project. This was seen as a problem, as it was seen as deviating from the Koori ethics of generosity, community service and 'caring and sharing'. The problem of factionalism was most frequently framed by Aboriginal people as a conflict between selfish individual and family self-interest and generous community service.

Factions in Kitya

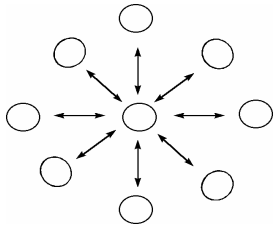
A group of Aboriginal people engaging in political action within the Kitya Aboriginal community was called a 'faction' in meetings of the action group and by some Kooris in other settings. The Macmillan Dictionary of Australian Politics gives a definition which, if translated into the Aboriginal context, works well enough:

> Faction. A section of a large group of people ... which has an identifiable existence and maintains a line on particular matters which is independent of, and frequently counter to, that of the larger group. Factions may be identified by their pursuit of a separate set of policies, by the promotion of one or more of their members for leadership of the larger group or by the espousal of strategies different from those of the whole. The term is often used in a pejorative sense, especially by the larger group, in the sense that the faction is working counter to the good or interest of the whole. Leadership contests ... usually derive from factions. (Jaensch and Teichmann 1984)

Faction is a word which was used in the action group by those directly involved in community political activity. At least two newcomers to the action group asked what a 'faction' or 'fraction' was, indicating that the word was not in general use by all Aboriginal people in the region. In usage 'faction' had a negative connotation, referring to a grouping of people supporting a faction leader in a local political struggle. The negative connotations of the word were present in Kitya, and I did not meet anyone who acknowledged being a faction member themselves, though others may have thought of them as such.

Unlike, for example, factions in the Australian Labour Party which are long lived organised groupings, the membership of factions in Kitya was constantly changing. A faction in Kitya was a loosely organised action set, gathered around a leader with no formal authority (see Figure 3), in a constantly fluid state of membership.

Figure 3: Structure of a faction



After Nicholas 1965.

A key objective of faction leaders was to secure and retain senior salaried positions in Aboriginal community based organisations. Leadership of a faction was facilitated by possession of a paid position, and retention of factional support was necessary to keep some

salaried positions. Faction leaders spent time and effort maintaining personal relationships to ensure the integrity of the faction.

Keeping confidence was an important way in which the boundary of factions was maintained. Breaches of confidentiality, giving inside knowledge to members of another faction, was a frequent accusation. Passing information between factions increased the level of political activity and antagonism in the community, and helped to keep the factions 'level' in terms of access to information. Leaks minimised the advantage that one faction or leader could gain through possession of information, and were a levelling device. Information may be leaked by individuals who belonged to more than one faction, people moving from one faction to another, and through people who were relatives or friends of members of opposed factions.

In Kitya, during the study period, political activity ran in cycles, of increasing antagonism, leading to a situation in which the community seemed almost ready to self-destruct, followed by a rallying to confront an external threat. At least twice factional or personal conflict threatened the continuation of the action group. Anger at an external group helped to bring opposing factions together in a common cause.

FACTIONS AND LOCAL LEADERSHIP

Rowse (1992: 25) and Gerritsen noted than in Aboriginal communities in Northern Australia in the late 1970s there were dominant men who 'seek to control the delivery of services (initiative) and access to them. That is both the basis and object of their power' (Gerritsen 1982: 25). In Kitya there were prominent people, both women and men, whose dominance in the community arose from their control over Aboriginal organisations, and the distribution of goods to members of the community through these organisations. The Aboriginal community in the Kitya region numbered over 2,000. Fewer than thirty people held elected office in organisations, or were employed in senior positions in Aboriginal organisations.

In Kitya this relationship with the community was not one of simple patronage. A prominent person needed the support of an Aboriginal faction or clientele to maintain leadership. Katrina and Evon, for example, competed with each other and with a non-Aboriginal home care service to provide services to Aboriginal families. Their prominence in the community depended in part on being able to maintain a clientele. Aboriginal families, therefore, could exercise control over prominent people by withdrawing or changing their allegiance. This added to the politicisation of service delivery by Aboriginal organisations, already made highly political through funding and administrative arrangements.

Aboriginal liaison workers in government departments held key positions as brokers of resources, including access to government benefits and services. Appointment to these positions was controlled by public service regulations, and could not be influenced by political activity within the Aboriginal community. Because the benefits of their departments were to be made equally available to eligible Aboriginal people, their duties required them to avoid becoming aligned with any particular factions within the Aboriginal community. The Aboriginal Health Liaison Worker attended action group meetings regularly as part of her duties. Aboriginal staff from departments of education, community services, employment and police attended at least one meeting of the Aboriginal Health Action Group, but did not attend on a regular basis. These liaison workers generally avoided becoming directly involved in factional politics.

There were a small number of positions in the Aboriginal community which were open to political contest, and which offered control of resources. The most important of these were the Chairperson and Coordinator of Kitya Local Aboriginal Land Council. The local land council controlled Aboriginal land of significant cultural and economic value. Because there was not a community indigenous to the local area, culturally significant land was controlled by Aboriginal people whose traditional links were to land in other places. During the two years of the study period there were four chairpersons supported by different factions, and three coordinators. At one time one man held both of these positions simultaneously. A ruling from the State office declared it was against the formal rules for an employee to hold an elected position, and he gave up his paid position as coordinator. The other positions of importance in Kitya Aboriginal Land Council were the elected posts of Secretary and Treasurer, and a paid clerical position. The local Aboriginal land council was a political prize for a successful faction. A group which was able to secure enough power to effectively control Kitya Land Council gained legal control of Aboriginal land and control over significant cultural and economic resources. This was a position from which they could make discursive claims to represent the 'Kitya Aboriginal Community'. No group of Aboriginal people in the region held an acknowledged traditional association with particular sites, and no one faction was able to retain permanent control of the Local Land Council.

The monthly general meetings were often long and angry. An issue during the study period was the allocation of Aboriginal land. In early 1994 Land Council meetings on this issue were rowdy. Both Ozzie and Marilyn had plans to secure blocks of land which could be used for projects under their control. During the entire period of the study Kitya Aboriginal Land

Council was engaged in protracted negotiation with a multi-national development corporation regarding a proposed international tourist resort and golf course on Aboriginal land in Kitya. There was Aboriginal opposition to this development on cultural and ecological grounds, but at a time of shrinking income for Kitya Aboriginal Land Council, it promised hope for a very lucrative arrangement. Ozzie was a strong supporter of the development. Alison opposed it on grounds that there was no tendering process, environmental impact statement or cultural impact statement. By the end of 1995 this conflict isolated Alison from the faction in control of Kitya Land Council. Alison was a past chairperson who attended and voted in meetings of the Local Aboriginal Land Council. She had been involved in bringing the unconstitutional arrangement where the same person was chairperson and coordinator to an end, and opposed the international tourist development proposal. She had close personal ties with an Aboriginal person taking legal action against the Land Council. Alison was the most obvious local limiting factor on the power of the faction controlling the land council, and their hopes for financial income from the international tourist development. Alison, Ozzie and Marilyn, who were central players in land council politics, were important figures in the action group.

Another political forum in the Kitya Aboriginal community was Deerubin Aboriginal Corporation. Deerubin's rival was Gunyah Care Service. Evon, the paid coordinator of Deerubin, could not hold an elected position. Evon and her family exercised effective control over Deerubin. The most direct check on the power of Deerubin was Gunyah Care Service. Gunyah was a branch of a state agency. Employment of the coordinator was managed by the State office, and there was no locally elected committee. Though there was not a formal structural relationship between Deerubin and Gunyah, they both received funding through the same government department, and clients could exercise a degree of choice between the two services. Katrina needed customers to expand her service. Evon wanted a political clientele. Some local Kooris believed that the coordinators of both services were able to mobilise their staff and clients for political purposes. Evon, the coordinator of Deerubin, and Katrina, the coordinator of Gunyah, had both run for office as ATSIC Regional Councillors in the previous election which Katrina won. Both ran again in an election during the study period, and this time Evon was elected.

Deerubin and Gunyah competed with each other for customers, and with a mainstream organisation which received funding incentives to increase the number of its Aboriginal clients and staff {931229: 122-125}. An Aboriginal home care service and Aboriginal community options program competed with each other and with a mainstream home care

service which received funding to employ Aboriginal staff to provide services to Aboriginal customers, all in the same geographic area. The overlap between services was not closely monitored by the State government department. An interpretation of Aboriginal self-determination within the state office of the organisation led to separate decisions to fund an Aboriginal organisation, an Aboriginal branch of a mainstream organisation, and the mainstream branch of the same organisation, to provide the same services to Aboriginal people in Kitya. The effect of decision making at state level which was not coordinated at the local community was to generate competition and conflict between service providers. Consultation with three different groups of Aboriginal people to make three uncoordinated decisions to deliver the same service to the same community may appear to be an exercise in self-determination, but an outcome of this was to produce a situation in which service provision to Aboriginal customers became involved in local politics to a much greater extent than in the general community.

Katrina saw in the Aboriginal Health Action Group an opportunity to increase her profile in the local community, and like Ozzie, wished to limit the degree of community involvement. Evon initially opposed the idea of an Aboriginal Health Service, supporting the State Government policy of improving access to mainstream services as an alternative. Her position changed for a period when it was suggested that the health service might come under the auspices of Deerubin. This suggestion was not continued with when questions were raised about the financial arrangements in Deerubin (which were not substantiated in repeated close audits).

The factions were constantly shifting groups of alliances. In October 1993 I was used as a go-between to communicate between Marilyn and Ozzie, who were not on speaking terms at that time. By December 1994 Marilyn and Ozzie were united in a factional bid to gain control of Kitya Aboriginal Health Action Group from Alison. A year later, in December 1995, Marilyn and Ozzie shared effective control of the local Land Council, had both withdrawn from the action group, but were attempting to control the newly opened health centre from outside the action group. All the members of the Health Action Group decried factions. They were seen as inconsistent with the high value placed on helping the community. Actions by members of (other) factions were seen as destructive to community cooperation, harmony and consensus decision making. This did not prevent members actively participating in factional politics.

FACTIONS AND COMMUNITY ORGANISATION

Though factions cannot be defined as Aboriginal organisations, factions in Kitya were formed to gain control of the political and economic resources which were administered by Aboriginal organisations. The most effective way was through direct control of one or more incorporated organisations which had legal possession of resources. If direct control was not possible at a particular time, attempts could be made to secure indirect control. Similarly, if complete control was not possible, partial control was better than none. The main purpose of the activity of factions was to maintain or gain control of an existing organisation, or to establish a new organisation which could distribute government grants.

Some people thought of a factions as the group of people running an organisation. Alison suggested that the health centre, when opened, should come under the auspices of an existing organisation, rather than a new organisation, in order to prevent the formation of a new faction.

Alison: *There were so many other incorporated Aboriginal organisations established in the Kitya region, we just didn't want to, you know, establish another Aboriginal organisation. There's enough factionalism in the Kitya region without creating more. That's why we thought it would be best to have [the health centre] under the auspice of an existing Aboriginal organisation {950315: 196-197}.*

Factional divisions were clearly identified as an obstacle to collaborative community action on community problems. In the one action group meeting which she attended, Evon voiced the view that, regardless of the strategies or programs preferred, the only way the local Aboriginal community would gain additional services would be through action in common:

Evon: *Well, I think if we're going to work together it'll have to continue, that in everything, we decide now as a community. You know whether it be from points strategy or unit programs or cultural issues. Because that's the only way we're going to get anything, is if we're all in together {950112: 88}.*

In this view factions divided the community and prevented the organisation of large scale action under community wide leadership.

FACTIONS AND KOORI VALUES

Possibly the most basic value in Aboriginal culture has been called the 'ethic of generosity' (Hamilton 1981; Coombs, McCann et al. 1989). Superficial analysis showed that people pursuing their personal ambitions for power and wealth through factional politics are acting in conflict with the ethic of generosity. But if local Koori politics rests in the ethic of generosity, to gain recognition a local leader would want to establish a reputation for helping the

community. Aboriginal self-help organisations provide a means of doing this. On one occasion Alison told me: *'It's a power game. They think the clinic is going to be a reality and people want to say "I did this, I did that*"'. People promote their individual political careers by being seen as helping the community. In order to do this they need access to resources which can be redistributed.

In the competition with others for access to scarce political positions and prestige, one strategy was to belittle competitors by accusing them of selfishly pursing their own political ends, without real benefit to the community. At a time when hostility between them was intense, and seen as damaging to community as a whole, Marilyn and Alison each told me they were only interested in helping the community. They were generally agreed on the goals. Alison objected strongly to strategies which Marilyn used, but the point here is that both claimed to be helping the community and each accused the other of selfish greed and lust for power {950111: 19}. To accuse a Koori of selfish greed was very insulting. Actions which individuals said they performed from motives of generous giving to the community were sometimes interpreted by others as selfish pursuit of power. Factional competitors did this frequently during the project.

Aboriginal people, or at least those who participated in this project, placed a value on community participation which was recognised by others. At the second meeting of the action group, in discussion about inviting broader participation, Ozzie recognised the value placed on participating in this project by some community members. When a decision was made to invite representatives of Aboriginal organisations to the action group, Ozzie's prediction of their response showed his recognition that participation would be valued.

Ozzie: *Well I'll go along with that. I'll go along with. What's going to happen is. I'll say now what, what will happen. They'll want to know who's on this Action Group. Why weren't we invited? What happened there? So there we are back again [arguing] {930903: 377}.*

Hamilton noted the enmeshment of Aboriginal people in complex obligations to family and community, the high value placed on caring, sharing and community, and the expectation that self-interest would be sacrificed in the interest of group solidarity, and noted that

> It might be expected that such a regime would produce submissive, obedient, perhaps remarkably similarly charactered persons, who resembled one another and obeyed rules automatically. But how different this is from the struggling, disordered, anarchic, highly individualised Aboriginal [domain] (Hamilton 1981: 149).

The impression that Aboriginal people are conformist is reinforced, Hamilton argues, because 'Aborigines resemble each other most when they are dealing with Europeans (Hamilton 1981: 149), since the roles involved demand situation-specific responses, in contrast to the many faceted roles of kinship and community relationships. Though there are high expectations of generosity and community service, pressures to conform are lessened by the freedom with which individuals can move from one group to another in the extensive system of kinship. Thus a strong ethic of community service existed with a high degree of individual autonomy.

When the stresses or pressures of community life became too heavy it was not unusual for Kooris to move out of Kitya to another town where they had relatives, or at least to disappear from the scene for a time. To give one example, Katrina left a senior position in Kitya in March 1994 to live with family members in another state. Having incurred debt through generosity to extended family, she left creditors and a difficult de-facto relationship behind.

Decisions taken in meetings, with apparent consensus, were not necessarily binding on the members of an organisation. With a high degree of voluntarism and individual autonomy, there were few sanctions available to maintain discipline among members. A decision made in a meeting appeared to be as binding as the meeting could make it. That depended on the political resources of the leadership. The high level of individual autonomy generated an arena in which political leaders generated factions, which over time might become more structured and organised, comparable to the 'companies for business' described by Sansom on the fringes of Darwin (Sansom 1980: 35). The level of individual autonomy, combined with an expectation that meetings would come to consensus, led Katrina, in a one-to-one conversation, to complain about the difficulty of coming to a decision in the community which could be relied on.

Katrina: *It's very hard for other Aboriginal organisations to actually connect and work in with Deerubin, because I've had I don't know how many meetings with them, and even my Area Manager tried to have a meeting with them, trying to get us to work together. We had Aboriginal Community options, we had Gunya Care, we had white community options, we had white home care sitting down and trying to get them together. They were fine when we were sitting altogether, but as soon as that meeting finished you still couldn't work with them out here in the community. You know they wouldn't let us in {940414: 220}.*

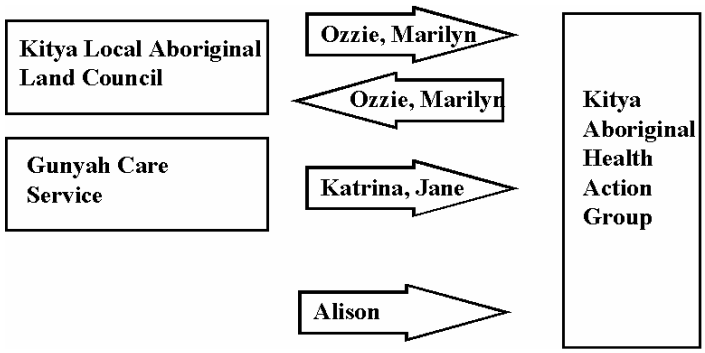
So that even when meetings come to an apparent consensus, participants found the outcome could not always be relied on.

Factions and the health action group

Changing factional alignments in the community resulted in changes in the membership and office holders of the action group. For the first year and a half, Alison declined to take a leadership position in the action group on the grounds that opposition to her may be detrimental to the group. Marilyn resigned as Secretary after she lost in a power play by a recently formed faction including herself, Jane and one or two others. It was frequently asserted that the goal of the action group, to establish an Aboriginal health centre, received broad agreement in the Aboriginal community. Work towards achieving this goal was disrupted by intra community conflict. Meetings were not held, skills and knowledge were lost to the action group, a series of convenors, Ozzie, Katrina, Jane and Alison, were an indicator of a lack of continuity.

Factional leaders joined community organisations, and moved between them, as part of their activity to gain control of resources. Figure 4 is an attempt to illustrate the movement of factional leaders into and out of Kitya Aboriginal Health Action Group. Ozzie and Marilyn became Convenor and Secretary of the Health Action Group. This community service was used rhetorically in their joint campaign for election to the Local Land Council. Katrina, and then Jane, used leadership in the Health Action Group to extend their political activity in ways which the their positions in Gunyah Care Service did not permit. Alison's conditions of employment limited the degree to which she could use her paid position in support for her bid for community leadership. Leadership of the Health Action Group provided her with a forum for community politics without the limitations imposed by her employer.

Figure 4: Movement of factional leaders



Before commencing the project I was informed, first by Alison and then by Dr Brian, that factionalism within the Aboriginal community was likely to frustrate any attempt to sustain a representative committee. Dr Brian and Ozzie had tried to establish an Aboriginal health

advisory committee during 1992. This had met twice, and then had not reconvened because of internal conflict within the committee, which Dr Brian told me reflected conflict between community factions.

Dr Brian had found factions in the Aboriginal community to be an obstacle to getting a single representative voice to speak on behalf of the whole Aboriginal community. When he came to a meeting of the Aboriginal health action group he asked for a committee which was '*representative of all the factions*':

Dr Brian *What I want is a functional, and I say functional because I tried a couple of Koori health committees in the recent past and they've all crumbled away. I would like a truly representative, functional Koori Health Advisory Committee to talk to me. Truly representative of all the factions. Half a dozen people to meet with me and a couple of my key people like the chief nutritionist, so we can set up a formal committee {940536: 470-471}.*

This implied a view of factions as identifiable and relatively long lasting alliances, with enough organisation to choose representatives who would be acceptable to the faction they represent, and acceptable to other factions. This in turn implies that each faction recognised the existence and membership of each of the other factions, and that factions were well enough defined and organised to nominate representatives. Because Aboriginal people keep much information about factions within the Aboriginal domain, and because Dr Brian did not spend time getting to know the Aboriginal community, he had little information about the ways factions operated. Despite this, his badly informed perception of factionalism affected the provision of community health services to Aboriginal people.

Conflict was evident in the inaugural meeting of the Aboriginal Health Action Group. Animosity between Ozzie and Alison had erupted at a meeting of the Local Aboriginal Land Council held a week before, in which Alison, who at the time was Chair of Kitya Local Aboriginal Land Council, was told she could not be a member of the action group as a representative of the land council. She therefore joined as an interested member of the Aboriginal community. During the same inaugural meeting I was told about ongoing competition between Gunyah Care and Deerubin Aboriginal Corporation for clients, as they both do similar work. Marilyn identified this as competition for power in the Aboriginal community. Evon, the coordinator of Deerubin, held an elected position on the ATSIC Regional Council. It was implied that she may have used her ability to provide support services in people's homes as a strategy to maintain and increase political support. No

evidence for this was offered. Alison had been a candidate at the last ATSIC election, and also ran in an election during the study period.

At the first meeting of the action group, in July 1993, it was decided that both Deerubin and Gunyah must be invited to become involved. Ozzie was delegated the task of contacting both these organisations and inviting them to the next meeting. He did not do this. At the inaugural meeting Marilyn and Vic talked about conflict between Aboriginal organisations on the coast. They identified this as a struggle for power. Finally, at the meeting on 3 September 1993, Ozzie resisted involvement of other Aboriginal organisations saying '*If we bring Deerubin into it we'll be arguing for ... seven years*' {930903: 5}. It was decided to ask a 'neutral' non-Aboriginal person to invite them to an action group meeting. She did so, and representatives promised to come. They did not come to the next meeting, but did participate later {931022: 127}.

The project was in real danger of collapse in December 1993 and again in October 1994. Both times the action group was threatened by factionalism and interpersonal conflict in the Koori community. Factions were recognised by the participants as a danger to the action group program.

In October 1994 a series of events, including letters of complaint to Alison's employer and Government Health Service signed by Jane and Marilyn represented a threat to the employment of two members of the health action group. This threat to two members of the action group by the Secretary and Convenor could have easily led to an irreparable split in the action group. This was averted by the members of the action group uniting against Government Health Service as a common enemy over the issue of the dental caravan.

By December 1995 it looked as if the elements needed to start up a small health service were in place, but factionalism continued to be a problem. Alison suggested in a meeting that a new organisation could lead to the formation of a new faction.

Alison: *I mean, I believe that rather than setting up another organisation. I mean, I think there are a lot of organisations floating around Kitya at the moment, that a lot of community members are not aware of. And setting up another one is just creating another. And leaving ourselves open for further, you know I hope it wouldn't happen, for further factionalism. And I believe going under an existing, an already established organisation is the way to go. I don't know. I mean I'd like comments from other members as to whether that's feasible {950112: 56}.*

MANAGING FACTIONALISM

A number of strategies were suggested or used in the management of factionalism. A number of Aboriginal members of the action group suggested limiting participation to a small group of people, as a way to prevent the development of factions seen in other organisations. For example:

Irene: *... I feel that like if we get too many people in that we're going to have the same thing going on like in the Land Council for instance. That's just my personal opinion. Because that's the way we're going now {940609: 1251}.*

Against this others argued for participation by representatives of all the major stake holders, as well as people willing to put energy into the project. As Stringer summarised the issue:

> Including more people in the process may seem to increase the possibilities for complexity and conflict, but it also enables [action research] practitioners to broaden their focus from one that seeks the immediate resolution of specific problems to more encompassing perspectives that have the potential to alleviate many interconnected problems (Stringer 1996: 37).

The issue was debated in the second meeting of the action group. Ozzie, the foundation convenor of the health action group, wanted to keep the action group small, and prevent wide participation, so that factionalism did not disrupt the internal workings of the action group. This would help to maintain control of the project, and in Ozzie's view, avoid conflict which would bog the project down in continuing argument. He was in favour of a small group capable of effective and rapid action. Marilyn said that communication was essential, even if only to avoid duplication, which would also lead to confusion.

Ozzie: *What I think is, we can get our [health centre] off the ground and look at them [Aboriginal organisations] later.*

Marilyn: *But you still, we still have to make contact with them, to see what they're doing, to see that we don't clash. It's no use two people in Kitya working in two different directions. So we have to find out what they're doing.*

Ozzie: *Well I'll find out on Monday. I'll make a visit to the office in Nyanor on Monday. But I don't want to put too many hands in the pot, or we'll lose track of it all, you know. When we start this medical service off we'll do it. If we get too many in everyone becomes involved, and that's where you get your fighting {930903: 131-136}.*

Ozzie remained convinced that the way to avoid conflict and loss of control over the project was to keep the action group small. I expressed the view that community support is essential.

Ian: *But, but, let's have a look at the question of whether we go it alone or whether we involve Gunyah Care and Deerubin, and other organisations.*

Marilyn: *Well?*

Ian: *I don't think we're going to get very far unless we've got the support of the Aboriginal community. And I don't think we should [get far] unless we've got the support of the community.*

Ozzie: *Well, we will get the support. It's just Deerubin and Gunya. I know what they are like {930903: 175-183}.*

Ozzie here makes a distinction between the community and local Aboriginal organisations (see 139). Marilyn suggests the project should not go ahead without community support, as the community would have the power to block the project. This points again to the paradoxical nature of self-determination. If the way self-determination policies are implemented on the ground is not empowering, and they do not enable local communities to do what is necessary to successfully achieve their aims, then local groups can at least exercise power by blocking development which, for whatever reasons, they object to. If self-determination fails to empower Aboriginal communities to determine their own futures, it at least opens up opportunities for resistance.

Ozzie: *Well have a meeting, and another meeting, and another meeting and another meeting. I know. But we'll go ahead. I'll go ahead and I'll see them.*

Marilyn: *Yeah. They must be spoken to. You can't just go ahead and do it without even talking to them because you'd be creating obstacles.*

Ozzie: *No, no, no, no, no. Well, [we] came up with this, getting this medical service going. They've got nothing to do with this {930903: 253-258}.*

But Ozzie remained convinced that involving Aboriginal organisations would generate arguments:

Ozzie: *If we bring Deerubin Corporation into it, we'll be arguing for the rest, for another seven years. I know what they're like {930903: 270}.*

Members of the local community, through an Aboriginal Corporation, may not have the power or ability to provide a health service in a way which is acceptable to them. They probably would have the power to prevent one going ahead which they opposed. This negative power, the power to block, is much better than the feeling of powerlessness which often comes from interacting with government departments which have access to relatively huge financial and power resources.

Ozzie saw the action group developing as another faction within the Kitya Aboriginal Community, with himself as the potential leader of that faction. Alison's and Marilyn's agenda was different, that is that the Health Action Group was not to be another Aboriginal organisation with another faction and another power base for another leader. The action group was to cut across the factions by having representatives from each.

In avoiding an alignment with any particular faction, and avoiding becoming a new faction itself, the Action Group became a forum for political action between factional and individual players. Several people in the project expressed a sense of commonality in being Aboriginal which undercut factional differences. Wilf expressed it this way:

Wilf: *Each and every one of us has got different backgrounds. But it all adds up. It will always come back to the same pile, that is that is black. I don't care what background we've all got it all comes back to one pile {940225: 554}.*

Later in the project Alison expressed her hope of using the action group to bring the community together. She gave this as a reason for her suggestion, which was accepted, that the health centre be named after Nurse Belah:

Alison: *But it's, it's something that is really important. And it's the reason Nurse Belah's name was given. Because I'm hoping above all hope to pull this community together. Because there is too much in-house fighting, as you know, as far as what is happening is concerned. And unless we, unless we do something about it, then we'll never get anywhere. And this is so important, Aboriginal Health because it goes off into wider areas. Like I said, housing, employment and education. It encompasses all of those and I think once we have this, this Aboriginal Health Centre established, you know I mean {950315: 1212}.*

Indigenous explanations

The apparent discrepancy between Aboriginal values and factional actions demands explanation, especially by those who are caught up in factional conflict. Local Aboriginal people produced a number of explanations. Interpretations of factionalism varied. Alison, for example, saw them as a product of difference in the Aboriginal community, while Marilyn put the conflict down to personal antagonism and selfishness.

PERSONALITY

Some Aboriginal participants, including Marilyn, accounted for conflict in the community in terms of personality factors or personal differences. In October 1993 I attended a gathering of the local Aboriginal community as an opportunity to establish contacts and extend networks (Stringer 1996: 44). Ozzie and Marilyn were not on speaking terms. Discussing this, Marilyn told me that personal conflicts between people in the community are too deep to be repaired, though people could work together during business hours. In a later conversation she confirmed this perspective:

> *I spoke with Marilyn after the meeting [on 12 January 1995]. She is very angry today with Alison. Marilyn thinks the personal animosity will not be resolved by*

> *negotiations between organisations, but says the differences between herself and Alison are personal. They will not go away in a Koori community {Field notes 950111: 27}.*

During the two years of the action group Marilyn did not to my knowledge try to repair conflicts between herself and some other members of the action group. An ongoing conflict between Alison and Marilyn became worse over the period, and was problematic for the success of the action group on more than one occasion. Marilyn tried to involve organisations in the conflicts by signing letters of complaint to the employers of Alison and Irene, both members of Kitya Aboriginal Health Action Group, during the project. Katrina was unsure about the explanation in terms of personality, and was beginning to look for a more structural explanation, as the following extracts from a long conversation illustrates:

Katrina: *So I don't know what they're going to do there and how they're going to resolve it [conflict], but it could be a personal thing with me... It might have been just a personal thing between myself and that person {940414: 220}*

Katrina: *I thought about that for quite a long time actually and I'm thinking now... Is it a personality conflict between myself and Evon? Or is it just the way it is? {940414: 228}.*

Katrina: *I think when there is a community development, especially what we're doing here for the medical centre, there's all factions in there too {940414: 368}.*

Katrina begins to express structural explanations in terms of organisational practices. In this explanation factionalism can be overcome through effective steps to ensure participation of stake holders. She also thinks that cooperation is more possible when a group is new.

Katrina: *I think it's because we have got people from every organisation on [the action group]. When, when the [advisory] committee [existed] a lot of people weren't involved. There was a lot of other people that weren't asked to go on it, or weren't advised when the meetings were on, and things like this. And I think it's just done differently, it's done the right way this time. I think that the people that are on the action group, there's quite a few factions in there but we are giving it a go. We're not getting personal things involved in that group. Because we know that there's a service that we want in Kitya, and we've got to make sure it gets there. And I think everybody around that table, there's a lot of people I don't like too, but a lot of people around that table who will do it because we know that that's what have to have here for our people. And I think, see I also think, Ian, that we're only fairly new in Kitya {940414: 376}.*

HISTORY

Factional conflict has a history in the Kitya region, and the roots of some contemporary conflicts were seen in the past. Ozzie thought the memory of historical events influenced contemporary relationships:

Ozzie: *If they can't tell me straight on Monday what they have and what they haven't got, and what line they're going along, it's a waste of time talking to them. Like I just said, 'How long have we been having meetings at Kitya Land Council? We're still apologising for 1981 to one another {932903: 348}.*

In January 1994 I visited Laura, the then Coordinator of Kitya Land Council. She explained that factionalism exists in individual perceptions, not 'out there' in reality. She said: '*Factions comes down to individual perceptions and individual triggers*', not to conflict between organisations. '*People* [I understood her to be referring in particular to Ozzie] *are operating on old perceptions of things which happened five years ago. They need to update their perceptions*'. Outdated historical events continue to exist in people's perceptions. However, factional memberships and alliances were not stable over time, there was little discussion of the history of conflict, and explanations were generally sought in the present dynamics.

CULTURE

For Alison, conflict in the local community was not simply a matter of personal differences but was inevitable as a part of Koori culture. As she explained it to me, conflict arose partly from contradictory values in Koori culture. People tried to help the community, but in practising individual autonomy, people tried to help in different and conflicting ways. But added to this was individual ambition, which, though not regarded as a positive value by Aboriginal people, was part of human nature and found in all cultures:

Alison *'It's absolutely ludicrous to even think that we could come to some kind of agreement. So, I mean we all come from different areas, and I think that we all try to achieve what is best for our people in the long run. It's just that other people go about it in a different way. ... They all want to be chiefs and no Indians. And that's the biggest problem. Sometimes, you know its an egotistical trip {940125: 34, 42}.*

Alison considers personal differences may be involved, but only in the context of culture, '*the way we actually do things*'.

Alison: *I mean, you know Ozzie? Our differences are personal but... But I don't know, maybe it's like I said. It's not personal, it's the way we actually do things, you know? {940125: 54}.*

Though factionalism was embedded in Koori culture, it was an outcome of complex interaction and not unique to Aboriginal contexts:

Alison: *It's a big group where you're going to have too many problems. I mean factionalism happens regardless of whether we've Kooris or not in groups. In groups. Individually, singled out it doesn't fit {940125: 94}.*

And though perhaps unavoidable, it was still regrettable that experienced community workers like Evon and Katrina were in conflict. As she explained to me:

Alison: *I've said it before. The people, the Aboriginal people of Kitya have so much knowledge, you know I mean education, it's a shame, it's such a shame that everyone can't work together. It really is because it's you know, Evon and Katrina, they've been in the game a long time {940125: 46}.*

POLITICAL POWER

By political power, in this context, I refer to the ability of an individual to exercise control over the distribution of resources, including monetary, economic and human resources; that is, in the terminology used by Gerritsen (1982) and Trigger (1988), to be a dominant person. In Ozzie's view the main source of conflict was individual contest for power and money. As the following extract shows, Ozzie himself participated in this contest.

Ian: *Where's all the opposition come from? What's going on there?*

Ozzie: *Within the community. Because everyone, well the majority of them want to be the boss. They want to take over. This is the point: once you get something going you'll get interference, and people start talking. And get these little groups together. But I won't let that worry me, because like we agreed to before, if we can't go over them we'll go around them. It's as simple as that. That's what happens with these blacks who are in organisations. They don't know how to work together because there's too much money involved with all the other organisations, and this is what's causing all the problems.*

Ian: *It's the money that's causing the problems?*

Ozzie: *Yes. Yes. Like if you say to them: 'What are we going to do with this money?', they'll come up with that many different ideas I won't get anything out of it {940117: 123-134}.*

As Gerritsen (1982: 25) noted in north Australia, the political power of dominant people sprang from the ability to distribute services through Aboriginal organisations. In the extracts quoted above Alison said 'they all want to be chiefs' and Ozzie said '*the majority of them want to be boss*'. A major source of political power in the Aboriginal community is the ability to distribute goods originating in the European domain (Rowse 1992: 27). Though traditional indigenous culture is non-hierarchical, in the sense of having not class structures, political

leadership exists. In the unstructured and disorganised Aboriginal community of Kitya, few institutions of leadership existed. Factions were important in the development of indigenous leadership, and part of the process of the construction of indigenous political institutions and organisations.

The various indigenous accounts and explanations of factionalism considered were provided by people who were active in community factional politics. Most were extracted from discussion at action group meetings, that is, from a political arena in the community. Others were from one-to-one discussions with myself, a person who was involved as a neutral figure in local factional politics. If factional politics were, as several people said, about individuals wanting to be 'boss', then the personas presented, and the discourses offered in this context, were the personas and discourses of the struggle to become or remain dominant, a leader. They are the accounts offered in the game by the players, as moves in their game plan.

I do not suggest that the accounts given are insincere or untrue. But they are bound by the logical and communicative frame of the cultural situation. The situation includes the contradictions and paradoxes of colonialism, self-determination and dependent autonomy which are part of the lived experience of Aboriginal people in Kitya. The situation includes the paradoxical behaviour of Aboriginal people who seek to gain a reputation for community service through engaging in factional conflict, which they themselves say is damaging to the community. One way to escape these paradoxes is to move outside the frame of reference of the situation, going to a logically higher level. This is one of the ways in which the researcher can be useful to the participants in the situation. The point of this analysis is not to resolve the paradox, but to make the analysis available for Aboriginal people to use in their lived experience of the paradox.

KNOWLEDGE AND POWER

A connection between knowledge and power was inferred by Katrina. In a long and roundabout way Katrina explained to me that she had been excluded from meetings of an Aboriginal Health Advisory Committee at which the appointment of an Aboriginal Health Liaison Worker at Government Health Service had been planned. She inferred that her exclusion had been organised by Evon, who was Chair of the Committee. Katrina had been to the first two meetings, and had not been informed when the next meetings were held. The first she knew of the outcome was when the health liaison position was advertised by Government Health Service. Other participants told me that this committee had only met on two occasions,

but Katrina claimed she had been excluded. She accounted for her exclusion in political terms, as the action of Evon and her faction.

Katrina: *[Planning for the health liaison position] took about two years I think. You know, I sort of started the ground work, and got all the job descriptions and all the information that was needed, and the statistical stuff, and all this. And then they set up an Aboriginal sort of a board [health advisory committee] I suppose for the hospital. But every time there was meetings I seemed to be exempted in some way. Not being told when they were on. Which is very hard.*

Ian: *Do you think that was personal, or do you think sort of factions and community politics?*

Katrina: *I think it was community politics... Over the years I've been here they've [points in direction of Deerubin Corporation office] never said anything to my face. But they've always stated to other people: 'Oh, look, don't tell Katrina too much. She knows too much about the community already'.*

Ian: *Right?*

Katrina *Because, we're actually in the homes. Of course we're going to know what's going on in the community. And of course there was that type of thing [conflict] going around. But those people that were doing that were also stopping things from happening in the community {940414: 95-112}.*

Katrina *And this is what happens, you know. You've got people that want to do community development, want to make sure that the services are there, and you've got people trying to stop you because you have got too much information. I suppose, the way I feel, I think it's because they feel that I know too much about the community. And they don't want me to be involved in that side of it. They want to do it themselves and get the credit and recognition for themselves.*

Ian: *Is it mainly at Deerubin, you mean? Or is it other people?*

Katrina: *Well it is. And other people as well {940414: 116}.*

This discussion took place shortly after the appointment of an Aboriginal health liaison worker, an event which was welcomed by the Aboriginal community and was seen as a very positive outcome. A positive event such as this is an opportunity for someone to gain prestige by claiming credit for it. Katrina assured me that she was not looking for recognition.

Katrina: *But basically as far as I'm concerned I have the skills there and I want to share the skills.*

Ian: *Yes.*

Katrina: *You know to me I don't care really whether I get recognition. The thing is, as long as we are getting something done and a service done for the community. And we can get that {940114: 124-128}.*

This self-deprecating talk is what would be expected from a person recognised as a leader. In Katrina's view factional conflict prevented the development of services. Attempts to improve services were disorganised and open to destructive factional influences. People working in identified Aboriginal positions and for Aboriginal organisations in Kitya had lower levels of education and qualification than people in corresponding positions in mainstream agencies. They also had heavy workloads of greater complexity because of the multiple problems of their clientele, and lack of specialist training to deal with the particular problems found in Aboriginal settings. According to Katrina, what was needed was a professional approach to community development, which would include knowledge of the steps to take, the procedures to be followed. Katrina was the only Aboriginal member of the action group with any training in community development.

Katrina commented that there were no recognised and agreed upon procedures, which would enable people working in a community development project to know how much progress had been achieved.

Katrina: *And I really feel that a lot of the community people you know if they could do it that way I think we'd have more services in Kitya. Because what's happened before is there's been all this little bitching and fighting of factions, because nothing has been concrete. You know there's no steps that you're up to a certain progress of that service. Development, the community development stuff and that's only me personally, that's how I feel personally {940114: 152}.*

This reflected the high level of uncertainty experienced in community development projects in complex and unstructured settings. There were few indicators of progress or achievement in the action group's project. Uncertainty was increased as an Aboriginal health centre was opposed by the Government Health Service; the group was told that no Australian Government funding for Aboriginal medical services would be available; and that no model was available for a service set up as a collaborative venture between Aboriginal and non-Aboriginal partners.

In this setting the process of self-determination in Aboriginal health was fragile. During most of the study period the local agenda was dominated by Evon and her family, who controlled Deerubin and had some other positions. Under one interpretation, Kooris at the local level did not have the information, knowledge, skills or resources needed to be self-determining in the complex contemporary society. The most basic information which Katrina, and after she left, Jane believed was essential, 'statistics', were not available to local Kooris. They knew of cases, which demonstrated health problems, but this story based knowledge was not believed

to be enough to get a medical service from ATSIC. The approach to government funding was a bit like New Guinea Cargo Cults (Lawrence 1964; Opeba 1987). If the correct rituals were performed, statistics were collected and forms filled out, then money would be provided by the Government (ATSIC). This is the understanding which comes from a 'view from below'. It contrasts with the perspective of the academic's 'view from the side' or the politician's and senior public servant's 'view from the top' {940429: 71}. Knowledge of statistics and submission preparation was seen as important and powerful.

SYMBOLIC POWER

When the health centre founded by the action group and organisation of GPs opened, it was called Belah Health Centre to honour the memory of a deceased Aboriginal nurse who was reputed to be the first Aboriginal person to have worked to improve Aboriginal community health in the Kitya region. The action group consulted with the Belah family, and received the family's permission to use the name. This was on condition that Nurse Belah's memory be respected. This meant the name should not become caught up in the politics of factionalism. The use of this name gave surviving members of the Belah extended family a symbolic platform from which to launch a claim for some control over the health centre. Once the Belah name was hung over the door of the health centre, it became available as a political resource. Members of the extended family claimed a right to safeguard the good memory of their ancestor, through influencing the management of the health centre bearing her name. Members of the family claimed that a clinic bearing their ancestor's name should not be a 'political football', and that family had a right to exercise some power or control over the use of the name and the activities carried out under it. This claim to control over the clinic called by their name was itself a political act. So the acts which claimed to prevent the Belah Health Centre being used politically were themselves political acts, which helped to politicise the health centre.

ECONOMIC EXPLANATIONS

The simplest economic explanation offered by Aboriginal people was that factions competed to gain control over funds. Katrina represented Kitya on the ATSIC Regional Council responsible for an ATSIC region perhaps five times larger than the Kitya region. She explained to me that funding was allocated to ATSIC Regions on the basis of population, but that there were few guidelines for allocation between competing interests and groups within the region. This led to conflict between interest groups within the ATSIC region.

Katrina: *This is just in our [ATSIC] region. This is our region and they're funding us on 9,500 people. And that is why there is still this factions in the communities. On per capita funding.*

Alison was aware of the danger of factional conflict over funds. She hoped to avoid this through participation, by not excluding interest groups.

Alison: *Because then we're not excluding um, we want to keep it so that that it doesn't create factionalism, it doesn't create a, you know, division over funding. We're all part of it because unfortunately when you end up incorporating Aboriginal organisations. Funding is, that's why there's factionalism {940609: 1469}.*

But Alison did not explain what, if anything, was done to ensure participation in decisions made about funding by interested groups within communities in the ATSIC Region (such as groups within the Kitya Aboriginal community). An argument can be made that funding arrangements, especially through ATSIC, encouraged community factionalism. This could be interpreted as a consequence of a relatively successful move towards local self determination. A move to empower local communities and involve them in decision making involved an increase in political action at the local community level. That is, a process leading to increased community self-determination entailed increased local political activity, which in Kitya was labelled factionalism. The funding arrangements through ATSIC led to increased political activity to influence the allocation of funds at the local level. ATSIC did not build a political structure for decision making at the local level. The 'village council' model of Aboriginal Corporation incorporated under legislation administered by ATSIC was not only unsuited to the needs of a dispersed urban population, but was not facilitated by ATSIC. ATSIC permitted small interest groups within communities to register Aboriginal Corporations. Some of these Aboriginal Corporations operated more like family businesses than village councils.

The ATSIC funding arrangements were designed to be flexible and responsive to local need, and were subject to annual review by elected representatives. Allocations to community based organisations were not budgeted for more than one year ahead. Organisations needed to submit for annual funding and frequently did not know at the start of their financial year whether they had been allocated enough funds to complete that year's program. These arrangements made long term planning at the community level futile, and encouraged short term competition between Aboriginal organisations. This increased competition between organisations, rather than encouraging cooperation at the community level, led human and financial resources to be allocated for political activities designed to ensure continuation of

funding. This was another face of the paradox of dependent autonomy. The very arrangements which enabled local self-determination, prevented medium and long term planning by local Aboriginal communities. Evon explained that recurrent funding was not assured.

Evon: *No, they're not. Nothing's automatic in ATSIC. It goes back and the Councils agree on it. And once they're complete it's got chopped in half, because [for example] they get too much money and we're providing a full service. So everything in there's got to go back each year to be approved. So if they go back this year and say, 'Well, we're not gonna fund the medical service at [town]', all that money stays and they give it to someone else {950112: 100}.*

In summary, arrangements by the government to fund Aboriginal self-determination cannot succeed because those very arrangements reinforce Aboriginal dependence on the government and government power over Aborigines. Alison expressed this relationship in a succinct comment that the procedure of funding submissions was a process of domination:

Alison: *I am making an application, a submission for funds. I am submitting and they are the ones who are dominating {940125: 636}.*

INDIVIDUAL CAREER PATHS

There is evidence that at least some of the members of the action group engaged in local political activity as part of their individual career plans. This does not exclude the simultaneous operation of other motivations. In my own case the wish to undertake research for this thesis, as part of my own career path as an academic, was an element in my participation in the health action group. Aboriginal unemployment was high in the Kitya region. A number of individuals saw their best hope of employment in Aboriginal organisations, in positions which might be obtained through the political processes.

Ozzie hoped to be employed through the action group and later in a position in the health service. In a telephone conversation he told me he resigned as convenor of the health action group when he came to the conclusion that there were no funds to employ him, and were not likely to be any. Much later, during planning for employment of a nurse, Alison, as chairperson, asked:

Alison: *Is there any particular question that you would like included in all this?*

Ozzie: *Yeah. See if you can get me a job that will pay me money {950519: 851-854}.*

Effects of factionalism

As discussed in Chapter 4 , research has political effects, and action research can be empowering. The action research problem is not to explain factions, or look for their causes,

but to be aware of their effects and learn how to work for self-determination and liberation in this context. The task of the action researcher, in enabling diverse groups with conflicting agendas and relationships to come together in a common purpose, involved direct action which became part of the political process of the community during the life of the action research project. This carried opportunities and responsibilities (Fals-Borda and Rahman 1991: 15; Stringer 1996: 68).

One effect of constant political change was to bring people level, to prevent development of hierarchical relationships and big variations in wealth. As someone gets powerful they are deposed, so that no individual becomes too powerful or wealthy. Alison and others called this the 'tall poppy syndrome'.

Trigger found a similar egalitarian ethic in his study of Doomadgee. He offered an explanation as something other than cultural continuity, which as Rowse (1992: 20) points out, is a circular explanation. Trigger suggests that in the colonial situation in which Aborigines are effectively excluded from all but the lowest levels in the hierarchies of class and status, Aborigines might well question the legitimacy of those hierarchies.

> It seems plausible that part of a strategy of resistance would instead be to develop a determined public (egalitarian) ethic, designed to 'cut down to size' any of those within the Aboriginal domain who appeared to be seeking acclaim according to the criteria perceived to be institutionalised throughout non-Aboriginal society (Trigger 1988: 539).

Dealing with the reality of conflict within the community is part of the task of the action researcher. It is not adequate to observe from a position of artificial neutrality, as this stance places the researcher in a colonial relationship with the people he or she is researching. My presence as a researcher, use of professional skills in re-framing issues of potential conflict in meetings, my non-alignment with any particular faction and judicial use of meeting procedures provided a forum in which members of the Aboriginal community who are in conflict outside the action group could come to work on issues without the meeting degenerating into accusation or blaming. This intervention in political processes is a necessary role in community based action research (Stringer 1996: 72).

Action research is a creative process which involves building a new vision in the community. The researcher looked for a way in which the energy of factional conflict could be transformed into creative activity through dialectical or reflective action. I expressed the hope that the health action group could present a solution to factionalism.

Ian: *It's not up to me, but what I think is ... that what happens in a lot of communities is that the families or factions or whatever they are get control of individual organisations one way or the other. And the local conflict between Aboriginal people is often ends up being conflict between organisations. Now I think it, personally think it would be a pity if the health action group became one more Aboriginal organisation for one more faction to take control of and get caught up in the same kind of business { 940609: 1425}.*

Boissevain argued that factions are found in all parts of the world, and are a form of social organisation basic to any political process. (Boissevain 1974: 192). The traditional political institutions and forms of political organisation indigenous to the Kitya region were completely eradicated by the beginning of this century. Before the introduction of the self-determination policy no Aboriginal organisations existed in this region. Most, if not all, indigenous people in the region had their family origins in other parts of Australia, and could not claim traditional links with particular sites in the Kitya region. The task during the study period was the development of indigenous organisations in a region without indigenous institutions. But the only models for organisations available and permitted by law were non-indigenous models. Factions were therefore the main form of indigenous political organisation.

According to Boissevain (1974) a faction has a single leader and a clear common goal. In Kitya a key strategy for faction leaders was to achieve control of an organisation which could dispense services, jobs and other goods to members of the Aboriginal community. This brought the power to reward faithful followers and clientele, resources which could be distributed with generosity, and opportunities for community service. But more importantly for this thesis, factions represent an indigenous form of political organisation which is not under the control of non-indigenous, particularly government, agencies. In the Kitya region during the study period factions were unstable and constantly changing. This in part reflected the levelling effect of community conflict, which prevented any one factional leader or potential faction leader, seizing monopoly control of the resources for power in the Aboriginal community. It also reflected the divisive effect of funding arrangements. In what may be yet another paradoxical effect of the self-determination policy, factions could be the wellspring of indigenous autonomy.

Conclusion

The existence of factions in the Kitya Aboriginal community did not prevent action to empower local Aboriginal people in relation to the state, as I show in the next chapter. It may be that factions are necessary to the development of local Aboriginal political institutions in a

region where indigenous political institutions have been destroyed. In the Kitya situation, where hierarchical political organisation is imposed by the state in the name of self-determination, factions are the only form of indigenous political organisation, and factional activity has a levelling effect, which acts against the development of hierarchical forms.

Factions, taken with the indigenous models of ganma, and moiety division, could provide the creative energy for the construction (or reconstruction) of healthy indigenous communities in Australia. Ganma provides a model for the building of alliances through interaction between factions and existing groupings within communities. It can be expected that conflict will continue, as part of a pattern in which the meeting of two streams is marked by lines of foam. The dynamic interplay between forces, at the point at which conflict occurs, can be viewed as part of a larger pattern. The larger pattern could be viewed as a network of interconnected local support systems. These possibilities are taken up in discussion in the final chapter. Some understanding of factions and the internal political process of the Aboriginal community of Kitya is necessary to understand the process of empowerment in relation to Government Health Service, which is described in the next chapter.

Chapter 8 Empowerment

In this chapter I examine in detail the process of empowerment and self-determination in a specific local setting. The chapter is in two main parts. A brief report of Aboriginal people's experience of Government Health Service is followed by a report of strategies for empowerment discussed in meetings of Kitya Aboriginal Health Action Group. The second and most important part describes a process of change in which the action group became empowered in relation to Government Health Service. Through close analysis of interaction in Kitya Aboriginal Health Action Group meetings I give a detailed description of what the health action group did to shift power relations between the action group and Government Health Service. I explore the ways in which contradiction and paradox were present in this situation and provided opportunities for disadvantaged people to exert leverage. This detailed analysis shows the working of a strategic response to domination. I do not present an impartial account. As a researcher I was a participant in Kitya Aboriginal Health Action Group with a commitment to the group and its goals. I was active in the process of empowerment which is the focus of study.

This chapter shows that empowerment of a fragmented local Aboriginal community is a process rather than an outcome. Empowerment is something which is done, rather than something which is achieved. The starting point for this analysis is what Aboriginal people in Kitya Aboriginal Health Action Group said. I use annotated extracts from transcripts and field notes. Discourse in the meetings of the health action group was a free flowing association of ideas which followed the agenda for the meeting in a loose, semi-structured way. Though the chair of the meeting or some other person would from time to time, bring discussion back to the agenda, quite long apparent detours were accepted. There was usually no time limit placed on discussion.

The context of this study is a continuing colonial relationship. At the start of the project there were no Aboriginal health workers employed in Kitya Government Health Services, and no community based Aboriginal health or medical services in the region. Members of the Aboriginal community voiced strong complaints about the Government Health Service in meetings of Kitya Aboriginal Health Action Group. As described in Chapter Chapter 5 , a lack of satisfaction with existing health services in the Aboriginal community led to the project's main aim, which was to establish an Aboriginal health service. This was opposed by senior

staff of Kitya Government Health Service, and bureaucrats and professionals used a range of strategies to extract benefits from Aboriginal people. At the end of the project a community based Aboriginal health service opened. Kitya Government Health Services employed an Aboriginal health worker and subsequently provided direct support to the Aboriginal health service. What happened in the action group to produce this change is of central interest in this chapter.

Kitya Aboriginal Health Action Group was clearly caught in paradoxes of self-determination and dependent autonomy. The Federal Government, with Paul Keating as Prime Minister, was following a policy of self-determination for indigenous people. In trying to exercise local self-determination in community health, the action group hoped to develop a health service in collaborative partnership with Government and private health services. The health action group found that the Government Health Service was prepared only to offer the same services to indigenous people as they offered to the general community.

Discussion at health action group meetings and other forums repeatedly emphasised the importance of providing Aboriginal health services in an Aboriginal way. This referred to communication patterns, recognition of kinship ties and responsibilities, and encouragement of Aboriginal healing practices, including the use of bush herbs. In a discussion during the project I commented that:

> Aboriginal people want to do things in a Koori way, but the government only gives the money for them to do it in the government way. Like, one man was telling me that he thinks an Aboriginal Medical Centre should have bush medicine, but the government won't pay any wages for people to work with bush medicine. So people might want to do things in a Koori way, and the Government talks about self-determination, but only lets them do it in a white way {Field notes 940311: 186}.

When Dr Brian and other senior staff of Kitya Government Health Service proposed solutions to Aboriginal health problems, these solutions were always framed with an expectation that Aboriginal people, not Kitya Government Health Service, should change. In broad terms, the proposed solutions were about access to the range of existing services offered by Government Health Service. The service providers were expected to become more aware, accepting, approachable or accessible. But the organisation of existing services was not expected to change, and there was no offer to provide new services (except Dr Brian's suggestion of an Aboriginal GP in private practice, which would not be under community control).

Following two centuries of exclusion, Aboriginal people were expected to make use of a health service conducted by a Government with a history of two centuries of colonisation,

genocide and oppression. The Government Health Service could help the Aboriginal community to achieve these changes, for example by employing an Aboriginal person to encourage them to make use of mainstream health services. Irene said a big part of her job was to encourage Aboriginal people to make use of the Regional Hospital and Government Health Service. This was an illustration of the paradox of self-determination.

As discussed in Chapter Chapter 5 , members of the Kitya Aboriginal community identified a number of complaints about the Government Health Service. These complaints were not based on single events or incidents, but were seen by members of the action group as typical of established practices in Government Health Service. These were analysed under six headings (pages 96 to 112). These complaints illustrate how members of the action group experienced Government Health Services as part of a dominating state which did not meet the health service needs of the Aboriginal community. Their analysis of the situation can be stated in terms of a model of indigenous resistance to domination by the state, which in turn implied a distinction between hierarchical triangle thinking and egalitarian pattern thinking. Pattern thinking underlies the ganma metaphor, which, as we shall see, was important to the health action group.

Strategies for empowerment

Kitya Aboriginal Health Action Group was successful in achieving its major goal, of establishing an Aboriginal health service in Kitya, against opposition from Government Health Service. As reported in Chapter Chapter 5 , this success included Aboriginal control of the identification and definition of the problem to be worked on, and the shape of the solution implemented. This local Aboriginal control of the project extended beyond available models, to a new model for Aboriginal health service delivery constructed within the local Aboriginal community. The construction of a health service on the ganma model and its eventual support by Government Health Service represented a change in power relationships between Government Health Service and the action group, and through them with the Kitya Aboriginal community. In this section I examine strategies for Aboriginal empowerment which were considered or tried by members of the action group. Strategies considered included educating the oppressor, change from within, and information for empowerment.

EDUCATING THE OPPRESSOR

In the March 1994 meeting, after some time spent on preparing a list of complaints for Irene to convey to the medical and other staff at Government Health Service, Roger, a non-

Aboriginal community activist, moved to consideration of strategies for change. In doing so he presented an alternative to the domination-resistance model which seemed to be implicit in Aboriginal critiques. Roger attempted to re-frame the discussion in terms of a state bureaucracy lacking understanding of the special needs of a disadvantaged group, rather than the cultural difference and domination framework used by the Aboriginal people at the meeting. Implicit in Roger's model was an underlying assumption that Government Health Service was fundamentally willing to meet the needs of the Aboriginal community in the region, but lacked information or understanding of their needs. Roger attempted to cool down the expression of feelings about the way people had been treated in the hospital system. He suggested that some European people are afraid of hospitals and the treatment they receive from medical and health professionals, and that the way to improve things was education for staff, rather then expressions of anger and resistance. In the ensuing discussion Aboriginal members implied that Roger did not recognise or understand their experience, and that attempts to educate would not work with people who did not want to learn, or who thought they already knew what they needed to know, and did not see any necessity to learn. The discussion is an interesting debate between a supportive Anglo-Australian perspective, and the perspectives of Aboriginal members of the group.

Roger: *... We know already there is an underlying thing within, whether its the hospital system or within bureaucracy. We're all probably very aware of that. But it makes it doubly worse when you've got disadvantaged members of the community. When this particular business or whatever goes on. It still exists. So you've got a double fight on your hands, in some respects. I mean if you could say for the European there are people that still have that fear of hospitals, and establishments and the way in which you are treated. And you know that kind of thing well enough as it is. So when we're talking of education, as strong as we can feel and jump up and down with the feelings that we've got about this. I'm not saying that you have to pull back and not say how you feel. I think we need to do that, but, on the other hand we don't want to be off side so we have to use our grey matter*

Katrina: *That's fine, Roger, but we've been against this all our lives. OK?*

Roger: *Of course.*

Katrina: *And we know how to handle that situation when we go to meetings and how we come across in meetings. Because we've been doing it all our lives.*

Roger: *What I'm really saying I suppose, from my perspective is, I know and do feel very, very great in my heart, I do feel this very much. But what I'm trying so say is, that to develop relationships with individuals who are part of that committee, which is an education in itself. I mean that's another hurdle that you've got to overcome. I think that if we're going in cold, knowing what we want and what our rights are within the*

community. And actually win over, and developing a relationship with people. Then you've got more of a solid sort of situation on our side.

Katrina: *Roger, it doesn't work that way.*

Sam: *No.*

Roger: *Well maybe. That's what I'm saying.*

Katrina: *Look. I've been in Kitya for thirteen years. I've been in Gunyah Care for nearly nine years. I have done a lot of talks to doctors and nurses and specialists and mental health teams, and whatever else. They're bigots.*

Roger: *Oh, OK.*

Katrina: *Dead set bigots.*

Jane: *And they say one thing to your face and as soon as you walk out the door.*

Jane: *And it doesn't matter what you say. You can talk for two hours, right, on all our health issues, and get nowhere with them.*

Roger: *Perhaps I'm being diplomatic {940325: 313-342}.*

Katrina expressed the view that there was nothing the action group could do to change entrenched racist attitudes

Katrina: *All right maybe if we can discuss, I don't know whether you want to discuss that now but, and how we're going to over come these problems or, you know, just put down things. Because people who have, I mean like Alan Jones [a radio talk show host with a reputation for racist comments]. I mean they have instilled attitudes. You can instil attitudes, but there is no way you're going to change them. Nothing that we can try to do is going to change [them].*

Alison: *That's right.*

Katrina: *But maybe you know, I mean you need genuine things that are actually genuinely are concerned about health, Aboriginal health on the committee, and I think we need to discuss ways of actually... {940325: 434-440}.*

The Aboriginal members of the health action group were united in their strong affirmation that racist attitudes and practices in Government Health Services would not be changed through a few workshops to educate non-indigenous staff. Alison, Irene and Katrina, unlike Roger, spoke from their direct experience of racism. Roger was a well informed non-indigenous person, committed to action in support of Aboriginal people, who had been friendly with Alison and other indigenous people for some years. But in Kitya racism was not overt, and even non-indigenous people like Roger, who was committed to social justice and had known Aboriginal people personally, may have had no direct experience of the racism which continued to affect the lives of most Aboriginal people.

The minority Aboriginal population in Kitya constructed an Aboriginal domain as part of their resistance to European domination. There was a social distance, an experiential gap between Aboriginal people and others in Kitya. It was difficult to communicate across this gap, because the assumptions and frameworks of meaning were different on each side of it, and also because Aboriginal people protected the symbolic borders of the domain within which they could be Aboriginal. Roger suggested that some workshops could help to develop a better relationship between Aborigines and Government Health Service.

Alison: *We've got to discuss who goes on to that working committee.*

Ian: *Yes.*

Roger: *Well what I was going to say is that in relation to establishing that maybe we can also look at the idea in the development of that relationship of having perhaps some sort of workshops.*

Alison: *But you won't.*

Katrina: *That's what I was saying. You won't. When you have instilled bigoted attitudes. Nothing we can do.*

Roger: *We know there is nothing will be changed over night. You know that.*

Irene: *You won't change these people's attitudes for the next 200 years.*

Katrina: *Workshops won't do it. The only way we're going to get through to these people is by how we've got that liaison, Irene, now in that hospital system, and because she's in there everyone's aware that she's there now. And she'll keep on talking and talking and talking until her voice goes and then with our people that are on that working committee with the doctors that Irene plus the Koori people here pick to go on that committee. The ones that are going to do something you can always. Look I've been, when I used to go round to all the doctors right. Most of the time I couldn't get past the secretary. So in the end I just said I want to see the doctor I'm from Aboriginal Gunyah and I want to see the doctor now. You know, and that's how I used to have to do it. So that's how I got in to see the doctors in the end, and a lot of them, not all. But there's a lot on the Kitya here that have actually looked into Aboriginal Health and they're very aware of it and they want to do something to help. And if we can get back to those doctors get those first and then look at the pig headed ones out here get the ones that at least have a little bit of an idea. They mightn't have their cultural ways or anything else but they have a bit of an understanding {940325: 441-456}.*

In the next extract Roger defended against what he saw as an implication of naivety, and members of the action group supported a move to avoid an overt split in the group. Though Roger's argument was difficult to follow, he referred to Australia as multicultural. He asserted '*there's a lot of similarities'* between Aboriginal people and members of other cultures. Katrina responded that '*they've also got to understand our cultural ways*'. In the short interaction Katrina called for multiculturalism to be a reciprocal relationship. Rather then

framing Koori culture as one among many essentially interchangeable cultures, Katrina spoke from a assumption that indigenous culture has a special and distinctive place in Australia, as the first culture. This sets it aside from all immigrant cultures, including the dominant Anglo culture. She was also unable to consider the position of indigenous people apart from the power dimension of relationships with non-indigenous people. There was a responsibility on hospital staff to understand Koori culture in a reciprocal way. This view, which placed Koori culture on an equal footing with other cultures is consistent with ganma thinking. The aim would be to bring cultures level, rather than to make one subject to, or dominated by, another. Many staff of the hospital and Government Health Service operated within a frame of reference which assumed professional superiority within the dominant of Anglo culture, which itself has a deep assumption of its own superiority. These representatives of Anglo and health professional culture lacked an Archimedean point outside their own culture. Though they moved in the same physical space (the hospital), they did not have direct experience of the context of racism in which Aboriginal people lived. They lacked intellectual tools for critical analysis of their own assumptions, and did not question their assumption of dominance.

Katrina's '*they've also got to understand our cultural ways*' could be interpreted as a rejection of the assumption of the dominance of Anglo culture, at least in principle. I am not suggesting that Katrina had some Archimedean point or critical tool which is available in Koori culture, but not in the dominant culture. She is perhaps as immersed in Koori culture as nurses and hospital administrators are in theirs. However, the discourse reported in this thesis indicates that Koori discourse, like ganma metaphor, provides a basis for 'coming up level' (Harris 1988) to egalitarianism, rather than seeking hierarchical relationships.. This may stem from the position of Kooris as members of a subject culture in a colonial situation, from the egalitarianism of indigenous Australian cultures, and as Gerritsen (1982) suggests, a discourse of egalitarianism may arise in resistance to domination by hierarchical structures. Whatever its origin, the observation of a discourse of resistance and egalitarianism among Kooris, and a discourse of hierarchy and dominance among non-indigenous Australians is important to my thesis. It is a local manifestation of the distinction between Western triangle and indigenous pattern thinking noted by Mowaljarlai (see **Table 2**).

Roger goes on to situate Aboriginal culture as one of many essentially equivalent cultures in multicultural society. Katrina assumes pattern thinking in which different cultures are

arranged as essentially equal and different, but her experience is that this assumption is not shared by those whose culture assumes its own intellectual and political superiority.

Roger: *I'm not being naive when I make that sort of suggestion. I mean I'm only saying that perhaps it's a pie in the sky to say: 'Well look, OK you can go on struggling with this concept of workshops or relationships and understanding.' But once you have some people like those people that you say you can get back to, those where there's been already some link, and there's been some study on that the relationship that we develop with those people, in regards to really nutting out where you fit, where you're coming from. I was even saying to Irene yesterday, it really is an existing thing as far as even the whole concept of multiculturalism. All the culturalists or cultures that are coming in from other parts of the world have a very strong identity if you like. As far as indigenous people, because their culture, there is a lot of similarities in some respects. And we are called a multicultural society, but we're not very much down the track. Where you really have the majority of society really looking to multiculturalism, and its cultures and its feelings and all those sort of issues. And what I'm really saying is that I know it's not an overnight thing, but it is if you're, if the committee and the relationship that you're working with. And you're winning over people that don't pull together or agree with all your ideas. I was saying this with Irene, if you can work on the things that you can agree upon, in relationships, and having an understanding about these issues. And I think we've got to relate those issues to those people.*

Katrina: *Of course, but they've also got to understand our cultural ways.*

Roger: *That's what I mean.*

Katrina: *And they're not going to understand that if they're bigots. You can talk to them until the guni comes out of your... {940325: 457-464}*

Guni is a Koori word for faeces. Alison joined Katrina in an expression of anger stimulated by Roger's support of multiculturalism. She expressed her frustration at Aboriginal passive resistance to domination by medical professionals on the basis of their professional knowledge. She challenged the notion that university degrees provide white professionals knowledge of what is best for Aboriginal people.

Alison: *And I mean I'm fed up I mean I am totally had it up to here with us being the passive ones.*

Katrina: *Yes.*

Alison: *They've said, I've had enough.*

Katrina: *We've been passive long enough.*

Alison: *And why just because doctors have their degree they think they know what's best for us.*

Katrina: *Yes.*

Alison: *I mean the number of them.*

Roger: *It's like when you go I mean.*

Alison: *I mean they're the kind of people that we're actually going to be negotiating with {940325: 465-482}.*

Roger then proposed an account in which power and authority were granted by the compliance of those subject to it (Sharp 1973 expounds this idea). An account in which people invest professional people like doctors with power by our attitudes of respect and obedience. Katrina interpreted Roger's account as a suggestion that it is something about Aborigines which evokes bigoted attitudes from doctors. She responded with information that non-Aboriginal people experienced difficulties also. She saw the fault in the Government Health Service system and its staff.

Roger: *Yes. There are many of us that put up our own barriers. I mean because we say: 'Oh well, that's a doctor', or 'that's a solicitor'. Well we put up our own hurdles in any case. And we need to break that attitude down, and this is what you're saying you're fed up with this passive attitude.*

Katrina: *Roger it's not only just the Aboriginal branch of Gunyah that have had trouble breaking into the health system in Kitya here. But it also been the odd non-Aboriginal branch they've had problems too. So it's the actual health system here and the people that are in it, that are really bad.*

Roger: *Well we have some people who refer to that as a medical Mafia.*

Katrina: *You know. So I mean that's what we're up against.*

Ian: *Look I'm sure there are people that there are different people in the hospital system some people who want to learn, whose attitudes are positive who are very supportive. There are other people who don't know very much who are ignorant and who are ready to learn and willing to look at their own attitudes. And there are other people who are just bigoted and we're not going to change. But one of the things I think is that it's not fair for the 98% of the population who are not Aboriginal to expect the one- and-a-half or two per cent of the people who are to take responsibility for changing our racism and our own cultural values. That's our responsibility {940325: 483-492}.*

At this point I spoke as a non-indigenous worker in indigenous community development. I challenged what I saw as an implicit victim-blaming, in which responsibility for changing the racist attitudes of Government employees was placed on those who suffered the effects of racism. I expounded a view oriented to action for change. My focus was not on trying to directly change attitudes, but on changing practices in the concrete situation. Action should be taken which encouraged Government Health Services to provide services for Aboriginal

people, regardless of the attitudes of staff. My view was that action should be directed towards changing practices of domination This was supported by Alison.

Katrina: *Mm that's our responsibility.*

Ian: *And it is my responsibility as a non Aboriginal person to do what I can within my own culture to change the racism that I've been brought up as part of and I've had to work on myself.*

Alison: *You're not going to change ninety eight per cent of them.*

Ian: *And I think our focus, I mean sure if we can help to educate and change people's attitudes of course we will do it, but I think our primary focus should be on changing the practices. I think if the charge sister is racist and bigoted and she goes home and thinks what the heck she likes that doesn't matter quite so much if there's a hospital policy which is practised which says that large numbers of people who are relatives or extended kinship can visit seriously ill patients in hospital.*

Alison: *I think that's what we need to work on. That's exactly what we need to work on.*

Ian: *Hospital policies, hospital practices which make it possible for Aboriginal people to be sick in dignity and in a way that they get the reasonable care. I think it's got much more to do with what happens than with what people believe or how they feel {940325: 491-504}.*

Aboriginal members of the action group declared that staff of Government Health Service would not change, and attempts to change Government Health Service (such as the workshops proposed by Roger) would not succeed. The group generally, but not unanimously, agreed that change in actual practices, and in implemented policies, would be more important than changes in attitudes. The list of complaints about Government Health Service listed on pages 96 to 99 did not constitute an agenda for change because Government Health Service made no commitment to acting on complaints, or changing in response to Kitya Aboriginal Health Action Group. The action group did not decide to take specific actions directly aimed at changing Government Health Service.

CHANGE FROM WITHIN

The action group expressed support for proposals that Government Health Service should meet health needs of the Aboriginal community, and for changes to policies, procedures and practices which would improve services provided to Aboriginal people. The action group refused to take responsibility for changing a large and well resourced government service. Katrina proposed that slow change could be achieved by a person in Irene's position as Aboriginal Health Liaison Worker within Government Health Service, by getting support

from sympathetic staff in the service, and educating those who showed a willingness to learn. Through these measures slow change might be achieved.

Katrina: *Can I just say something? My sister's the Aboriginal Health Liaison Worker down in Geelong Hospital. She's been now doing it for thirteen years. The first five years that's how long it took her to actually get through to the hospital system down there. Five years. You know, now it's like she owns the hospital. You know, she just goes in there. Her people go in. You know? She's notified immediately as soon as the people go in. All that side of it where you need notification if there's a Koori person in hospital. You know? With that Aboriginal Health Liaison that's happening now. But it took the first five years. You look at Gunyah. How long did that take to actually go? The first five years I had 40 clients and under. We are now in our ninth year and we've got 167 clients. You know? So I mean so it takes a good five years. It takes time and I think that's all we can do is just keep on talking, keep on making people learn, keep on educating. With. Irene in there it might, you know. And with the committee, because she doesn't have a committee down there, but with that committee as well I reckon we'll probably be able to break through a bit quicker.*

Ian: *Yes.*

Irene: *I also want to add that I did have one doctor approach me and she is really willing to learn. I can't think of what of her name is but she said that there's also a few others.*

Ian: *There will be.*

Irene: *That are interested.*

Katrina: *Yes so I mean this is what you need to do is get the names of those people.*

Irene: *Yes there's probably nurses too especially up in Medical One and Three that are really interested in working with Aboriginal people learning the culture and doing all that stuff. They're the ones that you get to.*

Katrina: *Yes they're the ones you're going for first {940325: 505-520}.*

This strategy of change from within involved Aboriginal people employed by the state working for change within the system. People in this position can be subject to conflicting expectations between the state which employs them and leaders in the Aboriginal community. They could be expected to give the Aboriginal community their first loyalty. One example of this is reported later in this chapter (page 206) in which Irene is told:

Alison: *Bugger Government Health Service they only pay you {940609: 726-727}.*

The strategy of 'change from within' received support from Aboriginal members of the health action group, especially while Alison was seen as maintaining her first loyalty to the Aboriginal community.

INFORMATION FOR EMPOWERMENT

Following Irene's appointment as Aboriginal Health Liaison Worker, Dr Brian related to her as an Aboriginal person who would tell medical and other health workers what the Aboriginal community thought should be on the local agenda for Aboriginal health. At one level, this could be interpreted as an attempt to empower the local Aboriginal community by listening to their concerns and priorities. But the listeners were educated professionals, with specialist knowledge and access to statistical resources and other cultural capital and resources. The professional models they worked in discounted knowledge which did not conform to the professional paradigm. It was in their sphere of responsibility, and within their expertise, to do something about Aboriginal health without shifting responsibility for their professional activity to people who they would not count as professionally qualified. This was akin to victim blaming. The structure of the exercise ignored the imbalance of power, including control of financial and knowledge resources, between the two parties.

The Government Health Service, through an Aboriginal person, asked the Aboriginal community what it wanted. But there was no change in the allocation or control of resources. Neither the Aboriginal worker nor community were granted the power or resources to produce any of the changes they might ask for. Even resources for effective consultation with the Aboriginal community were not placed at the disposal of the Aboriginal Health Liaison Worker. She was simply asked to ask the Aboriginal community. Without adequate resources effective consultation was not possible, so the answers returned could be ignored or dismissed, as not representative or lacking validity. The request for information as to what the Aboriginal community wanted, by ignoring the dimension of power in the relationship between Government Health Service and Kitya Aboriginal Health Action Group, reinforced the power imbalance. A development activity, as it was implemented, was an exercise in domination. The action group used the appointment in other ways.

Irene, the Aboriginal Health Liaison Worker, was able to use the action group to convey information, including good news, from the hospital system to the Aboriginal community. Without an Aboriginal liaison worker this information would probably not have reached the Aboriginal community, and the value of a liaison worker in empowering Aboriginal people in negotiating the hospital system was illustrated. Jane suggested that practices should not rest on the whim of individuals in the system, but should be entrenched in the structure of policies. She did not see a policy which made accommodation available to some visitors, but not all as equitable. The general policy restricted access to relatives who lived outside of the region. It

seemed to be relatively easy to negotiate exceptions to this policy, at least from within the system. However, without an Aboriginal health worker in the hospital, Aboriginal patients and relatives were unlikely to know how to negotiate they system. Cultural differences were again illustrated. Hospital staff appeared to accept the need for accommodation for relatives who come from far away, but not relatives who lived in the Kitya Region. Given the poverty of many Aborigines, limited public transport in the region, and the importance of family being close to very sick relatives, the policy was not seen as satisfactory. This was seen as yet another example of the administration and rules of the state conforming to the cultural expectations of non-Aboriginal, but not Aboriginal people. In the following extract Mack looks for a bureaucratic solution to this bureaucratic problem.

Irene: *Well I've got some news there, because I had a family came in and they put them up, lodged them for a week I think it was. Without paying any fees or anything. Breakfast in the morning. They give them bed with their breakfast.*

Katrina: *They shouldn't have to pay.*

Irene: *Well see the lady in charge she said that they had to pay something. Three dollars a night or something like that. And I got back on the phone and I said, 'These people just haven't got any money'.*

Katrina: *I mean they've travelled down to come here.*

Irene: *Yes.*

Mack: *Is that policy there, it says that, or just they did it?*

Katrina: *They just did it.*

Irene: *They did it. I think there is a policy.*

Mack: *That's what I'm after. That's what you need to have something like that. That's what Ian was talking about. There's got to be [a policy] somewhere there.*

Alison: *I think there is a policy there.*

Irene: *Is that for lodging?*

Mack: *Yes.*

Irene: *Yes, there's one.*

Jane: *But that's only for country like.*

Katrina: *Country people not local people.*

Irene: *Because these people came not from Kitya but came from out of the Kitya region.*

Jane: *Oh no the son's, the son came from up here.*

Irene: *Yes and him and his wife and his sister came from Sydney him and his wife they stayed up there as well.*

Jane: *Yes but that's what I was about to say the lodging. When I first asked the lodging was only available for the one that came from out of Kitya.*

Katrina: *Out of Kitya.*

Jane: *Not from the ones from Kitya.*

Katrina: *And we're saying is that we also have them for the ones that are in the Kitya region.*

Jane: *Yes because when I rang Irene. I said even though you're only coming say from here to Nyanor that's an awful long way when somebody's dying.*

Katrina: *Yes {940325: 656-950}.*

Inside knowledge of government agencies and exchange of information can be empowering, when this information is shared with members of the Aboriginal community. However, transfer of information from the Aboriginal community into the government department can carry risks of disempowerment.

CULTURAL PROPERTY

Irene asked Kitya Aboriginal Health Action Group to suggest a slogan which could be used by Government Health Service in pamphlets and other Aboriginal health promotion work. After considerable lively interaction the Group agreed on the slogan:

Health Revival is Survival.

The slogan was an adaptation of another slogan widely known in the Aboriginal community, *'Cultural Revival is Survival'* and indicates the link between indigenous culture and health perceived by the action group. While the group was generating the slogan it was not clear whether the slogan would be used by the health action group or Government Health Service. Then the question of ownership and control of this piece of intellectual property was raised, and interpreted in terms of control and autonomy. This discussion throws light on the perceived relationship with Government Health Service. For the first time the action group had something which Government Health Service wanted, and the action group claimed control over. In this discussion local autonomy is contrasted with the centralised control of the Health Department, in which some decisions '*go all the way up to the Minister'*, removing local control.

Ian: *Irene asked for a slogan. Now it is that slogan the slogan that we can claim, or is that a slogan that Government Health Service want?*

Irene: *They may want one. They also want one.*

Alison: *But they want to have control over it. That's the point.*

Irene: *Yes, they do.*

Ian: *So who are we suggesting 'Health Revival is Survival' [is for]?*

Irene: *For our own slogan*

Ian: *For the action group slogan? Or are we going to give that to Government Health Service? Or are we going to give them permission to use it?*

Katrina: *I would say we have to negotiate with Government Health Service on that issue.*

Roger: *Well yes I would suggest though, that if we're saying to them: 'OK you've asked us to be involved with something with the Government Health Service', but you put forward this. Not necessarily giving it to them. Because if then something comes up where they're happy with their phraseology whatever that may be. Providing that phraseology links in with this. So you can often have whatever they're saying, I can't think of anything right at this point of time but the health and revival survival has always got to be in tune with whatever their heading is. I know that sounds a bit complicated but ...*

Alison: *No, I understand what you're saying. {940325: 1528-1544}*

Ian: *I'm a bit cautious about, yes. I think we really need to think about whether we do want to give this to Government Health Service. Because if the Department has a slogan then the Department will use the slogan for their purposes, and I'm not sure whether this slogan really reflects what the Department is likely to do. Because I don't know that the Department is strongly in favour of revival of Aboriginal health practices and Aboriginal cultural practices that promote health. And what I get from that slogan is one of the messages is; there's a lot of ways you can read it which makes it really good slogan; but one of the ways it can be read is that the revival of culture and revival of traditional health practices supports and encourages the survival of indigenous people, and that traditional practices are something that we can really learn from them and be proud of them [animated talk].*

Mack: *The experience I have with these people, that's sort of the issue. The sort of thing that Ian is talking about will not be made. The decision regarding whether use or not use [the slogan] is not going to be made in the region by the Government Health Service. It's one of those things that going to go all the way up the Central Office all the way up to the Minister.*

Katrina: *And then, yes, the Minister will approve it.*

Mack: *That's right because it's a big issue here.*

Ian: *And then the Department will have it.*

Katrina: *That's right, the Department will take it {940325: 1563-1574}.*

The group goes on to recognise the slogan as intellectual property of Val, who thought up the slogan. She is granted by the group the right to decide on use of her slogan, though Val is careful to voice the consensus of the group.

Jane: *Do you want to sell your rights to that Val?*

Val: *No leave it like that.*

Jane: *I mean Val didn't know that she said all that [animated talking and laughter about the unforseen meanings in the slogan]. She didn't know how well off she was.*

Val: *I think it's for us.*

Katrina *Yeah, for us*

Ian: *Right.*

Marilyn: *So the slogan for you through Government Health Service. We haven't got one yet.*

Val: *For our people, something they can relate to when they see that.*

Irene: *I'd like to be around to see your mind when you came out with another one.*

Sam: *Why can't they think of their own slogan? {940325: 1575-1602}.*

The extracts quoted illustrate the detailed consideration given by Aboriginal members of Kitya Aboriginal Health Action Group to proposed strategies for empowerment. Their action was grounded in their experience of oppression, not derived from theory or books. It was carefully considered and well thought out. Action which was not thought to be effective or valid was not taken. It has been necessary to understand that members of the action group did not adopt conventional wisdom or use a preconceived theoretical framework as they worked to produce change in power relations between the action group and Government Health Service.

Community change process

All that has come before this point in the thesis has been necessary to understand the process of change which I observed as a member of Kitya Aboriginal Health Action Group. In the remainder of this chapter I describe what I observed and recorded of that process. Members of the Kitya Aboriginal Health Action Group were faced with a complex set of difficult problems and a series of contradictions. Having decided to establish an Aboriginal health service, they were told that Government Health Service would not support their proposal, but nevertheless, the action group were asked to provide support for Government Health Service initiatives. The relatively wealthy government service refused to support a community group with meagre resources, but called on these few resources to support Government Health Service programs. Government Health Service invited the health action group to assist in changing Government Health Service, but, as we shall see, did not act on that invitation. The health action group decided not to try to change Government Health Service, but succeeded in changing the concrete practices of the government service by doing something else. The study of these Daoist-like paradoxical actions, producing change through non-change, takes up most of the remainder of this chapter. It is consistent with the ganma metaphor, in which the

generation of brackish water depends on the salt water remaining salt and the fresh water remaining fresh, and yet each is changed in the interaction between them which produces brackish water.

The action group engaged in a process of community change and local Aboriginal self-determination which I reported in Chapter Chapter 5 as having all the elements of community development in health described by Butler and Cass (1993: 10). I showed in Chapter Chapter 6 that this did not involve a discourse of development, and in Chapter Chapter 7 I showed that an absence of harmonious community cooperation did not prevent empowerment. The remainder of this chapter describes the process of change in some detail.

NEGOTIATION WITH GOVERNMENT HEALTH SERVICE

NSW Government policy, as outlined in the 1993 *Aboriginal Health Goals for New South Wales*, includes statements that:

- There is a need to correct the inequality in the allocation of resources for Aboriginal health through better access to the public health care system and the allocation of resources in accordance with the proportion of Aboriginal people within the community.
- The public health care system and Aboriginal community controlled health services have a joint role to play in the delivery of health services and programs to Aboriginal communities (Office of Aboriginal Health 1993: 7).

With the publication of these health goals the NSW Minister for Health announced the 'Government's commitment that within a decade 1 per cent of the Health budget will be spent on Aboriginal health needs' (Office of Aboriginal Health 1993: 1).

Although Dr Brian acknowledged that up to 1% of their budget (which would amount to more than one million dollars in the current year) should be spent on Aboriginal health, he clearly stated that '*the Health Department ... isn't going to support you to have your own medical service*.' However Dr Brian did make an '*offer that I've already taken past the Board*' for support for an Aboriginal doctor to run a '*proper private practice*.' He stated that support for an Aboriginal medical service was contrary to Health Department policy, but offered a subsidy for a private practice. He drew a distinction between Aboriginal medical services, and '*proper private practice*' and proposed a course of action which did not appear to have come out of discussion with any Aboriginal or other community organisations. He claimed to have taken the proposal *'past the board'* prior to any discussion with Kitya Aboriginal Health Action Group or (to my knowledge) any other Aboriginal organisation or group.

Kitya Aboriginal Health Action Group made a number of unsuccessful attempts to establish dialogue with Government Health Service through channels in addition to the liaison provided by Irene. Dr Brian, who was Director of Public Health, was invited to attend two meetings of Kitya Aboriginal Health Action Group, but he failed to arrive. After a request from local general practitioners, he did attend a meeting on 29 April 1994 to which a representative of the regional organisation of general practitioners also came. During that meeting Dr Brian made the position of Government Health Service quite clear.

Dr Brian: *From the Department of Health's point of view, their attitude is that the Kitya Government Health budget is, that's what it is. What we're getting now. Right, but they're also saying: 'Look, on average the Aboriginal community comprises 1% of the community. Therefore you spend up to 1% of your existing budget on Aboriginal health.' But they're also saying that Aboriginal health has got to be integrated into the existing services. In other words they're not going to support or fund a parallel thing. So in other words the Health Department by policy isn't going to support you to have your own medical service. However, I happen to also be on the Faculty Board of the University and you're probably aware, or I imagine that you would be, that they hold up to three positions in the medical course each year for Aboriginal medical students. Now I think there's about fifteen actually coming through the system at the moment, surprisingly, and I believe there's been a couple who have actually graduated. Right? Now if some how or other we could collaborate to attract one of those, the compromise I could offer, that I've already taken past the Board up here, we would provide a cottage immediately beside Regional Hospital somewhere. Like, you know, the next house or somewhere there. And you know we'd give it on a peppercorn rental. But the arrangement would have to be that that doctor ran it as a proper private practice. You know billing on Medicare the whole. We would support it. He would be accessible to refer to drug and alcohol or the diabetes educator. It would all be here. We'd support in terms of a cottage if somehow or other we can get the doctor to set up here and run a proper private practice {940429: 261}.*

Dr Brian's discourse illustrated the paradox of dependent autonomy. The model of an Aboriginal GP in private practice framed the special health needs of Aboriginal people as the same in kind as those recognised for immigrants from non-English speaking backgrounds. That is, there was a need to provide medical services by someone who could speak easily with the patients, and understand their cultural context and needs, however their needs were seen as essentially the same an everybody else's. There was no recognition that some ways of organising the delivery of health services might be more culturally acceptable than others. Despite their claim to a special status as the indigenous people of Australia, in this discourse Aborigines were positioned like any other interest or ethnic group, whose needs should be met within mainstream services. Dr Brian invoked the bureaucratic authority of the regional Health Board in support of his proposal. He did not seem to recognise that his audience might

feel alienated from a government appointed authority which did not include Aboriginal representatives, or consult with them. Nor did it apparently occur to him to consult the Aboriginal community before going to the Board.

At this meeting five models for provision of health services to Aboriginal people were discussed:

1. existing mainstream health services,
2. a community controlled Aboriginal health service;
3. an Aboriginal GP in private practice;
4. a GP clinic for Aboriginal people;
5. referring Aboriginal people to GPs identified as sympathetic.

In the meeting Dr Brian made a clear request to set up an Aboriginal health advisory committee, to which the action group responded. Dr Brian left the meeting after about one and a half hours. Dr Glen from the organisation of general practitioners remained. Dr Glen continued discussion of a possible joint venture between GPs and members of the Aboriginal community, a model which can be understood in terms of the ganma metaphor. Dr Glen addressed practical requirements for a service, including premises. The possibility of using premises belonging to an Aboriginal organisation for a health centre was discussed. A building known as 'the units' at Bamal was vacant because of problems of drainage from the block next door, which belonged to Government Health Service. The discussion tells the story.

Irene: *What happens is from the block next door which is the Government Health Service's is, when it rains they've got no drainage or anything there. And it runs straight into the units. And its like it gets wet when it rains.*

Ian: *On the concrete floor inside the rooms?*

Marilyn: *Carpet floor.*

Dr Glen *Oh well a little ditch can be dug on the side to get rid of the water.*

Alison: *Yes well it needs to be repaired before you can even use a premises like that*

Dr Glen *Oh that would be ideal.*

Irene: *Yes {940609: 273-287}.*

Marilyn: *Yes. That drainage thing has to be done and it needs carpets and...*

Alison: *Brought up to scratch before you could allow anyone to go in there.*

Dr Glen *The Government Health Service wouldn't mind doing that if it doesn't cost him much.*

Vince: *They've got a maintenance staff up there anyway.*

Marilyn: *Yes.*

Alison: *Well we've got to get them to agree that they are liable. The Kitya Government Health Service won't admit liability.*

Ian *But without admitting any liability they might do it as a gesture of good will in order to get Aboriginal medical services going.*

Dr Glen *Yes. Because they supported the idea anyway.*

Alison: *Well what they've got to do is put adequate drainage on their land. That is their responsibility whether they like it or not. On their land {940609: 325-339, 346-347}.*

When approaches were made through Irene and Dr Brian Government Health Service continued to refuse to alter the drainage off their land, denying that they had a legal liability to do so. Attitudes towards Government Health Service at this time were illustrated by joking interaction around Irene's workload. Someone in Kitya Aboriginal Health Action Group suggested that Irene could help to prepare a press release. The joking reinforced an expectation that Irene's first loyalty would be to the Aboriginal community, represented by Kitya Aboriginal Health Action Group, rather than to the government agency which paid her wages. This reinforcing of divided loyalties, between the state as her employer and the community as her client, was a technique of resistance to domination.

Irene: *I'm going to have to do two press releases, aren't I? One for Kitya Aboriginal Health Action Group and one for Government Health Service?*

Alison: *Bugger Government Health Service. They only pay you.*

Irene: *What was that? [with expression of surprise].*

Alison: *Bugger Government Health Service they only pay you.*

Irene: *Yes.*

Marilyn: *She can say she's employed by them but she's a member of the Kitya Aboriginal Health Action Group and this is what the Kitya Aboriginal Health Action Group have got going [laughter] {940609: 726-737}.*

The collaboration between the action group and the GP organisation brought together the key professional and cultural knowledge required to provide a primary health care service to the local Aboriginal community. Following information which Alison and Dr Glen received that Government Health Service would neither provide a cottage nor fix the drainage so that the units belonging to Bamal could be used, the situation was discussed within the GP organisation. In the next action group meeting, nearly two months later, Dr Glen reported on a

number of developments within the organisation of general practitioners. The organisation had appointed Keith, a non-medical professional, as a project officer. On Dr Glen's recommendation they had made the development of an Aboriginal health service a GP organisation project, and had asked Keith to devote part of his paid time to this project. They proposed that the GP organisation apply for funds through a scheme to promote GP involvement in community health, and approved a call for volunteer GPs to donate time to the project. Dr Glen outlined a practical proposal to establish a health service with volunteer GPs, which was not dependent on support from Government Health Service.

Dr Glen *We can kick it off part time in a field office rather than opening up something full time, and so do we want? We [the organisation of GPs] also recently have appointed Keith to help us out in getting our projects on a streamlined or smoother application and approval. And decided that we should invite Keith to come along as well. And you know, he could help when we do apply. Basically too, you know, I have applied for a grant from the Federal Government. And don't worry about Government Health Service. Perhaps Government Health already knew that we could do it, so therefore they don't want to spend the money. You know that could be the reason why they withdrew their, you know, their policy. And that could be the reason you know. They thought that: 'Oh well the GPs can apply for grants, then let them do it.' So, in fact the GPs, then you get towards the stage of sending out call for people who could, you know, spend half a day. And we give them two or three half days, and give the other none. Even half a day a week to begin with is a start {940803: 170}.*

Meanwhile, the state Director of Aboriginal Health demanded that Government Health Service make a strategic plan for Aboriginal health in the region. To achieve this Government Health Service needed information from the Aboriginal community, and was able to obtain this from the health action group through Irene. Members of Kitya Aboriginal Health Action Group provided information and support to Irene, for the Aboriginal health strategic plan. While Government Health Service was refusing support for Kitya Aboriginal Health Action Group, the action group was providing support to Government Health Services. With the help of students, who prepared a draft community profile, and Jane who produced statistics which gave a rough profile of illness in the Koori community (information which Government Health Service did not have) the action group was able to collect information from Aboriginal people and organise it in ways which met the needs of the local Aboriginal community. They made this available to Government Health Service. A meeting for members of the action group to have formal input to the Government strategic plan for Aboriginal health did not eventuate {940803: 660-683}, however Government Health Service used data provided by the action group to describe the community and its needs. The effect of this was that Government

Health Service made use of data collected by the action group, but did not provide an opportunity for the action group to participate in needs analysis or goal setting.

By August 1994, a year after the inaugural meeting of Kitya Aboriginal Health Action Group, some changes in the relationship between Regional Health Service and the local Aboriginal community were apparent. Establishing a collaborative relationship with private general practitioners was empowering for members of the Aboriginal community who now saw the possibility of a viable alternative to dependency on and domination by Government Health Service. Members of the action group had voiced complaints that Regional Hospital Casualty service did not meet their needs, and was culturally insensitive. Government Health Service failed to include these complaints on their strategic planning agenda. A collaborative relationship was formed with the organisation of general practitioners, and planning was commenced for a service staffed with a roster of general practitioners and support staff. The recognition of this possibility, and the willingness by general practitioners to work in a way suited to Aboriginal people was empowering for members of the action group.

About this time Government Health Service found itself involved in the internal politics of the Aboriginal community. It is difficult to describe the events without detail which could lead to a breach of confidentiality, however the animosity between two Aboriginal people over a period of about two months came to involve a wider circle of people. A few loud scenes led to disruptive incidents in Regional Hospital, and apprehended violence orders involving hospital staff. This culminated in the resignation of the one full time and one part-time Aboriginal health workers, who were the only Aboriginal health workers in Government Health Service. These events showed that members of the Aboriginal community had power to disrupt the smooth working of Government Health Service. This disruptive activity had empowering outcomes, as senior staff of Government Health Service contacted Alison to ask for advice from the health action group on ways to avoid disruption in the future.

The Aboriginal health workers were expected to do tasks for which they were not trained or qualified, were given little or no professional supervision, and they experienced high levels of job related stress. Their actions which were disruptive to the hospital may be interpreted as acts of resistance to culturally insensitive domination, which were successful in bringing about some degree of change. The effects of disruptive actions revealed cracks and weaknesses in the control structure of Government Health Service. A burst of political activity led by Alison was a strategic move, which increased the momentum for change.

ACTION

The story of the mobile dental service illustrates how a shift in the power relations between Kitya Aboriginal Health Action Group and Kitya Government Health Service was achieved through strategic action. Before the action group was formed Katrina had negotiated with an Aboriginal Medical Service in another town for a mobile dental clinic to visit Kitya, and remain long enough to provide treatment to any Aboriginal person who needed their services. Government Health Service expressed support for this idea.

There was a dental clinic at Regional Hospital, which would see people straight away for urgent treatment, but for other treatment people had to make an appointment about three weeks ahead of time. There was no record of Aboriginal people ever having used this service. Irene was told she should encourage Aboriginal people to use the Government dental clinic. However, the service was not acceptable to Aboriginal people and on at least one occasion Irene had driven an Aboriginal person to dental service at an Aboriginal Medical Service over 100 kilometres away {940311: 393}.

When the mobile dental clinic (a large caravan equipped as a dental surgery) had completed its previous work in early June 1994, it was towed to Kitya, and taken to a workshop at Regional Hospital for maintenance. When maintenance was completed Government Health Service moved it to the grounds of Bamal, in the belief that local Aboriginal people preferred the van to be located there. But this was without the knowledge of the owners of the van, and without approval from the board of Bamal. Staff of the mobile clinic informed Kitya Aboriginal Health Action Group that they had been told that the Government Health Board refused permission for the mobile clinic to operate from the Regional Hospital grounds because it was difficult to provide sewerage and plumbing connections; the caravan would be an eyesore; there was a risk of adverse publicity if Aboriginal people used a caravan while others used the Regional Hospital dental clinic; and negotiation would be needed with the local council for temporary installation {Field notes 941020}.

The health action group convened discussions involving local Aboriginal organisations, in which Government Health Service agreed to install the connections to the mobile clinic in the grounds of the Aboriginal organisation, or at a site belonging to Government Health Service which was less central and close to public transport than Regional Hospital. Aboriginal organisations, including the owners of the mobile clinic, became angry at the insensitive attitudes which they experienced from Government Health Service, and were unanimous that it should be located in the grounds of the hospital. Staff of the mobile clinic moved it back to

Regional Hospital, and Government Health Service staff connected it to hospital electricity, water and sewerage. On 29 August Aboriginal people were seen, for treatment or treatment planning. On 13 October the owners of the mobile clinic, in another town, received a letter from Government Health Service with a number of complaints about the dental van, including a threat to '*remove the van from our site*'. The health action group met and wrote to Government Health Service asking that the service remain, and continued negotiations by phone.

Meanwhile the owners of the van had met and discussed the letter they had received, and spoken with their staff by phone. They decided that they should remove the mobile clinic from Regional Hospital, and set it up at another location in the Kitya region. Alison rang the owners of the dental caravan, who then said that if the local Aboriginal community wanted the dental van to stay there it would stay in the grounds of Regional Hospital. The owners of the caravan rang the Director of Aboriginal Health in the Health Department, whose office rang the Minister for Health {941017: 62}. The owners of the caravan suggested it may be possible to arrange a meeting involving themselves, the Director of Aboriginal Health, Government Health Service and the Kitya Aboriginal Health Action Group to negotiate the issues. Alison talked to a member of Kitya City Council about racism in Government Health Service {941017: 62}.

The common enemy, Government Health Service, united the local factions {941017: 42}. Aboriginal people who had recently been in conflict now joined an exciting local political campaign, came to meetings to talk tactics, and plan actions. A network of communication was quickly established on the framework of existing relationships. The speed and density of communication gave the action group a tactical advantage over the Government Health Service, where communication flowed through hierarchical channels. A delegation from the Kitya Aboriginal Health Action Group led by Alison met senior members of Government Health Service {941017: 71}, and a letter to Dr Brian was hand delivered. In the letter the health action group called on him to prevent the dental van from being removed from the hospital grounds.

The issue by this time was clearly framed as a matter of racism perceived by Aboriginal community members in some decisions by senior staff of Government Health Service. The issue of where the mobile dental service caravan was to be located was no longer just about providing dental services to Aboriginal people. It had become a focus for political action to confront racist attitudes perceived in the government health service. The owners of the dental

caravan now fully supported the determination of Alison and the action group that the caravan should stay in grounds of Regional Hospital.

Alison showed skilful and successful political leadership in the brief campaign over the mobile dental clinic. Alison became acting convenor, a position she held until the action group dissolved with the incorporation of Ganma Aboriginal Health Services. The mood under Alison's coordination was more assertive. She was chiefly concerned with politics, and under her leadership the relationship with Government Health Service changed. This was a reflection of her personal style, her skills, and the ways in which she understood the position of Aboriginal people in relation to the state. Kitya Aboriginal Health Action Group now represented a political resource and a platform for political action which had not previously existed. Alison was angry over the actions of Government Health Service, especially Dr Brian. She also had a need to take action in the local Aboriginal political arena to secure her position as a local leader. The more assertive activity came in response to threats and signs of community conflict, not in response to increased *gemeinschaft* or community consensus. Internal conflict, not consensus, preceded this more assertive mood {941020: 80}.

The mobile dental clinic provided a concrete issue as a focus for growing Aboriginal assertiveness. The situation provided opportunities to define specific objectives around which particular demands could be made of Government Health Service. Specific demands included locating the dental caravan to suit local Aboriginal people, and for Government Health Service to contribute to the costs of the mobile dental service. The action group was supported by the Aboriginal Medical Service which owned the dental caravan, who refused to pay for services provided by Government Health Service.

Ian: *... the bill for installing the dental van went to [the Aboriginal Medical Service]?*

Alison: *That's been returned.*

Jack: *They [AMS] say they're not paying.*

Ian: *Good, good. Well I mean I think Government Health Service should accept that two and a half thousand as part of his contribution to the dental health of the local community. What are they on about? {941028: 962-970}.*

Two months after that meeting the dental van was still in the hospital grounds, but by then funds to operate it had run out, and the Aboriginal Medical Service had failed to negotiate additional funding from ATSIC. But local political action initiated by the health action group, with support which Alison and others obtained from the Aboriginal Medical Service and the State office of Aboriginal health, succeeded in influencing the actions of Government Health

Service at the local level. With intervention from Aboriginal staff of the Health Department at the State level, and letters of support from Aboriginal organisations, the caravan had stayed in the hospital grounds against the wishes of senior Government Health Service staff. Alison reported her activity to a later meeting:

Alison: *But the other thing is the Aboriginal mobile dental clinic. I've requested letters from Kitya Land Council, Deerubin, Gunyah to support the retention of the Aboriginal mobile dental van to be kept on site at the Kitya Government Health Service. I discussed that with Dr Brian last week and he said that he didn't think there would be any problems. Mainly because of the costs of decommissioning it and then recommissioning it. And we'd already been disadvantaged because the mess it got into, the debacle at what happened previously with it. And, you know, the argument that I used was that we've only had two months service and it's been here for six months. So funding has ceased, you know there is no more funding until the new financial year. And once that, once the funding is comes back in then the, the reasoning behind being kept there is that the service can be started up a lot quicker. So I haven't received a response from Dr Brian. I only spoke to him about that last week, so I'm waiting to hear from Dr Brian in regards to that issue. And about whether it can be kept up there. He even said, he said he didn't think it would be a problem about it staying over there at Government Health Service. That's it {950315:1455}.*

A year later, the dental caravan was still on site, though there were no funds to operate it. Responsibility for funding Aboriginal health services was transferred from ATSIC to the Australian Health Department, and the likelihood of further funding was not known. The staff of the mobile van had found other employment, and it was not known if or when the mobile dental service would be recommissioned. Though not successful in providing dental health services to local Aboriginal people, the short saga of the dental van was a political success. The dental examinations, treatment planning and treatments which were provided demonstrated the unmet need for dental services in the Aboriginal community. It also showed that Aboriginal people who were not making use of the free dental clinic offered by Government Health Service would make use of an identified and culturally acceptable Aboriginal dental service located in the same place. The action, support from inside and outside the region, and success in turning around a decision made by Government Health Service had a number of effects within the Kitya Aboriginal Health Action Group. This political victory encouraged the group to continue with their main objective, it consolidated the group at a time of internal division, it established the political leadership of Alison, and demonstrated a style of action which the action group could facilitate.

CONNECTION

After the small but encouraging political victory over the dental van members of the Aboriginal health action group continued to work towards a community based Aboriginal health centre, still hoping to make connection with Government Health Service for a collaborative partnership. The action group held a vision of itself as a forum for all parties involved in Aboriginal health in Kitya to come together. They believed their vision of community and government partnership represented a new direction in service provision, consistent with a national movement towards reconciliation between indigenous and other Australians. Ganma provided a metaphor for the coming together of indigenous and exogamous cultures and health practices to produce a new form of service provision.

Even before the Kitya project started Dr Brian had proposed an Aboriginal consultative committee, but an effective committee had not been formed. Shortly after her appointment the new Aboriginal health liaison worker, Irene, told members of the Aboriginal health action group that Dr Brian wanted to set up an Aboriginal Health Consultative Committee. The proposed committee would have six people from the Aboriginal community and six doctors, or other staff of the hospital, to advise the hospital and health service about Aboriginal health. Action group members saw this as an appropriate role for Kitya Aboriginal Health Action Group.

Irene: *And also there at the hospital, I was talking to Dr Brian and he wants to also involve six people on the action group committee to get involved with an advisory committee for the hospital. And get six doctors or three doctors, three nurses, nutritionists, whatever we want. So if we could also come up with a decision at this meeting today on who wants to sit on that panel and be spokesperson.*

Katrina: *I'd like to comment on that. I think that with the health action group which we've got here, it would be silly to set up another group {940325: 207-210}.*

A specific proposal was made in March 1994:

Katrina: *So I'd like to move that the health action group be the Advisory Committee for the Kitya Government Health.*

Ian: *I'd like to comment that as far as I understand it in the Torres Straits the health action groups there advise the Regional Office of the Health Department and the local office of the Health Department. So this is consistent with what Aboriginal, well indigenous, health action groups are doing in other places.*

Katrina: *Well that's good {940325: 229-234}.*

When he attended an action group meeting in May Dr Brian made a clear request to set up an Aboriginal health advisory committee, to which the action group responded.

Dr Brian: *What I want is a functional, and I say functional because and I tried a couple of Koori health committees in the recent past and they've all crumbled away. I would like a truly representative, functional Koori Health Advisory Committee to talk to me. Truly representative of all the factions. Half a dozen people to meet with me and a couple of my key people like the chief nutritionist, and the yes, so we can set up a formal committee {940526: 471}.*

Jane: *That would very good and I think you take one from each organisation and set them up as sort of advisory unit. Because I mean you have to be realistic. Gunyah is involved first hand with everything. I mean we're always there, even though that they might know that they've got to get a doctor, they don't go. We're always there for them. And there's someone like, there. And there's the women's housing who deals with a lot of women.*

Ian: *Kitya Aboriginal Health Action Group has got representatives from the women's housing, from Gunyah, from Deerubin, from Kitya Land Council, and from Bamal and from the Health Department.*

Jane: *From Irene.*

Ian: *Irene.*

Jane: *And we're going to have one from Education because Vince [a school liaison officer] said he'd like to come on as well. That's one from every organisation.*

Dr Brian: *Well that sounds ready made.*

Jane: *Yes so that would be the ideal thing to do. Instead of starting up another committee.*

Dr Brian: *Yes.*

Ian: *Because one of my concerns is, if you have two coordinating committees you end up with two different agendas.*

Dr Brian: *Yes, that's right. Yes {940526: 471-491}.*

Despite the agreement Dr Brian expressed here, and two letters sent after this meeting from Kitya Aboriginal Health Action Group to Government Health Service, the offer of Kitya Aboriginal Health Action Group to act as an advisory committee was not taken up, and a meeting of an advisory committee was not convened. One outcome of problems associated with the mobile dental clinic was increased communication between the Aboriginal health action group and Government Health Service. Government Health Service continued to say they wanted an Aboriginal Health Advisory Committee, and the action group offered to become that committee. Alison contacted Dr Brian and offered to meet with the Government Health Service following their request, and on their terms. This offer was not accepted by Dr Brian or others in Government Health Service. This action, in declining to meet with the action group, even though Government Health Service had requested dialogue, might have been be expected to disempower the health action group. However, by the end of 1994 the

action group still believed that slow progress was being made. At the action group meeting in December 1994 Alison reported on communication with Government Health Service, including a meeting with their Chief Executive Officer, and follow up correspondence.

Alison reported that the Chief Executive Officer renewed the invitation for the action group to be an Aboriginal health advisory committee to Government Health Service, but that the question of racism in Government Health Service was not addressed. This led to a plan for Alison to arrange a meeting between the CEO and herself, Marilyn, Val and Sam to arrange the proposed advisory committee.

Alison: *That was in relation to the meeting with [the CEO]. What they wanted to do was have the action group be advisory. They invited the action group to be an advisory group on health issues regarding the Aboriginal community, and also the Board, The Kitya Government Health Service Board. To meet with them. I have to meet with them once every couple of months, or whenever, you know, the advisory group thought it was necessary. That's mainly the outcome of the problems that we're having with the dental clinic. That meeting was very good. I don't think it addressed the problem regarding racism. They. I think they were told to put a lid on it, which they did. Because whenever people start off with, you know: 'Let's put things behind us', you know that they've been told to shelve it all. Because Sam, Val, you were at that meeting weren't you? Yes. But I don't think there was any. I think [the CEO] was going to follow up the issues regarding the complaints that were made. There was nothing mentioned in the letter regarding those. There was more along those lines in the letter from Dr Brian.*

Sam: *Well, he told us he was going to notify us when he fixed everything up.*

Alison: *Yes he did, but he didn't he didn't mention the problems that were being discussed in relation to [racist comments by staff]. All he mentioned was how we would like to implement the advisory group, and times we were going to meet. How often we would like to meet with them, and things that. More or less the aims and objectives of what we would like to achieve with the Kitya Government Health Service. So because there was a response to that too.*

Ian: *Yes. I wonder whether the next thing to do there is for, maybe, a couple of people from the action group to meet with [the CEO] and Dr Brian to talk out just how it's going to be implemented. Whether there's going to be a quarterly meeting, or how many members of the action group should be involved, or you know, just to get the mechanics sorted out. And if that could be done sort of for the new year then we might be able to start off '95 with a specific way of getting the Koori community's input to Government Health. Because it sounds to me like a really good opportunity.*

Alison: *Oh yes. Do you want to nominate, or did you want Marilyn and I as part of the executive, to go up and discuss you know those issues regarding?*

Several people: Yes

Alison: *Do youse want to come with us?*

Val: *Yes.*

Sam: *We can come up if you want to.*

Alison: *All right. Well we'll just go along. I'll arrange a arrange an appointment with [the CEO] to discuss that, and then I'll get back get back in touch with you, OK? [no dissent]. Right, I don't think there was anything else in relation to that {941215: 302-325}.*

In the same meeting, in December 1994, the action group and GP organisation were still working towards opening a clinic as a joint activity. The GP organisation had applied for funds, and was awaiting the result of that application. Inquiries were under way with local government to try to obtain premises. The action group and GP organisation still expected that Government Health Service, who had refused to help with premises or staff, to make a contribution of some sort. An offer of second hand equipment was made by Dr Luke, who acted as Director of Public Health while Dr Brian was on leave.

Keith: *The next main issue that we've been dealing with is this the hardware stuff. There's a letter here been circulating. I've just received this, this is dated yesterday from Dr Luke who has taken over from Dr Brian while Dr Brian is on holiday for about six weeks. Dr Luke, I've worked with him before. He was my boss. I get on well with him, OK, which is a good thing. He has agreed, he took this to the Kitya Government Health Service Executive, and they approved to let us have the equipment for the surgery. Which includes an examination couch, desk, six chairs for the waiting room, 3 chairs for consultation, refrigeration unit, four drawer filing cabinet and an equipment stand. So those are the basic items that the surgery needs. So this is a very positive thing for the Government Health to do this. It's an acknowledgment of the needs, and an acknowledgment of their supportiveness. Even if it's only in a fairly small way at this stage, that's the right sort of, this is what we want to hear. This is good. So equipment, that's good. Another issue that I've got to talk to Dr Luke about is other kinds of equipment, the stuff that you're going to use on an everyday basis. Sheets, laundry, ear syringes, lights, what they call 'stitch packs', if anybody comes in with a laceration and needs stitching up, whether they're going to do sterilising in the unit. All of these kinds of everyday things that you get in the surgery. I want to talk to Dr Luke this afternoon about that, and maybe they'll be able to supply that and I think they will. I think the mood is there so we've got to push it {941215: 901}.*

Despite the perceived change in the mood of Government Health Service, the material help offered did not arrive. The position of Government Health Service was becoming increasingly contradictory and problematic. A new strategy to set up the clinic was voiced, which included using shame and embarrassment, using the contradictions within Government Health Service as leverage points for change. The plan at the end of 1994 was to set up a clinic with inadequate resources, then use publicity to attract partnership or support when the project was running, but threatened with closure.

Keith: *It's like, it's like the dam bursting. Once we've got it set up and it starts crumbling then the rush is going to begin. We need to get it set up and then we can go straight to Government Health, and we can go to other sources of funding and say: 'Look we've got the service running but we need support urgently.' And they'll come to the party. And I really see that happening. That's certainly the way with Government Health {941215: 1005).*

But by January it was clear that the health action group was unable to connect in a cooperative partnership working relationship with Government Health Service. The reasons for this were not made explicit in action group meetings, but were attributed to embedded racist attitudes among key staff.

The relationship with the local GP organisation, in contrast, developed through a period of sometimes frustrating work to a position of cooperative partnership. This led to a proposal for a joint collaborative venture involving several Aboriginal organisations and the GP organisation coming together in Kitya Aboriginal Health Action Group. This led to the construction of a new kind of organisational structure. The summary I gave in a meeting received assent:

Ian: *Seems to me what, as I understand the proposal that's being developed with the GPs at the moment, it's for an innovative, a new style of service which is not the same as an Aboriginal Medical Service normally funded through ATSIC [murmurs of agreement]. And the difference between it is, that it's a joint venture between the Aboriginal community and the local GPs and, hopefully, with some input from Government Health Service. And that's different to what's happening at other [Aboriginal] Medical Services {950112: 122}.*

The innovative organisational structure, of a service offered in partnership between Aboriginal organisations, private doctors and Government Health Service can be interpreted as an expression of ganma thinking. Indigenous and Western cultures were to combine in a new form of health service delivery organisation. This was different to the organisational model of most Aboriginal Medical Services, which were clearly Aboriginal, rather than in partnership.

It was difficult to keep this concept active in discussion, as the binary distinction between Aboriginal and European, which was found in the dominant modes of discourse affecting both European and Aboriginal participants (and which dominates the discursive frame of this thesis) kept intruding to define the action group as Aboriginal (and therefore not European). This dichotomy is not necessary. In the words of an Aboriginal academic, 'Indigenous Australians have been, and are, multicultural' (Williams 1996). Discursive categories, such as the category of people who were actively working for Aboriginal health in Kitya, were

difficult to sustain in discourse, but were retained in practices such as membership of the action group. Implicit in this new form of organisation is a potential to break down the racist and colonial division between Aboriginal and European, while respecting the identity of each.

Irene resigned from her job as Aboriginal health liaison worker with Government Health Service in January 1995, having found it a very stressful position. There were a number of factors which made Irene's job very stressful for her. Irene was asked by Dr Brian to represent the views of the Aboriginal community inside Government Health Service. She looked to the health action group for expressions of Aboriginal viewpoints, as well as her contact with Aboriginal users of Government Health Service for whom she provided direct support or services, and her contact with Aboriginal organisations and service providers. She found the Aboriginal community had high expectations of her, which she tried to live up to. But the expectations of the Aboriginal community were incompatible with those of Dr Brian. Irene found difficulty working under conflicting expectations.

Expectations placed on Irene by Government Health Service were contradictory. Though she was asked to tell staff of Government Health Services what the Aboriginal community wanted, messages she carried from the health action group were not acceptable to Dr Brian and others. Irene did not have the professional experience or education to negotiate these conflicting expectations, and was expected to carry a degree of professional responsibility beyond what would be expected of a non-Aboriginal person with similar qualifications and experience. There was a political paradox in what Dr Brian expected. He expected Irene tell Government Health Service what it was the Aboriginal community expected, but only a narrow range of answers were acceptable, and these had to be presented in ways compatible with the culture of Government Health Service. To present anything of Aboriginal views and perspectives Irene had to translate these into bureaucratic forms. But because of the culture of resistance (Cowlishaw 1988) bureaucratic forms were unacceptable to Aboriginal people. Resistance to domination by bureaucratic forms is part of Koori culture, and one of the reasons for a call by the action group for a health service which would be suited to the needs of Kooris. Support for a health centre identified with the Aboriginal community rather than the government was not acceptable inside Government Health Service. The action group were pleased that their Acting Convenor, Alison, was invited to represent the Aboriginal community on the selection panel to fill the vacancy created by Irene's resignation. This was the first time a representative of the Aboriginal community was directly involved in decision

making by Government Health Service in the region. But Alison reported to the action group that she was not satisfied with the way the recruitment process was managed.

Alison was experienced in the politics of Aboriginal-European relations. In the Aboriginal domain personal relationships are more important than institutional roles. By march 1995 there has been enough contact between Alison and Dr Brian, including face to face meetings, for her to feel she had a working relationship with him. As Acting Convenor of the health action group she had been asked to serve on a selection panel, and she now felt empowered enough to confront Dr Brian directly about a decision regarding the recruitment process which she disagreed with. As she reported it to the action group:

Alison: *There were eleven applicants. Then we went through the culling. We selected people to be interviewed. As far as I knew all we had to do was to set a date for the interview and the next thing I know there was a message on my answering machine for me to give him a ring. And I was informed that the position, that the position was being re-advertised. I rang to find out why and I was informed by [name unclear] that he had this wonderful, qualified, Aboriginal person employed internally within the Kitya Government Health Service, and that is for why it was. I went off my head. I went off my head because as far as I was concerned they were, they were disadvantaging the eleven people that had already applied, especially people that were selected for interview. And they were making allowances for an employee of their own, internally. Now after I had a brain snap and went off my head at [name unclear] and almost hung up on him, Dr Brian got in touch with me and said... No! Actually I was that angry I rang Dr Brian and I ended up having a blue with him about it, and then he came down to the office {950315: 1354}.*

Alison was not successful in reversing the decision to re-advertise the Aboriginal Health Liaison Worker position. After a period of heady success in which it seemed that the Aboriginal community were being empowered in relationship to Government Health Service, Alison and the health action group found that the change was not as deep or permanent as they had hoped. Although the action group had been successful in achieving some change in relation to some matters involving Government Health Service, this did not represent a deep change within the Service itself. In the April meeting Alison expressed frustration at the lack of support for Aboriginal self-determination in health from the Government Health Service.

Alison: *They need a bomb under them those fellows, I mean didn't I say to you last Friday Keith? I said, I'm not getting the support that we should from the Kitya Government Health Service {950406: 111}.*

During that meeting, in the absence of an Aboriginal Health Liaison Worker, Keith provided the action group with inside knowledge of Government Health Service, including proposed

changes to senior staff. The CEO had resigned and the acting as CEO was cautious, and delaying making staff appointments to save money.

Keith: *They'll have a change of leader at Government Health. Chief Executive Officer changed and there's an acting Chief Executive Officer there at the moment. So they are also over budget. These two things combined are ...*

Alison: *Yeah they, Keith was saying about one million dollars.*

Keith: *And the acting head is very, very cautious about doing anything at all because he doesn't want to take the current account over budget. And it's obviously going to affect his chances of becoming permanent in the position if he's seen to be neglecting it {950406: 116-121}.*

A change of staff in key positions can provide an opportunity for change in bureaucratic organisations, and the action group hoped that the entrenched attitudes they saw in the service might be challenged under new leadership. However, change in key positions can be accompanied by a period of uncertainty and reduced control, while arrangements for a permanent replacement are made. Pressures for change which have been building up for a period can sometimes become effective during this period of uncertainty. A newly appointed official who is not closely identified with the previous regime may be able to introduce new discourses or practices without loss of face.

At first, the change in senior staff did not seem to hold promise of increased support for the health action group. Alison reported that her discussions with Dr Brian did not seem to be producing change, although the formation of the action group, which entered into discussion with Government Health Service, was itself a change and in the direction of empowering Aboriginal people. Alison had concluded that promises of material help would not be kept. In the following discussion members of the action group ponder reasons for this situation.

The health action group created a forum in which Aboriginal people could call on Government Health Service to be accountable to the Aboriginal community. Through their practice of reporting in detail to the action group, knowing that discussion in action group meetings was relayed through Aboriginal networks (the Koori grape vine) to others in the Aboriginal community, members of Kitya Aboriginal Health Action Group called for Government Health Service to be accountable to Aboriginal people. Mike expected Government Health Service to be accountable to the Aboriginal community for funds which should have been allocated to Aboriginal health, and for their decision making which affected Aboriginal health services (such as not providing premises). As well as the beginnings of accountability, this examination of the actions of Government Health Service by the action

group exposed contradictions in Government Health Service practices and actions, and made them apparent. This included contradictions between declared policy and observed practices:

Alison: *I myself have been trying to work out why the Kitya Government Services have distanced themselves from supporting the Aboriginal medical centre. And Dr Brian let it drop, drop in between interviews. The reason why is because it's not part of the policy of the Government Health Service to promote Aboriginal medical services that are separate from the main stream.*

Keith: *That's right.*

Alison: *So he finds himself in this position, you know.*

Mike: *Did anyone ask him what he does with the money we were supposed to get for the last so many years?*

Alison: *We asked him. There's a new wing there to the Regional Hospital. Didn't you see it? [laughter] That's where our money went [laughter]. Also with the building of that, and they're a million dollars over budget so. But that was, that was what he said.*

Mike: *That's one of the first things I want to find out. What he done with the money.*

Alison: *But as I said to him. I said, well, you know, I said: 'If it means meeting the health needs of the Kooris in Kitya,' I said, 'How can you not support it?'. You know, an Aboriginal medical service?*

Mike: *Is there reasons why behind the [refusal]? I've just sat here and heard of three places, all outside the city. Why is it so far away? Why can't they incorporate it into the Government Health Service in the City?*

Alison: *Where we actually. When, and I believe ...*

Mike: *Why can't they get premises found on that, at Regional Hospital?*

Alison: *Well, actually there was a cottage that they said that would be available. I think that may be appropriate for the Aboriginal medical service to use. But then that was withdrawn.*

Ian: *What he said in this meeting was that he would make that cottage available for an Aboriginal GP, if an Aboriginal GP wanted to set up and ordinary commercial GP practice.*

Mike: *There's no Aboriginal GPs here.*

Ian: *That's right.*

Sam: *Dr Gupta. He's nearly an Aboriginal GP [laughter, several people talking]. Technical point, but [laughter]*

Ian: *Yeah but what we're talking about setting up is in fact offering a GP service to Kooris. It's very close to what Dr Brian was offering. It's just that it requires cooperation.*

Alison: *But in my mind I think he, that was more or less his way of not committing himself because he knew how difficult it would be for us to, to secure an Aboriginal GP. You know as far as Kitya is concerned.*

Ian: *But I, mean I don't understand how that fits into Government Health policy either. That. I mean the idea, the idea of setting up an Aboriginal GP in a commercial practice on Health Services premises. I don't see how that fits any more closely into Government Health policy and the State Aboriginal health policy, than supporting the community based initiative that has, you know, strong support from the local Koori people {950406: 218-253}.*

SEPARATION

Twenty months after Kitya Aboriginal Health Action Group was established, the group came to the conclusion that promises of participation, collaboration and support from Government Health Service were not going to materialise, and that putting energy into a search for partnership was futile. With reluctance the action group came to the conclusion that they should abandon hopes of support from Government Health Service, and work in collaboration with the organisation of general practitioners towards setting up a service without the involvement of Government Health Service. A period in which the action group worked to establish connection with Government Health Service was followed by a period in which they separated.

The decision to operate separately from Government Health Service strengthened collaboration with the organisation of GPs. Due to the difficulty of getting a commitment from Government Health Service which would produce the outcomes the action group was looking for, Keith suggested they look for other ways to achieve their goals. Keith said that Government Health Service would retain control over anything they provided. Alison concurred, and stated that the way forward was through empowerment of the Aboriginal community:

Keith: *I do think he [Dr Brian] is pushed and pulled around by other people in Government Health about what he can do and what he can't do. He maybe offered the cottage in good faith and then couldn't keep it because it was no longer available. There has been a token commitment to money for Aboriginal Health in the form of a dental van and a liaison worker. But I wouldn't say from us, that is adequate or the right thing to do, necessarily. My view is that is if, if this action group and community really want to do something they're best off doing it themselves and seeking support along the way from whoever they can get it from [people agreeing] rather than depending on somebody like Government Health to provide it. Because if they provide it they control it, and you get decisions like this one which has been made just this week about, about how it should be run. And the Koori community doesn't have any say in*

what happens and that. So, I feel, in my experience with Government Health, that it's better for this committee to, to lead the way in what it wants [people agreeing]. To keep, even if we, we come across obstacles, we keep pushing them down, pushing, pushing, pushing we'll get there. And then along the way we might get help and support from whoever we can. But I think if we, if we take another approach than to try and pull back on Government Health or any other department. They're going to push things the way they want them rather than the way they should be. So I would suggest the committee forge ahead with it's own plan. Do what it can. Try and get funding. Aim toward a Koori corporation. Get a strong community base going with it. And then go along to Government Health and to the Mayor and to any other funding body to ASTIC, GPs whoever they can and say: look, we'd like your support in running this. We'd like a nurse, we'd like a Doctor or we'd like diabetes educator or whatever. Can you give us these. Build it up that way. So those are my feelings about Government Health [background talking, noise and coughing].

Alison: *No I, I agree wholeheartedly, whole heartedly. And I think probably the action group, I actually said that to the Mayor last week. I said I believe the only way of the Aboriginal community going in Kitya was empowering themselves [murmurs of agreement] as far as Aboriginal Health is concerned. And in that way we know that at the end of it, we will have what we need.*

Ian: *I think any arrangements that the Aboriginal community enters into, the Aboriginal community have to be in a position where they can exercise control. {950406: 279-283}.*

This discussion pointed to the growing strength of the action group as a mechanism for local self-determination in health. The discussion continued the construction of a broad strategy, to develop strength and start a service in collaboration with the GP organisation and other agencies.

Keith: *That's right. And if the action committee goes to the Minister, goes to the Mayor, goes to whoever the committee can. And pushes this, the cause along, I think that's great {95406: 296}.*

Then in April 1995 Alison reported back to the action group on her participation on the selection panel for an Aboriginal health liaison worker to be employed by Government Health Service. Alison's priorities were different to those of all the other, non-Aboriginal, members of the panel. Alison looked to the action group for confirmation of her stand. Norman Belah was a member of one of the best respected and longest established Aboriginal families in Kitya, with a family history associated with the health of Aboriginal people. He was well known in the Aboriginal community, and had detailed knowledge of the local community. Pam, the candidate preferred by the non-Aboriginal members of the panel, was an Aboriginal person and a qualified health professional, who lived outside the Kitya region. Alison expressed the view that the panel chose the applicant best suited to the culture of Government

Health Service, rather than someone with intimate knowledge of the local Aboriginal community.

Alison: *OK as you, as everyone's probably aware I was on the interviewing panel for the Aboriginal Health Liaison Worker's position with the Kitya Government Health Service. The successful applicant was a person by the name of Pam. I am aware that the community, especially the Aboriginal organisations heard about her, you know being selected as the successful applicant and not being overly happy about it. So I put it on the agenda so we can discuss it this morning as to the reasons why and whether we, you know, as an action group feel we need to do something about it. Or if there needs to be anything done about it. Whereas we let it go. I think you know it's something that concerned me because I didn't select, I voted against Pam being selected. Mainly because of, she didn't, she's has never had any involvement with the Kitya Aboriginal community. Which I felt was a prerequisite of the success of this position. Unfortunately there were three, there were four people on the interview, on the interviewing panel and I was out voted. And, and that was the outcome so. Norman, actually Norman Belah, Norman sitting behind me was the person that I, that I had selected. He, he was outstanding with his interview and I believe that regardless he did have, he did have knowledge of Aboriginal health. Being an Aboriginal person. I think anyway, would have, you know, would have an idea of the health needs of our, Aboriginal people, but he also.*

Val: *He's grown up in this community.*

Alison: *That's right he's grown up in this community, but he also said that he had, you know, dealings with Aboriginal health with his, during his employment with [a juvenile justice centre] and the boys up there and the clinics they ran up there in conjunction with the Kitya Government Health Service and their own doctors on the, you know on the premises, or within the corrective services, juvenile corrective services. But, I was just wasting my breath, I just couldn't get through to the other three people. They wanted me to convince, you know that's the words that they used, and I tried, I tried. Because I was the representative of this group and I knew, I knew straight away that as soon as they selected Pam that we would end up with opposition. And that is. I got a telephone call from Evon saying that she will not support Pam. If she comes to Deerubin Corporation for assistance she will not get any assistance from Deerubin. I mean that's a blow to the position {950406: 1346-1351}.*

The difference between Alison and other members of the selection panel related to cultural differences concerning the importance of relationships between people and places, and the status and understanding of knowledge, and the importance of local knowledge. Non-indigenous health practitioners, educated in Western universities, can be expected to value knowledge as universalistic and context free. With Western and scientific epistemological assumptions, where a prospective employee lives should make no difference to their possession of knowledge. If a person is identified a member of an Aboriginal community, that person could be expected to have knowledge of Aboriginal community life and expectations.

For Aboriginal people, however, knowledge is local in character, and associated with particular relationships to particular people and places. Indigenous knowledge is not independent of the context of relationships with people and the land.

Mike: *I got the impression that Dr Brian was really stuck on the point of how he was going to educate his own staff [several people agree]. To get the message across about Aboriginal people. Now how is this woman going to do this job when she doesn't even know this local community? How is she going to get that staff up there, the Kitya Government Health staff, to be able to work with this Aboriginal community? She doesn't know the community herself {950406: 1569}.*

Alison: *I mean there's different groups. She wouldn't have a clue {950406: 1578-1581}.*

Responding to Alison's failure to persuade the selection panel to accept the point of view she presented on behalf of the Aboriginal community, Keith advised the action group to '*keep battering away ... to push them in the right direction*'. Keith's tactical advice had a major flaw in terms of the disparity of power relations. He was in effect asking a relatively powerless and poor population to educate a government department in the right way to do its job. This failed to recognise the relative disparity in power and access to resources. This shifting of responsibility for changing the practices of Government Health Service to the health action group discursively relieved the government service from their responsibility to be self-critical and socially just. It could be seen as a form of victim-blaming, which placed Aboriginal people in a double-bind. This is one of the ways in which the paradox of self-determination shows itself.

Keith: *And you've just got to. You know it's like a brick wall you just got to keep battering away at it. But I think if you, I think it's good to make them, make it clear to them that you disagree with what they've done, and that they've made a mistake in a process. But I think if you can also point out what they should have done give them some direction. And say look we need input in this right from the very beginning. We need somebody who's from the community, who's able to tell the Government Health what they need. Say what their needs are of the community. Tell the Government Health and that can go in the job description and try and avoid it. So you criticise them, but also offer, offer to push them in the right direction {950406: 1543}.*

In April 1995 Pam started work as Aboriginal Health Liaison Worker at Government Health Service. By this time changes had been made in senior positions in Government Health Service. Dr Luke was the new Chief executive Officer, and Dr David had taken Dr Brian's position as Director of Public Health. Pam had visited all the Aboriginal agencies. Marilyn had told her about the action group and invited her to the next meeting. She came with Dr David, in charge of public health in the region. Dr David used the opportunity to outline his approach to issues of Aboriginal health, in language which was different from what Dr Brian

had said some months earlier when he attended an action group meeting. Dr David appeared to place high expectations on the action group, which at that time had no staff, facilities or other resources other than the time donated by its members. The relative difference in power and resources between Government Health Service and the health action group was an essential factor in their relationship, which members of Government Health Service could, at times, overlook. The next extract also illustrates my identification as an active member of the health action group.

Dr David: *We've got to start building, and working and educating and reorienting the Government Health Service. And from our point of view working within our resources [which] are pretty limited. And my feeling is that with each thing we want to achieve with Aboriginal health we almost have to take it to the executive and say: 'Look the Area Executive needs to fund a particular educational day'. Or members of the executive or divisional heads or department heads, as part of getting the process rolling. And get the commitment from the Area Executive, not just from the very limited budget of the Public Health Unit. Because that will dry up very quickly, and within a matter of months potentially. And then you will be no further progressed. Whereas I think my approach, working with Pam and trying to further Aboriginal Health is to try and get the commitment coming from [the CEO]. By educating and we can increasingly put pressure on the Executive to make some commitments.*

Ian: *Look I agree with that entirely but. I think that the scenario as I see it is that Government Health Service should be moving towards spending a million dollars a year on Aboriginal Health in this region according to the State, the Department's policy. That fairly early in the piece an invitation was extended for this group to become the Health Advisory Committee and that invitation has apparently been withdrawn. An offer of a cottage was made by the Director of Public Health at the time at a meeting of this action group, and that offer disappeared. An approach was made to see if we could get a second hand filing cabinet and a desk from the store, that was unused, and that was rejected. The people on this committee are volunteer people who either have jobs or don't.*

Marilyn: *And don't get paid.*

Ian: *And it's not our responsibility to change the attitude of Government Health Service. I think that this committee has discovered that, in the long run, probably more can be done to improve the health of Aboriginal people on the Kitya by trying to follow up more productive avenues than seeing this group as having a responsibility for changing entrenched attitudes in a rather rich bureaucracy. Comparatively rich {950519: 1741-1748}.*

In his exploration of the structure of paradox Flemons (1991) discusses three levels. At the first level, a distinction made between polar opposites (such as Aboriginal and non-Aboriginal) generates a connection between them. Because they are defined in relation to each other neither can exist without the other. A separation is hereby a connection. Kitya

Aboriginal Health Action Group was formed in response to perceived problems with Government Health Service, so defined itself as 'not-Government Health Service'. The action group's attempts to generate a collaborative relationship with Government Health Service did not succeed, as the structure of the relationship between them emphasised and reinforced difference and separation. After a while the action group stopped trying to make connection with Government Health Service, and looked for a separate field of activity. This move towards separation allowed the action group to start a re-definition of itself in terms other than its relationship with Government Health Service. The separation from Government Health Service was accompanied by the formation of a collaborative relationship with the organisation of general practitioners.

COMPLETION

The second half of 1995 was a period of more intense practical activity involved in setting up a health centre as a joint venture between Kitya Aboriginal Health Action Group and the general practitioners organisation. Whereas local political issues had been in the forefront of discussion at action group meetings prior to this, from June to December 1995 action group meetings had an almost exclusive task orientation.

The events of this period have been outlined as a community development report in Chapter Chapter 5 . A detailed description is not necessary here. To summarise, there were four action group meetings between June and December 1995. The organisation of general practitioners organised a medical roster and submitted a grant application to establish an Aboriginal health centre as a community health project. The organisation agreed to cover some costs of establishment, pending receipt of the grant. Some Aboriginal people including an enrolled nurse and two registered nurses volunteered time for the project. Premises were located, and rent money was advanced by the GP organisation. Belah Aboriginal Health Centre opened in October 1995. In December 1995 Ganma Aboriginal Health Services Incorporated officially took responsibility for running the centre. This marked the end of the research project and data collection stopped. The focus of action group activity during this period was organisational and practical. In terms of power relationships it is the outcomes and effects of this activity which are of interest, rather than the discourse in meetings which organised it.

During this period all attempts to gain support from Government Health Service ceased. The action group, with Keith representing the GP organisation, had concluded that practical, financial or material help was not going to come from Government Health Service, and as

alternative opportunities opened up these were pursued. Requests were made to Kitya Council, local service clubs, churches and religious organisations for assistance, and the members of the action group were encouraged by the positive reception these requests received. Though several did not result in practical help, all received a considerate reception, and offers of practical assistance were made.

Belah Aboriginal Health Centre officially opened on 10 October 1995. A number of invited guests gave brief speeches. A relative of Nurse Belah presented a framed photograph of the person the centre was named after, a religious organisation presented a cheque for a small grant, and the University presented a second-hand computer. When Dr David spoke he was apologetic that he was unable to make any donation to the centre as each of the other speakers had done.

In the six months after the formal end of data collection Government Health Service gave permission for three staff members to work for a few hours each week in Belah Health Centre as part of their paid work, agreed to provide sterile equipment through a nearby hospital, and made a cash payment to the centre. In addition Government Health Service obtained funding for an identified drug and alcohol program for Aboriginal people, and decided to run this in conjunction with Belah Aboriginal Health Centre. Paradoxically, Government Health Service provided practical and financial support for Belah Aboriginal Health Centre only when the health action group was no longer actively planning and working to achieve this outcome. This outcome, and the praxis associated with it, is discussed in the following chapter.

Conclusion

This chapter examined the political relationship between an Aboriginal community group and the regional State government health service, and tracked the ways in which changes in that relationship over a two year period arose from action by the community group. At the start of the project Aboriginal participants saw key staff of Government Health Service as racist, a view supported by more than twenty specific complaints. Health professionals were seen, from an Aboriginal perspective, as uncaring, irresponsible, and lacking in cultural sensitivity. Kitya Aboriginal Health Action Group set out to establish a community based health service, and in the process, stimulated change in Government Health Service.

Operating in the context of a national policy of self-determination for indigenous people, the action group was in a relationship of dependent autonomy with Federal and State governments and departments. Contradictions within Government Health Service, the paradox of self-

determination, and the politics of embarrassment provided leverage to change Government Health Service. But the biggest shift in the relationship came with the empowerment of the health action group through its actions in organising, with the support of local general practitioners, to provide the health services which Aboriginal people wanted. This grass roots action had outcomes which eventually resulted in the provision of some health services on Aboriginal terms, and the direct funding of an Aboriginal health service against opposition from within Government Health Service, and eventually in the provision of practical support by Government Health Service.

The chapter has shown empowerment of a fragmented and disorganised local Aboriginal community was a process rather than an outcome. Empowerment is something people do, rather than something which is achieved. As a qualified professional and academic, I had entered the field with the skills and theories of community development. The forms of action which this chapter has shown were effective did not follow the principles of rational planning or theories of development discussed in earlier chapters. Rational approaches cannot be expected to succeed in producing changes which are resisted by actors who have a preponderance of power in the situation. I have attempted to show that in this case social and political action which made use of the contradictions and paradoxes of dependent autonomy was effective in producing change by disadvantaged people.

Indigenous self-determination in health at the local level cannot be taken for granted, but with effective and skilful interventions, even against the opposition from some agents of the state, disadvantaged indigenous people can organise for their own empowerment. Aboriginal self determination is a process, not an outcome. It is a process which must be done in an Aboriginal way. As self-determination is a political paradox, Aboriginal responses to the policy are often paradoxical. Rational planning is an effective means by which those in power can produce the changes they want. The powerless must use other methods, methods which can use the contradictions and paradoxes of power to throw their weightier opponents off balance. Kitya Aboriginal Health Action Group paradoxically empowered themselves by not dominating, and by adapting to the presence and nature of Government Health Service. At the end of the project the participants recognised ganma as an appropriate metaphor for the service they had set up. I discuss some meanings of these events in the next chapter, in which I draw together various findings to present a discussion of an alternative to development as a principle for indigenous community change.

Chapter 9 Implications

In this concluding Chapter I address the third research objective, suggesting some implications of this study for action to empower Aborigines, and outline the conclusions of the study as a whole. In Chapter Chapter 3 I extended the theory of internal colonialism with the recognition that self-determination is a new phase, after welfare colonialism. In this final chapter I make a contribution to the practice of social change. In doing this I draw on the thesis as a whole, and on sources outside social science paradigms. A review of relevant literature revealed that notions of development inevitably work themselves out in patterns of domination. The problems which community development attempts to resolve are the outcomes of previous cycles of development and, through repeated cycles, patterns of domination are established and reinforced. I argued that the policy of self-determination is a phase of internal colonialism, in which the government uses a paradoxical strategy of dependent autonomy. The paradoxical regime of self-determination calls for paradoxical responses by indigenous people and their supporters. In four chapters I presented a case study of indigenous community action. Superficial analysis showed a successful community development project, but in Chapter Chapter 6 I presented data which showed that although the project included all the elements of community development, indigenous people in Kitya did not use a discourse of development. Then I showed that factions in the Kitya community, which conventional wisdom considered an obstacle to self-determination, could be seen as the exercise of self-determination, and in Chapter Chapter 8 I examined the forms of action which led to empowerment of an Aboriginal health action group.

Taken as a whole, this thesis supports an argument that the model of community development and rational strategic planning does not suit (at least some) Aboriginal communities. An alternative discourse to development is required for indigenous community based action. Recent years have seen calls for new paradigm research and practice in the health sciences. Aboriginal people call for what may be called old paradigms, which have relationships with the Dreaming. In the Kitya case study the ganma metaphor has been useful to move from a social science paradigm in the direction of the older intellectual tradition indigenous to Australia. Empirical data in this thesis provide support for a model for action which includes ways of working with paradox, and a relationship with the epistemology of the Dreaming.

Models for action

Development has been shown to be a master discourse or central organising principle of Western society (see page 9). Community development is a discourse used in organising action. It it a discourse used to organise people into forms of action deriving from values, which it claims are equity and social justice (Butler and Cass 1993: 10). In the Kitya project I organised my own actions within the discourse of development, while others did not use this master discourse to organise their own actions or the actions of the group. This observation prompted the question of what took the place of development as an organising principle for Kooris in this project. This is relevant to an attempt to theorise the pattern of change I observed. As every theory of political and social change has political effects, I looked for a theory which could be useful in promoting Aboriginal self-determination. A number of possible models have been discussed at various points through this thesis, These are summarised in Table 17, using a schema in which Mowaljarlai's distinction between pattern and triangle thinking (Bell 1990) is placed in a general systems theory context.

All models are simplifications of reality. Simplification is achieved, in part, by constructing a model at a lower level of complexity than the reality it describes. Each model in Table 17 is a simplification of reality at a different level of complexity (compare with **Table 1**). In this table the level of complexity represents the minimum number of elements required to describe the model. The lower the level of complexity, the fewer is the minimum number of elements required to make a simplified description. We can make a complete description only if the model is at the same level of complexity as the reality it describes. A model at Level 2 (linear) can fully describe the distance between two points, but to say a river flows from the mountains to the sea does not give a full description of the flow of the river. To do this would require a model at Level 5 in **Table 1** (dynamics). For each level of complexity which separates a model from the reality it describes a dimension of descriptive power is lost. This is why ganma (Level 8) can give a better description of social change (Level 11) than can development theory (Level 2), though the development model is easier to understand.

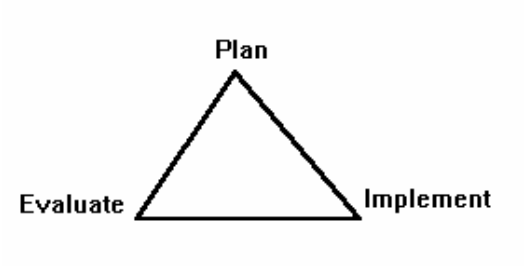
Table 17: Models for organising action

Model	*Level*	*Example*
Linear thinking	2	The discourse of development is closely related to the idea of progress as a central organising principle of Western society. It implies a linear progress which could be represented as a straight line or arrow.
Triangle thinking	3	Planning models commonly involve stages of planning, implementation and evaluation. They could be represented as a triangle, in which planning precedes implementation, which is followed by evaluation.
Circle thinking	4	The Necchi circle, grounded in North American indigenous knowledge, represents cyclical movement through four dimensions of healing or aspects of community, with an integrated centre, like a mandala.
Spiral thinking	5	Models of action research frequently refer to repeated cycles such as planning, action, observation, and reflection, in a progressive spiral.
Layered thinking	6	Students of paradox differentiate levels of classification and analysis, in a model with multiple dimensions or layers, and connections between them.
Pattern thinking	8	The ganma model may be represented as continuing patterns of repeated interactions between paired elements and their relationships at multiple levels.

The discourse of linear development is a central organising principle of Western society. Although it has been defined as morally progressive, development inevitably works out as inequality and domination (Bender 1989). Practices of development have been bound up with colonialism and the construction of inequality, and are grounded in non-indigenous frames of reference. It can be represented by two points, a beginning and an end.

In Aboriginal affairs administration there has been an intimate connection between discourses of development, community and planning, such that community development, community planning and strategic planning become almost interchangeable terms (Rowse 1992; Lea and Wolfe 1993; Wolfe 1993b, 1993c, 1993d) . Many of the models of strategic and community planning found in the literature have a common form, resting on shared assumptions. These models share a general form of 'Plan Implement Evaluate' (PIE) (Figure 5). Planning involves the making of rational plans to achieve objectives, the implementation of these plans, often with scope for tactical variation, and some form of evaluation to see whether, or to what degree, objectives have been achieved (Kelly and Sewell 1986; Kaufman 1988; Nolan, Goodstein et al. 1992; Goodstein, Nolan et al. 1993; Smith 1994).

Figure 5: 'PIE' Model



The circle with four quadrants is wisely used as a symbol of movement and wholeness in many cultures. It has been used in indigenous community development in at least one project in New South Wales, but the metaphors and symbolism of this model did not appear in discourse recorded in the Kitya project.

A spiral model described with four moments of planning, action, observation, and reflection, with a fifth element to indicate repeating cycles was proposed but not adopted in the Kitya project. A planning form derived in this model was trialed in two meetings, and quickly fell into disuse. Nothing indicated that this model corresponded to the actions of Aboriginal members of the action group.

Data collected during the project supported an analysis in terms of paradox. The data chapters in this thesis each study the same situation at a deeper level of analysis, with each succeeding layer revealing paradoxical and contradictory elements. The model of layered thinking was useful to dig below the surface of an apparently successful community development project. Flemons (1991) represents layered thinking as six elements arranged in three levels of binary opposition.

The ganma model, which corresponds to an eight-section classificatory kinship system, is compatible with the implicit model of action used by Aboriginal people. It is a model with traditional associations within the Kitya region, and was adopted as a name for the organisation set up as a successor to Kitya Aboriginal Health Action Group (see Appendix D).

Flemons points out that the Western way of understanding distinctions rests on an assumption of symmetrical opposition - Aboriginal and non-Aboriginal, health and illness, love and hate are clear expressions of an Hegelian epistemology of separation. The two sides of a pair oppose each other at the same logical level. 'Each side takes on the appearance of atomistic independence, as if it could exist on its own, and does battle with the other' (Flemons 1991: 32). Ganma and Daoist thinking place emphasis on the mutual interdependency of opposites

as parts of a greater whole, or pattern. This is represented in the Dao symbol (Figure 6) in which *yin* and *yang* are seen as harmonious parts of a whole, and in the ganma pattern (see frontispiece) in which the parts, and their relationships of conflict and cooperation are symbolised.

Figure 6: The Dao

These non-western perspectives need not negate the Hegelian epistemology of separation, as to do so would simply invoke the same separation at a higher level of analysis (that is, between Hegelian and not-Hegelian). The alternative is to conceive of layered relationships between wholes and parts. The distinction between a whole and parts constituting the whole is asymmetrical, crossing over levels of logical type. The contrast between part and whole is a contrast in logical type. The whole always contextualises its parts. This form of conceptual organisation, where one term of a pair emerges from, or is constituted by the other, is recursive, or self-referential. The crossing between logical levels, the circularity of these ways of thinking, enable them to cope with paradox.

This thesis has revealed, in one situation, a deep problem with the practice and theory of community development. Community development works through projects set up to resolve identified problems, which themselves are typically the outcome of previous cycles of development. The social and political processes which produce community problems also produce the community development solutions. Attempts to fix social, political or economic problems focus on particular situations, and in ignoring the wider systemic context, are likely to generate unanticipated problems in parts of the system outside the immediate focus of attention. Action which is organised as a solution to a perceived problem inevitably becomes defined in opposition to what has been defined as the problem. This mutual determination of problem and solution carries a risk of setting both in place, fixed in reference to each other (Rappaport 1981; Flemons 1991: 11).

Social science research has a related difficulty. This thesis, like many research projects, identified a question and set out to answer it. At the end of the thesis, I have enough questions for several more PhDs. But for the moment I ask myself: 'What shall I do about this?' I am trapped again in the problem of problems. Asking that question would tie me in opposition to

the problem. Having uncovered the question I will not attempt to answer it, but will leave it to echo, unanswered, through the remainder of this chapter.

The chapter opened with a call for the use of old paradigms. Ancient and non-rational systems of knowledge and thought may be useful in community and political change, where rational planning models stop working. This may include situations where knowledge, belief and personal experience lead people to reject rational models; as I argued in Chapter Chapter 8 **,** situations where minority groups seek to bring about change in those who are more powerful and wealthier; and as outlined above, in situations where a problem and its solution have become fixed in reference to each other.

Probably the most ancient text book for community and political change is *I Ching*, or *Book of Changes*. This 4,000 year old classic of Chinese literature is arranged into sixty-four hexagrams. Each hexagram describes a political or social situation, and commentaries on each give advice on action which may be taken to restore harmony and balance (Dao) in political and social life. *I Ching* is not based on rational logic or empirical science, but on the opposition, alternation, reversal and interaction of opposed forces (*yin* and *yang*) which in Chinese cosmology 'give rise to all phenomena … in a continuous advance and regression of the vital forces in nature' (Siu 1968: 2). This division of phenomena into two great opposed yet balanced categories, based on a detailed and intimate observation of nature, has resonances with the Aboriginal moiety system.

Hexagram 38 of the *I Ching* presents an image of opposition between two irreconcilable forces, in direct contrast and tending in opposing directions. The advice for action in this situation is that large undertakings cannot be carried out in common. Therefore one is advised to retain one's own nature, and work to produce gradual and small effects. When opposition is seen as a polarity in a comprehensive whole, rather than appearing as an obstruction, it is useful to differentiate the categories through which order can be recognised (Wilhelm 1961: 147-149).

This hexagram and its advice can be applied to the situation in Kitya, in which opposition was present between the Aboriginal Health Action Group and Government Health Service, and between the changing factions within the Aboriginal community. Attempts by the action group to bring all Aboriginal factions, the organisation of GPs and Government Health Service together in a large, common undertaking, were not successful. When the strategy was changed, and the small action group combined with local GPs to establish a small Aboriginal health service, this succeeded. Part of the success may have been due to differentiating the

poorly resourced volunteer action group from the relatively powerful and wealthy Government Health Service, who were revealed to themselves as failing to provide resources and services for Aboriginal health.

Like the Dreaming, the Dao is a way of life, rather than just a system of thought. It is sustained by subtle paradoxes, and cannot be understood by mere intellectual effort, but only by being lived. The underlying structure of alternation between *yin* and *yang* has similarities with the division of phenomena into two great interdependent moieties of Yirritja and Dua or Eaglehawk and Crow. The moiety structure emphasises relationships over things. Things only exist and have meaning in relationship with each other. No thing can be known to exist except in relationship to some thing else. To know this requires the presence of a third thing, an observer.

Ganma

Kitya Aboriginal Health Action group subscribed to an underlying philosophy which can be expressed in terms of the ganma metaphor, of salt water and fresh water meeting near the mouth of a creek. This philosophy was referred to during meetings only in the most indirect ways. During the study period several participants indicated in private conversation that they were familiar with the ganma metaphor, and they checked out my understanding of ganma. This was not discussed openly in action group meetings for reasons associated with the uses of indigenous knowledge. At esoteric levels ganma involves secret men's business which is not disclosed in this thesis. Though some of these men's secrets have been made public by appropriate elders in Arnhem Land (Cawte 1993: 1), to my knowledge this business had not been made public in New South Wales. Also, the people attending Kitya Aboriginal Health Action Group meetings were from various parts of Australia, and had varying degrees of knowledge of local traditions in Kitya. Aspects of fresh-water and salt-water business (ganma) are known to different communities, clans or tribes, and the rules and expectations of talking about these vary between communities. In Kitya, with indigenous people from all parts of Australia, and wide variations in indigenous knowledge, it can be difficult to speak openly of cultural matters without risk of offending someone in the community.

Despite the lack of overt discussion, there is evidence that ganma thinking informed an implicit philosophy of the action group. The action group consistently maintained a membership including both indigenous and non-indigenous people, together with an Aboriginal character to the group. This was an expression of ganma philosophy. The mixing

of fresh water and salt water which takes place on the land, and not in the sea, is a metaphor for the coming together of two great cultural streams, from the land (indigenous knowledge) and the sea (western knowledge). But the creek as a whole is 'on the land, and of the land' (Watson and Chambers 1989: 10). When the action group formed a body to succeed it used the word 'ganma' as the name of its successor, and distributed an explanation of its meaning in a leaflet (see Appendix D).

Aboriginal members of Kitya Aboriginal Health Action Group agreed on a major goal. There was almost no rational planning, no hierarchy of objectives, no notion of an orderly progression from a relatively simple state to a more highly organised and more complex situation. In short, not only the language, but also the organising principle of development was absent from this project.

Action was organised, and had identifiable outcomes. Some features of an implicit organising principle or model for action can be noted. Aboriginal members of the action group engaged in strategic action in pursuit of both their personal aims and the aims of the action group. Aboriginal participants started with a clearly stated goal, to get an Aboriginal health service opened in the Kitya Region, which was achieved.

The action group did not make long term plans at any stage. At each point the group pursued their aims by tactical moves, taking into account the external and internal situation at that time. Sometimes individual members of the action group acted in different, even contradictory, ways while claiming to be working to achieve group goals on behalf of the community. Actions which to an observer could seem to be self-contradicting were accepted in the action group. Interaction within the group, and between action group members and people outside the group, was dynamic, constant, confused, and turbulent. Though there was pattern and direction to interaction, there was no hierarchical organisation. Conflict between members of the action group was sometimes intense, such as after Marilyn had written a letter of complaint to Alison's employer, and conflict outside the action group was frequent. However, direct confrontation was avoided in meetings.

These elements can be expressed in the ganma metaphor. Individual drops of salt water or fresh water do not seem to act in an organised fashion. Though there is a general direction of movement, drops of water caught in eddies or backwaters can flow in the opposite direction, and when the incoming tide meets the fresh water, there is chaotic turbulence. No amount of careful planning could predict the movement of turbulent water, and yet the fresh water never ceases flowing to the sea.

Operating in an oral rather than literate way, relying on spoken rather than written communication, had advantages for individual political players. For example, at a time when she was supporting use of a different location, Marilyn announced that rooms at an Aboriginal organisation were not available before the responsible committee had made a decision. Written records are relatively permanent, and fix historical reality. Verbal communications are ephemeral, and so constantly adaptable. They leave no permanent trace. Not only their meaning, but also their form, must be recreated on each occasion of use. Whereas written records are an essential and central component in planning models, in this project written records were more marginal. The central process was facilitated through the immediacy and flexibility of verbal communication, with its accompanying non-verbal components. This encouraged the situation to be fluid, constantly changing and always dependent on relationships between individuals. Ganma is a model for this. Direct interpersonal communication in the context of personal relationships is richer than written forms. Irene commented that:

Irene: *You can't rush things with Aboriginal people. They talk about things among themselves, and think about it. They wait to see how things are. It's like when they sit on the edge of a river bank and throw stones in to see how deep it is. They don't just dive straight in {940311: 246}.*

The advice resonates with the hexagram from the *I Ching* quoted above. Some key elements in this implicit model include autonomous decision making and action by individuals, a lack of hierarchy, emphasis on personal relationships and verbal communication, consensus on large goals, without a hierarchy of short term goals and objectives.

Indigenous Community Action

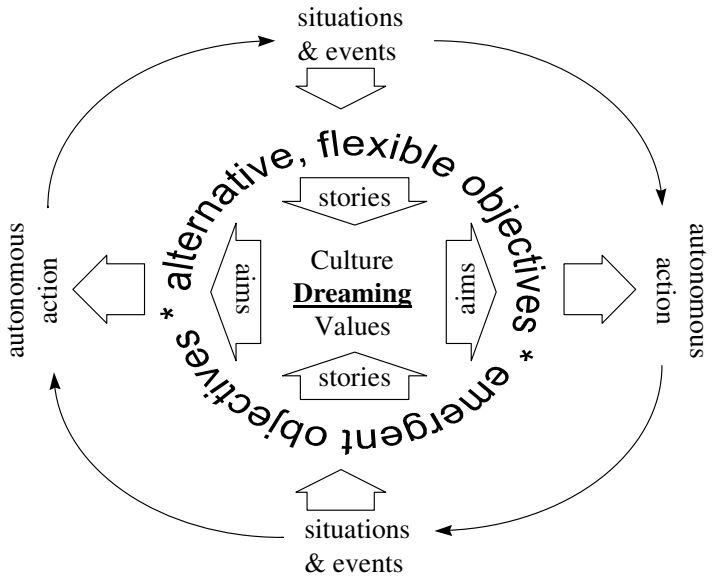
Community action taken by Kitya Aboriginal Health Action Group aimed to level, or at least reduce the imbalance of, power (including control of resources) between indigenous and other Australians. The power differential between Aborigines and non-indigenous citizens, between Aboriginal political structures and the state, and the domination of indigenous by Western cultures was continuously present. The model of resistance to domination rests on the separate identification of two groups, dominators and resisters. Domination generates resistance, and the distinction between them necessarily ties the two of them together in opposition. 'The attempt to separate is itself a connection' (Flemons 1991: 3). Kitya Aboriginal Health Action Group attempted to escape the separation, by redefining the categories. Instead of continuing

the distinction between Aboriginal and non-Aboriginal in their membership the action group attempted to construct a new category of people actively working for Aboriginal health.

One effect of the constant factional struggle and political change described in Chapter Chapter 7 was to prevent the formation of political hierarchy or the consolidation of power in the hands of some factions or leaders within the Aboriginal community. Within the rapidly changing political scene constructed in factional activity, long term planning was a waste of time. By the time a long term plan was achieved the situation would have changed, and the 'goal posts moved'. Meetings of the Aboriginal Health Action Group did not display characteristics of rational development planning, but a mode of strategic action which was responsive to rapidly changing circumstances and opportunities, and an uncertain and unpredictable future. This indigenous community action was recorded and studied. Its key elements are summarised in Figure 7. The primary source for the model in Figure 7 is participant observation of the Kitya Aboriginal Health Action Group. It is also informed by indigenous sources referred to in the literature review (Chapter 2).

Figure 7 represents culture and values as central to indigenous community making, and Aboriginal people in Kitya and elsewhere say that Aboriginal culture and values centre on the Dreaming. Values of community, generosity and levelling are perhaps of special relevance to community action. Values of community were explored in the discussion of indigenous discourses of community in Chapter Chapter 6 . While there is diversity in the ways discourses of community are used by Aboriginal people in Kitya and elsewhere, there is strong agreement that Aboriginal people should work for and contribute to their communities. Generosity was discussed in Chapter 2 as a central value in Aboriginal culture. This generalisation was supported by observations reported in Chapter Chapter 7 , in which even actions which could be interpreted as selfish were justified in terms of generosity or service to the community. The value of bringing people level is referred to in ganma and two-ways literature, and a balance between groups in terms of power, wealth and other attributes is implied in the moiety structure. Though not discussed clearly and explicitly in this project, much of the factional and other political action has been interpreted as action to bring groups level.

Figure 7: Indigenous Community Action



These and other values of Aboriginal culture produce images of how the world should be. When compared with stories of situations and events (descriptions of the world as it is) these give rise to broad aims, represented by outwards pointing arrowheads in Figure 7. In the context of actual situations, aims are expressed as objectives. In the Kitya case, and perhaps in other situations where indigenous people are relatively powerless and poor, objectives remain flexible, and a number of alternative objectives may be under consideration at any time. As situations change, new objectives emerge from the interaction between the actions of various stake holders, and concrete situations and events. This cycle of interaction, which involved people other than members of the action group, is represented in Figure 7 by the outer ring of arrows. Aims may be agreed on by consensus at meetings, but this does not imply that all people who participated in the decision making process will feel bound by decisions. Individuals often take autonomous action. This is the case not only where few sanctions can be exercised. In Aboriginal organisations it is not unusual for employees to exercise high levels of autonomous action. Action taken towards achieving objectives both influences and is influenced by situations and events. Actors observe and reflect on situations and events, which provides feedback represented by the inwards pointing arrow heads.

This model of indigenous community action does not require a formal planning process. Although it could accommodate a more formal procedure for identifying aims and objectives, this model has an advantage over others in that it accommodates the verbal, less structured, dynamic models of strategic action observed in the Kitya project.

The analysis of the process of change in Chapter Chapter 8 revealed the paradoxical nature of action for change in power relations undertaken by indigenous people in a relatively powerless position. Attempts to negotiate with Government Health Service were not successful, but after the Aboriginal Health Action Group stopped trying to achieve change in Government Health Service, and adopted alternative objectives, the changes they had hoped for came about.

It would be useful to develop a full description and analysis of this implicit model, with guidelines for practitioners. I would expect that such a description would include many of the elements of contemporary community development practice, but without the assumptions deriving from the idea of progress and the meta-discourse of development which is closely related to domination. A full description lies outside the scope of this thesis. I have shown that what was learned in this research project has implications for action to empower Aboriginal people.

Conclusions

The underlying question of the thesis was:

> In the current policy context, in which Aborigines and the Australian Government declare commitment to principles of self-determination, to what extent can Aborigines be self-determining?

There are several senses in which I could only answer this in paradoxical terms. I have argued that self-determination is paradoxical. The policy is the current phase of Australian internal colonialism, in which the Australian state creates a relationship of dependent autonomy with its indigenous citizens. The contradictions and paradoxes of self-determination can be seen at all levels of government administration, including the administration of Aboriginal health.

Data collected supported the conclusion that Kitya Aboriginal Health Action Group engaged in a successful community development project in Aboriginal health, which resulted in a new Aboriginal health service, and the empowerment of the action group in relation to Government Health Service (Chapter Chapter 5). Analysis at the level of discourse, however, revealed that indigenous members of the action group were not engaging in a discourse of community development (Chapter Chapter 6). This surprising (to me) finding raised questions about what happened in this case.

The Kitya Aboriginal community was divided into opposing factions, which indigenous and other people involved in the project agreed were destructive to community cohesion and the

effective organisation of the Aboriginal community. This conventional wisdom, that factions were destructive to Aboriginal self-determination, was contradicted by the observation that factions were an exercise of self-determination, and had levelling effects, which could be seen as resistance to the imposition of hierarchical organisational structures (Chapter Chapter 7).

A detailed study of the process of empowerment and self-determination in Kitya provided data for a description of this process in terms of paradox (Chapter Chapter 8). This allowed me to begin the construction of a model for indigenous community action based on an ancient paradigm. More work is needed to describe ways of working with indigenous communities which reconcile Western and indigenous knowledge and practice.

In this thesis I have attempted a complex and difficult task which has implications for epistemology, sociology of knowledge, social theory, indigenous health and the theory and practice of community development. Aboriginal people were able, in this case, to alter the structures of meaning and power in their relations with the state, through their actions in the field of health, through the use of indigenous knowledge. The reconciliation of indigenous and Western knowledge could have far reaching effects.

Ganapiya.

Appendix A: Information and Consent Forms

This appendix includes a plain language statement to prospective participants and other interested persons, a short statement for prospective participants in the form of a letter, and a consent form in language accessible to Aboriginal people. The consent form is written and designed to be understood by Aboriginal people who do not usually use academic English, and to reflect participatory, non-experimental research design.

SELF-DETERMINATION
ABORIGINES AND THE STATE IN AUSTRALIA

A research project about relationships between Australian indigenous peoples and the government.

The researcher

My name is Ian Hughes. I have been active in supporting Aboriginal people for more than twenty years. I work in the Aboriginal Education Unit in the School of Community Health at Sydney University, also I am student in doing research on Aboriginal self-determination for my Doctor of Philosophy degree (PhD).

Aims

My research has two main aims. The first is to describe the relationship which Aborigines and the government (the Australian state) have made between themselves, while they talk about self-determination. The second aim is to see how the information I collect can be used for Aboriginal empowerment and community development.

Procedure

I am doing this by analyzing documents, reports, books, articles and speeches written by Aborigines, by politicians and by people working for the government.
I also want to talk with Aboriginal people. I do this to get a complete picture; to make sure I understand Aboriginal points of view properly; to listen to any advice or suggestions Aborigines may have; and to check out that what I do will be useful to Aboriginal people, Aboriginal communities and Aboriginal organizations.
I want to listen to anything Aboriginal people would like to say, and read things written by Aboriginal people. I may ask to tape record some conversations so I can be sure to remember what is said, and help me to listen properly.
To do the research I read, listen, discuss, think and write. Nothing difficult or uncomfortable is asked of people who participate.

Conditions

Because the discussions are not formal interviews with set questions, they may be short or long.
If people prefer not to be tape recorded, that's fine.

People who decide they want to help with this research can stop any time they like. They can withdraw their consent at any time. They can also put conditions on what they do, or on how I can use information they give me.
Kooris and anyone else participating in the research can ask questions, and make suggestions.

Confidentiality

The report will not include any personal or confidential information about people, or their families. The names of people who give information will not be included unless they ask me to.

Results

I will give the final report to The University of Sydney as the thesis for my degree.
Any Aboriginal people or organizations who have participated or helped with the research can have a copy of the research report when it is finished, if they ask for it.
I may discuss the research at seminars and conferences, and I hope results might eventually be published in journals or as a book.

Information

If you want to know anything about the research. If I have not explained anything well enough, or if you are concerned about anything to do with the research, please ask. You can contact me at work or at home, at any time.

The University of Sydney

Faculty of Health Sciences

School of Community Health

SELF-DETERMINATION
Aborigines and the state in Australia

I am a post-graduate student in the School of Community Health at Sydney University, and a lecturer in the Aboriginal Education Unit. I am doing research on Aboriginal self-determination for my Doctor of Philosophy Degree (PhD). This letter is to ask for your help, or for the help of your organisation.

My research has two main aims. The first is to understand and describe the relationship which Aborigines and the government (the Australian state) have made between themselves, while they have been talking about self-determination. The second aim is to see how community development in health may be used by Aboriginal people in achieving self-determination.

I am doing this by analysing reports, books and other documents written by Aboriginal people and people who work for the government. I also listen to Aborigines in meetings and interviews to get a complete picture, and to make sure I understand Aboriginal points of view. I will listen to any advice or suggestions Aboriginal people may have, and I want to check out that what I do seems useful to Aboriginal people, communities and organisations.

I invite you to participate in this research. I would like to listen to what you have to say about Aboriginal health, self-determination and other things. I would like to tape record some conversations, but if you prefer not to be tape recorded, that's fine. I may ask particular questions, or want to discuss topics which interest me, and I also want to listen to what you think is important. In participating, you can ask questions, and if you have any worries or suggestions about this research, please let me know.

You may withdraw your consent at any time, either by writing or speaking to me. You may put conditions on your participation, or on how I can use the information which you give me. If you have any conditions or limitations, please write them on the consent form, or tell me about them.

If you want to know anything about the research, or if I have not explained anything well enough, please ask. You can contact me, or Dr Cherry Russell, my supervisor. Our addresses and phone numbers are on the back of this letter. I look forward to your cooperation.

Yours sincerely,

Ian Hughes.

You may contact me at any time at:

Work:

Ian Hughes
Aboriginal Education Unit
Faculty of Health Sciences
The University of Sydney
PO Box 170
Lidcombe NSW 2141

Phone (02)646 6110
Fax (02)646 6112

Home:

Ian Hughes
PO Box 1013
Gosford South NSW 2250

Phone (043)67 6933

Or contact my supervisor:

Dr Cherry Russell
School of Community Health
The University of Sydney
PO Box 170
Lidcombe NSW 2141

Phone (02)646 6129
Fax (02)646 6112

The University of Sydney

Faculty of Health Sciences

School of Community Health

SELF-DETERMINATION
Aborigines and the State in Australia

To: Ian Hughes
School of Community Health
Faculty of Health Sciences
The University of Sydney
PO Box 170
Lidcombe NSW 2141

From

_____
(name)

_____
(address)

_____
(postcode)

_____
(Phone number)

I agree to help with, or take part in, the research project called 'Self-Determination: Aborigines and the State in Australia'. I understand I can withdraw this consent at any time.

signed _____

date _____

Please answer the questions below by putting a circle round the right answer or crossing out the wrong answer. I assume you mean 'No' to any question not answered.

Would you like more information about the research?	YES	NO
Would you like me to send you a report of the research when it is finished?	YES	NO
Would you like me to acknowledge your help using your name?	YES	NO
Do you give permission for recordings, transcripts etc to be used for anything else, other than this research?	YES	NO
Do you give permission for photographs of yourself to be used in research reports?	YES	NO
Do you have any special instructions or conditions for your participation in the research? If YES, please write them on the back of this form	YES	NO

Appendix B: Data analysis

Transcripts of meetings of Kitya Aboriginal Health Action Group and of discussions with participants were analysed on line using NUD·IST software. Tape recordings of action group meetings and discussions were transcribed into word processor documents. A code number identified all speakers, people and organisations referred to in the transcripts. Transcripts were proof read, identifying information was coded, and documents were introduced into NUD·IST .

Once data was entered into NUD·IST as on-line documents an index system was built up. The research proposal had included a list of possible items for coding of documents (Table 18). This was taken as a starting point, and repeatedly modified through the project, as approaches to the main research questions were modified, as the method of action research revealed information which reflected on the project design and method, and as detailed questions relevant to the local situation emerged.

Table 18: List of items for coding documents

1	CONTENT		
	1.1	identifying bibliographic code	
	1.2	author	
	1.3	title	
	1.4	date	
	1.5	publisher, place	
	1.6	number of pages	
	1.7	inclusions (diagrams, maps, illustrations, index etc)	
	1.8	topic	
		1.8.1	self-determination
		1.8.2	reconciliation (treaty. makarrata etc)
		1.8.3	Administration (incl. ATSIC)
		1.8.4	other
2	PROCESS		
	2.1	type (book, journal article, interview manuscript, report etc	
	2.2	source, location	
	2.3	date(s) analysed	
3	RELATIONSHIP		
	3.1	author class	
		3.1.1 aboriginal author	
		3.1.2 state agent or agency	
			3.1.2.1 politician, political party
			3.1.2.2 department or public servant

3.1.2.3 court, inquiry or judicial officer
3.1.3 academic
3.1.4 other
3.2 voice
3.2.1 aboriginal voice
3.2.2 state voice
3.2.3 academic voice
3.2.4 other voice
3.3 moral stance
3.3.1 giving information
3.3.1.1 asserted as data
3.3.1.2 data with feeling
3.3.1.3 preference
3.3.1.4 problem
3.3.1.5 gains
3.3.1.6 losses
3.3.2 claims to righteousness
3.3.2.1 legitimation
3.3.2.2 challenge
3.3.2.3 vilification
3.3.3 urging to action
3.3.3.1 call
3.3.3.2 warn
3.3.3.3 threaten
3.4 rhetoric
3.4.1 logic
3.4.2 rights
3.4.2.1 natural rights
3.4.2.2 civil rights
3.4.3 fairness and goodness
3.4.4 appeal to sentiment, feelings
3.4.5 affinity
3.5 sequencing and punctuation
3.5.1 responds to: (identifying biblio. code)
3.5.2 elicited: (identifying biblio. code)
3.5.3 interacts with (authors)
3.5.4 sequence
3.5.5 punctuation
3.6 symmetry
3.6.1 complimentary - one down to (author)
3.6.2 complimentary - one up to (author)
3.6.3 symmetrical with (author)

By the end of the project, the list of items for coding documents had been transformed into a more complex NUD·IST index system (Table 19) which reflected issues which emerged during the research, and which could not have been predicted at the start of the project. Node (4 7 3), 'GP clinic', for example, indexed paragraphs in which speakers referred to the collaborative venture with the GP organisation which was could not have been anticipated before the establishment of the action group, and which became the major focus of action.

Text in on-line documents was indexed to nodes in two ways. NUD·IST can undertake complex text searches, and index the results of these to nodes. Text searches for 'community', 'development' and 'community development', for example, were indexed to nodes (4 5), (4 6) and (4 6 1). As well as this automated searching and indexing, I indexed paragraphs or ranges of paragraphs to nodes as I read through the on-line documents. This enabled the indexing of concepts that were not expressed in particular words. Examples include (6 6 1) '/POLITICS/colonialism/resistance' and (8 1) 'DISCOURSE/indigenous'. Speech that exemplified such concepts would not be expected to include these or other particular words.

The index system was developed progressively throughout the project, especially during the data analysis phase. Some nodes were built as combinations of index nodes, or as the results of complex text searches (such as (80 1) to (80 5)). Some lines of inquiry indexed during the project, such as notions of health indexed under node (5), are not reported in detail in the thesis, but inform discussion at several points. Node (4 5) 'community', node (6 5 1) '/POLITICS/local/factions' and nodes below (6 4) '/POLITICS/this project' indexed the main data sources for chapters of the thesis.

Table 19: NUD·IST index system

Q.S.R. NUD·IST Power version, revision 3.0.4 GUI.
Licensee: ian hughes.

PROJECT: PhD, User Ian Hughes,
REPORT: index nodes, 12:12 pm, 2 Sept, 1996

(1)	/TEXT
(1 1)	/TEXT/meeting
(1 2)	/TEXT/discussion
(1 3)	/TEXT/field-note
(1 4)	/TEXT/report
(1 5)	/TEXT/article
(1 6)	/TEXT/news-story
(1 7)	/TEXT/book
(1 8)	/TEXT/interview

(2)	/AUTHOR
(2 1)	/AUTHOR/category
(2 1 1)	/AUTHOR/category/indigenous
(2 1 2)	/AUTHOR/category/state
(2 1 3)	/AUTHOR/category/academic
(2 1 3 1)	/AUTHOR/category/academic/IanHughes
(2 30)	/AUTHOR/P30
(2 32)	/AUTHOR/P32
(2 54)	/AUTHOR/P54
(3)	/RESEARCH
(3 1)	/RESEARCH/indigenous
(3 1 1)	/RESEARCH/indigenous/Koori
(3 2)	/RESEARCH/state
(3 3)	/RESEARCH/academic
(3 4)	/RESEARCH/this project
(3 4 2)	/RESEARCH/this project/theory
(3 4 2 1)	/RESEARCH/this project/theory/key-words
(3 4 2 2)	/RESEARCH/this project/theory/paradox
(3 4 3)	/RESEARCH/this project/method
(3 4 4)	/RESEARCH/this project/ethics
(3 4 6)	/RESEARCH/this project/com-profile
(3 5)	/RESEARCH/PAR
(3 6)	/RESEARCH/coast
(3 7)	/RESEARCH/statistics
(4)	/COMMUNITY-DEV
(4 1)	/COMMUNITY-DEV/locality-dev
(4 1 1)	/COMMUNITY-DEV/locality-dev/profile
(4 2)	/COMMUNITY-DEV/com-organisation
(4 3)	/COMMUNITY-DEV/soc-action
(4 3 1)	/COMMUNITY-DEV/soc-action/publicity
(4 3 1 1)	/COMMUNITY-DEV/soc-action/publicity/slogan
(4 3 1 2)	/COMMUNITY-DEV/soc-action/publicity/pamphlets
(4 3 1 3)	/COMMUNITY-DEV/soc-action/publicity/papers
(4 4)	/COMMUNITY-DEV/this project
(4 4 2)	/COMMUNITY-DEV/this project/advisry-ctee
(4 5)	/COMMUNITY-DEV/community
(4 5 1)	/COMMUNITY-DEV/community/name
(4 6)	/COMMUNITY-DEV/development
(4 6 1)	/COMMUNITY-DEV/development/comdev-txt-sch
(4 7)	/COMMUNITY-DEV/indigenous
(4 7 1)	/COMMUNITY-DEV/indigenous/collect
(4 7 2)	/COMMUNITY-DEV/indigenous/healing
(4 7 3)	/COMMUNITY-DEV/indigenous/GPclinic
(4 7 3 1)	/COMMUNITY-DEV/indigenous/GPclinic/rooms
(4 7 3 2)	/COMMUNITY-DEV/indigenous/GPclinic/transport
(4 7 3 3)	/COMMUNITY-DEV/indigenous/GPclinic/organisation

(4 8)	/COMMUNITY-DEV/state
(4 8 1)	/COMMUNITY-DEV/state/KooriGP
(4 9)	/COMMUNITY-DEV/professional
(4 9 1)	/COMMUNITY-DEV/professional/medical
(4 10)	/COMMUNITY-DEV/academic
(4 10 3)	/COMMUNITY-DEV/academic/GPclinic
(5)	/HEALTH
(5 1)	/HEALTH/concepts
(5 1 1)	/HEALTH/concepts/indigenous
(5 1 1 1)	/HEALTH/concepts/indigenous/bushmedicine
(5 1 1 2)	/HEALTH/concepts/indigenous/trad-illness
(5 1 1 3)	/HEALTH/concepts/indigenous/stress
(5 1 1 4)	/HEALTH/concepts/indigenous/grog
(5 1 1 5)	/HEALTH/concepts/indigenous/mental
(5 1 2)	/HEALTH/concepts/state
(5 1 2 5)	/HEALTH/concepts/state/AHS
(5 1 3)	/HEALTH/concepts/academic
(5 1 4)	/HEALTH/concepts/alternative
(5 1 5)	/HEALTH/concepts/discipline
(5 2)	/HEALTH/services
(5 2 1)	/HEALTH/services/local
(5 2 1 1)	/HEALTH/services/local/dental-van
(5 2 1 5)	/HEALTH/services/local/AHS
(5 2 1 6)	/HEALTH/services/local/AHLO
(6)	/POLITICS
(6 4)	/POLITICS/this project
(6 4 1)	/POLITICS/this project/factions
(6 4 2)	/POLITICS/this project/micro-meso-macro
(6 4 3)	/POLITICS/this project/relationships
(6 4 3 1)	/POLITICS/this project/relationships/Koori-state
(6 4 3 1 1)	/POLITICS/this project/relationships/Koori-state/advisy-ctee
(6 4 3 2)	/POLITICS/this project/relationships/interaction
(6 4 3 2 2)	/POLITICS/this project/relationships/interaction/anger
(6 4 4)	/POLITICS/this project/meeting-procedure
(6 5)	/POLITICS/local
(6 5 1)	/POLITICS/local/factions
(6 5 2)	/POLITICS/local/leadership
(6 5 2 1)	/POLITICS/local/leadership/elder
(6 5 3)	/POLITICS/local/identity
(6 6)	/POLITICS/colonialism
(6 6 1)	/POLITICS/colonialism/resistance
(6 6 2)	/POLITICS/colonialism/subjection
(6 6 3)	/POLITICS/colonialism/protection
(6 6 4)	/POLITICS/colonialism/welf-col
(6 6 5)	/POLITICS/colonialism/dep-autonomy
(6 6 5 1)	/POLITICS/colonialism/dep-autonomy/reconciliation

(6 6 5 6)	/POLITICS/colonialism/dep-autonomy/self-det
(6 7)	/POLITICS/Corruption
(6 8)	/POLITICS/Gender
(8)	/DISCOURSE
(8 1)	/DISCOURSE/indigenous
(8 1 1)	/DISCOURSE/indigenous/cycles
(8 1 2)	/DISCOURSE/indigenous/local
(8 1 3)	/DISCOURSE/indigenous/kinship
(8 1 3 1)	/DISCOURSE/indigenous/kinship/dying
(8 1 4)	/DISCOURSE/indigenous/categories
(8 1 5)	/DISCOURSE/indigenous/knowledge
(8 1 6)	/DISCOURSE/indigenous/ganma
(8 1 7)	/DISCOURSE/indigenous/culture
(8 1 8)	/DISCOURSE/indigenous/ANON-86
(8 2)	/DISCOURSE/state
(8 2 6)	/DISCOURSE/state/categories
(8 3)	/DISCOURSE/academic
(8 3 6)	/DISCOURSE/academic/categories
(8 4)	/DISCOURSE/racism
(8 5)	/DISCOURSE/white
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(9 1)	/STRATEGY/plan
(9 1 1)	/STRATEGY/plan/multipurpose
(9 1 2)	/STRATEGY/plan/AHS
(9 2)	/STRATEGY/CCAHAG
(9 2 2)	/STRATEGY/CCAHAG/action
(9 5)	/STRATEGY/this project
(9 5 1)	/STRATEGY/this project/needs
(9 5 2)	/STRATEGY/this project/problems
(9 5 4)	/STRATEGY/this project/com-dev
(10)	/BUREAUCRACY
(10 1)	/BUREAUCRACY/funding
(10 1 1)	/BUREAUCRACY/funding/fin.control
(10 1 2)	/BUREAUCRACY/funding/this-project
(10 2)	/BUREAUCRACY/incorporation
(10 3)	/BUREAUCRACY/ATSIC
(10 4)	/BUREAUCRACY/Koori-way
(10 5)	/BUREAUCRACY/policy
(11)	/HISTORY
(11 1)	/HISTORY/people
(11 2)	/HISTORY/places
(80)	/SEARCH
(80 1)	/SEARCH/P30&dev
(80 2)	/SEARCH/P32&dev
(80 3)	/SEARCH/P54&cd-indig
(80 4)	/SEARCH/P32&ind-cd

(80 5)	/SEARCH/P32&rooms
(91)	/QUOTES
(99)	/TEMP

Appendix C: Eaglehawk and Crow

In most of Aboriginal Australia people and other beings are divided between two great moieties. Over most of New South Wales the moieties are called Eaglehawk and Crow. In other places the moieties have different names. In Arnhem Land, for example, they are Yirritja and Dua. There are correspondences between the names used by different language communities. The story of Eaglehawk and Crow gives a mythological account of the origins of conflict between the two moieties, and is a metaphor for ongoing conflict in Aboriginal communities.

The meaning of Eaglehawk and Crow is that differences and conflicts of interest are always present where different people live in communities. Actions which are not ethically valued, like Eaglehawk and Crow fighting and trying to trick each other, continue to this day, and can be expected to exist as long as differences between people, represented by the different characters of the two birds, persist.

In the mythology of the Kitya region, Eaglehawk and Crow coexist with the ganma metaphor. As the story of Eaglehawk and Crow provides a mythological explanation for continuing difference and conflict, ganma provides a metaphor for the coming together of opposites in creative fusion. Within a common mythological system the meaning of Eaglehawk and Crow, that difference and conflict of interest are always present, persists alongside the meaning of ganma, that the dialectical interaction of opposed elements can be creative. In mythological thinking there is no need to reconcile the two accounts, as any apparent conflict can be explained in either or both accounts. Both exist in mutual creative tension, and both are self-referential (that is, each account refers to itself).

In Christian mythology the appearance of a transcendent reality brings an end to the conflict of opposites (good and evil, Christ and Satan etc) by the victory of one over the other. Ganma is a philosophy of immanence rather than transcendence. The creative outcome at a logically higher level than the conflict between opposites is potentially present in the continuing existence of each of the opposites, rather than in the ending of opposition through a victory of one over the other at a point in time. Salvation is an event, and ganma is a process. The existence of brackish water (as the transcendent outcome) depends on both salt water and fresh water, and the dynamic interaction between them. In this process neither element ever

achieves a final victory. This is a metaphor for lived experience of paradox in which the solution to a dilemma is never a final solution.

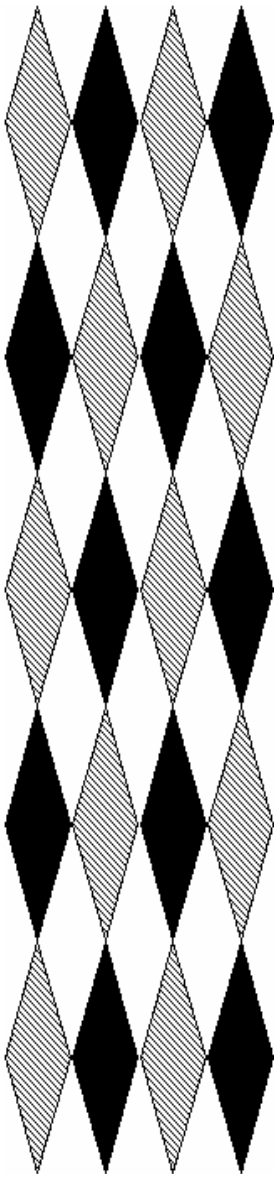
Eaglehawk and Crow

> Eaglehawk and Crow are the names of the moieties over much of New South Wales. Traditionally every person would belong to one or the other of the two great moieties, Eaglehawk and Crow. In every family and community some people would be Eaglehawk and others Crow.
>
> Wahn the crow was a great mischief maker in the bush. Whenever something bad or mischievous happened you could be pretty sure that the crow was to blame. He was sly and sneaky in everything he did. The Eagle Hawk, who was called Malyan or Maliyan by the inland people of New South Wales, and also had other names, is the largest of its kind in the world, and is famous for his strength and bravery. There are many stories about Eaglehawk and Crow.
>
> Eaglehawk and Crow are always quarrelling and fighting, all over New South Wales. This is the story of how their quarrelling came about. It is a public story which anyone can hear. It is told throughout New South Wales.
>
> Malyan the Eaglehawk had a son, a fine strong chick who showed every sign of growing into a big, strong bird just like his father. But one day Wahn the Crow killed the young Eaglehawk. Crow trampled down the bushes around the camp, and told Eaglehawk that some men had come and killed his son.
>
> But Malyan saw Crow's footprints all around. Malyan was very angry indeed, but he did not attack him straight away. First he had to make a funeral for his son. Knowing how sneaky and cunning Wahn was, eaglehawk looked for a way to pay back the Crow, and get revenge for the death of his son. After long thought and planning he decided to make a trap for the Crow. He dug a deep pit with very steep and smooth sides, so that any creature who fell in would not be able to climb out again. When the pit was finished Malyan covered it with leaves and branches, weaving them together carefully so no one could tell that the pit was there.
>
> When everything was ready, the Eaglehawk tied a string to the lid, and baited the trap with a large and very tasty piece of meat. He climbed to the top of a tall tree nearby, and waited for his enemy.
>
> The Crow came along. "Wah!" he said, "What a fine piece of meat! Somebody must have dropped it. But that doesn't matter. I am very hungry." So without even looking round him, he jumped to get the meat. Immediately the Malyan pulled the string, and the lid fell in with a bang, and Wahn was trapped inside. Wahn struggled and squarked but he could not escape. Malyan's trap would not let him out. Malyan climbed down from his tree and beat Wahn with his waddy until he lay dead.
>
> But then the Crow came to life again, and ever since then Eaglehawk and Crow are always fighting and trying to trick each other.

Note: I apologise that I am unable to cite a bibliographic source of this myth. I was given this story by a participant in the study, in written form without acknowledgment. In searching for the source I found other episodes of the Eaglehawk and Crow saga in Mountford and Roberts 1965: 64-65; Charlesworth, Morphy et al. 1984: 41; Berndt and Berndt 1988: 190-191, 365-266 and Swain 1993: 93. Some aspects of this myth referred to in Charlesworth, Morphy et al. 1984: 110 are secret.

Appendix D: Ganma

The following is a copy of a page from a leaflet issued in late 1996. Ganma is a pseudonym. The health service is known by the corresponding word in the local language, which is also the name of a creek in the region.



Ganma is a powerful metaphor. It is written in the land at Ganma since the Dreaming.

This picture represents the meeting of salt water and fresh water in Ganma Creek. The black diamonds represent the fresh water from the land. The shaded diamonds the salt water from the sea. The white diamonds are the lines of froth which are made where the tide of salt water rushing in from the sea comes in contact with the fresh water from the land.

But the place where this happens is on the land. It is part of the country, not part of the sea.

Ganma needs the fresh water and the salt water, and the violence of their mixing to make a new kind of water, called brackish water. The brackish water cannot survive without both the fresh water from the land and the sale water from the sea.

This metaphor has many meanings. Through it we can learn about the difficulty of bringing opposites into creative balance.

Ganma Aboriginal Health Service
(1996)

Glossary

Aboriginal	People who identify themselves as Aboriginal people or Torres Strait Islanders, and are accepted as such by the local community. In this thesis the word does not represent a unified group or culture, but refers to any of the cultures which are indigenous to Australia.
Blackfella	(Blackfellow) a non-sexist term in Aboriginal English for an Aboriginal person of either gender.
Dua	The moiety in Arnhem Land kinship which corresponds to Crow in NSW.
Ganapiya	Finish. A Yolngu word used to mark the end of a story or other text.
Gubba	White people, Anglo Australians (Aboriginal English word derived from 'government men').
Guni	Faeces
Kitya (Gidja, Gidjang)	A pseudonym (with variant spellings) for the name of the study region, and the name of the Aboriginal tribe which originally lived there.
Koori	Indigenous person. When used in this thesis 'Koori' is not intended to exclude indigenous people from parts of Australia whose languages use another word for indigenous person.
Rom	An Aboriginal (Yolngu) word for indigenous knowledge, and also for a ritual of reconciliation after estrangement or hostility. In both senses, rom is about the reconciliation of opposites.
Whitefella	(Whitefellow) a non-sexist term in Aboriginal English for a non-indigenous person regardless of gender, ethnicity or skin colour.
Yirritja	The moiety in Arnhem Land kinship which corresponds to Eaglehawk in NSW.
Yolngu	Aboriginal people of Arnhem Land, sometimes extended to refer to indigenous people of Northern Territory.

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Chapter 10