

A Clever People:
Indigenous healing traditions and Australian mental health futures

Abstract

Indigenous Australians are currently hospitalised for mental health disorders at significantly higher rates than members of the non-Indigenous population. In this context, the development of effective Indigenous mental health service delivery models in remote, rural and urban areas continues to be a national priority.

Traditional forms of healing are fundamental to Indigenous societies across Australia. Anthropologists, linguists, psychiatrists, psychologists, psychoanalysts and Indigenous healers themselves have recorded and discussed many localised traditions of healing over the last 100 years.

This paper presents an overview of this significant Australian heritage and proposes that the challenges which face mental health service delivery within many Indigenous communities may be addressed in part through the recognition of the intellectual, religious and therapeutic bases of Indigenous healing traditions.

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1.1 Introduction

People experience the value of interventions because of their appreciation of the impact on their bodies. Such an appreciation is an outcome of multiple ways of perceiving bodies. Consequently, we challenge the validity of particular practices through the mobilisation of those alternative knowledges/ practices which operate to counter the application of the medical purview. (Anderson, 1995: 78)

In Australia, Indigenous men and women are hospitalised for 'mental and behavioural disorders,' at 2.0 and 1.5 times, respectively, the rate of non-Indigenous men and women (Hunter, 2007: 89). Furthermore, recent research findings show that mental health services are provided at lower levels for Indigenous citizens than for non-Indigenous Australians, and this situation is even worse within "rural and remote settings." To address this dire situation, Ernest Hunter has called for the development of effective mental health services that not only increase access and equity, but also establish:

broad, transdisciplinary, health-affirming approaches that are attuned to the circumstances and priorities of remote communities, and initiatives that support empowerment at individual, family and community levels. (Hunter, 2007: 91)

The following paper contends that such 'transdisciplinary approaches' should also incorporate a preliminary understanding of Indigenous therapeutic traditions within an overarching mental health service delivery framework.

Throughout Australian Indigenous societies, Indigenous healers have played significant roles in the religious, judicial and therapeutic foundations of community life. These healers are often described in Aboriginal English as *clever*, that is, they are known as clever men and women within their own community and broader regions throughout Indigenous Australia. The word *clever* resonates with both a respect for the healer's extensive therapeutic knowledge and skill, as well as a degree of fear for their presumed mystical, supernatural and spiritual capabilities.

Australian Indigenous healing is founded upon the intersection of both material and spiritual realms. The human body is matter which is animated by each individual's spirit – a spirit, which in turn, may be lost, taken or damaged by external spiritual forces. It is this fundamental principle of

Indigenous healing and well-being that has particular relevance to mental health services delivery approaches.

While there is significant ethnographic variation across the continent, this essay articulates a preliminary Indigenous ideology of the body and its relationship to the spirit. To do this, Chapter 2 of the paper examines in some detail a small number of published interviews with traditional practitioners and draws most heavily upon Australian anthropological literature.

From these various sources, it becomes clear that there is a common theme of the Indigenous body (matter encapsulating an individual's spirit) as a sacred wholeness whose invasion or penetration is a matter for either deep spiritual concern or celebration. This literature presents a consistent Indigenous ideology that interprets the transgression of the human body's physical boundary in fundamentally spiritual or religious terms. A body is entered for the purposes of harming or healing the human identity (soul), or to enable the transformation of that individual into a more sacred identity (ceremonial initiate or clever man/ woman).

This paper then explores the implications of such an Indigenous conceptualisation of the body and its foundational relationship to the spirit, in relation to contemporary therapeutic mental health care approaches. In recent times, there exists a persistent and emergent discourse surrounding Indigenous mental health service delivery, the development and implementation of therapeutic programs and the training of Indigenous Mental Health Workers. At the conclusion of this essay, I suggest that an Indigenous perspective be brought to bear on both the development and implementation of Western mental health approaches within Australia.

Prior to investigating the extensive and significant traditions of Indigenous Australian healing, it is first important to interrogate the generic Western

articulation of the 'traditional healer'. In the next section, the paper briefly reviews how the West has variously represented this often romanticised figure for its own purposes and from within its own conceptual frameworks. Following this critical interlude, the discussion will return to a detailed examination of the significant tradition of Australian Indigenous healing.

1.2 The Indigenous Healer – a western category

Around the world, the terms *Medicine-man/woman*, *Shaman* and *Witchdoctor* have been frequently employed throughout the last century to describe the specifically Indigenous healer.¹ Anthropologists, ethnologists and ethno-historians in the first half of the Twentieth Century were fascinated with recording the extreme alterity of Indigenous supernatural cosmologies and practices. In this period, there are countless vivid portraits of these medicine (mostly) men.² In many ways, these terms celebrate, mystify and articulate the West's own anxious fixation with magic, witches, devils and the supernatural since their most recent local apogee in the European Middle Ages.³

Jilek's article in 1971, "From Crazy Witch Doctor to Auxillary Psychotherapist – The Changing Image of the Medicine Man," is an early examination of the West's own evolving views on Indigenous healing and the role of the traditional healer. The author begins by examining McKenzie's *The Infancy of Medicine*, a 1927 publication from the British Museum. McKenzie's work is a "world-survey" of Indigenous healing practices that mines the work of various authors who overwhelmingly argue that "lunacy" is the fundamental basis of Indigenous healing practices (1971: 201). Furthermore, the stereotype of the 'sick medicine-man,' consistently found in research prior to

¹ As Eliade explains in his seminal work on world shamanism, the word and concept of 'shaman(ism)' originated from "a religious phenomenon of Siberia and Central Asia," as the word itself "comes to us, through the Russian from the Tungusic *saman*" (1972: 4; see also Murphy, 1964: 53). The term *shaman* has been co-opted by other writers in this broad area of scholarship, see for example, Taussig in his work on Colombian traditional healing (1987).

² Eliade's classic work (1972) [1951] is a rich source of such early accounts of shamanism world-wide.

³ While not focussing upon witchcraft and the supernatural, Foucault's classic work *Madness and Civilization* (1988)[1961] does, however, uncover similar historicised ideologies of madness, possession and "folly" that, I would argue, occupy a similar Western discursive position to that of Indigenous healing and shamanism.

the 1960s, is often attested to be "the exponent of his culture's pathology"(1971: 214). Freud's views on what he termed "primitive religion" and "magic," including their similarity to the mental phenomena of both children and neurotic adults, no doubt gave some intellectual support to this consistent representation of the insane tribal shaman during the first half of the twentieth century.⁴

From the 1960s onwards, Jilek perceives a shift in discourse surrounding Indigenous healing. Mircea Eliade's complex exegesis of traditional ritual practice and his respect for the knowledge of, and significant social role played by, the traditional healer – Eliade's "technician of the sacred" (1964: 33) - signaled a new and positive perspective (1971: 204). Likewise, Levi-Strauss challenged the previously accepted discourse with his "[a]nalogies of the shaman, the 'professional abreactor,' with the psychoanalyst" (Jilek, 1971: 208; Levi-Strauss, 1963: 180ff).

Jilek also refers to numerous papers on research particularly on African and South American communities throughout the 1960s that call for the employment and recognition of traditional healers within their own communities as a valid "therapeutic resource"(1971: 215). This sentiment appears never to have been considered legitimate within the international research environment prior to the 1960s.

Jilek proposes that, post-1960, the West became ever more uncomfortable with its own dominant eurocentric presence within the "context of decolonization." Furthermore, it is argued, that within Western intellectualism there had been a "breakdown of positivistic ideologies and their substitution by more comprehensive theories of human behaviour." Here, Jilek cites the importance of symbolic, phenomenological and existential psychoanalysis and psychology through the key works of Jung,

⁴ Freud presents this analysis in *Moses and Monotheism* (1939; Standard Edition, vol 23: 113; refer also to Paul Ricoeur's critique of Freud's characterisation of the "so-called primitive person" 1970: 534). See also Eliade's extended discussion of the assumed "psychopathology" of shamans within the literature (1972: 23-32).

Fromm, Binswanger and Frankl (1971: 215). In summary, Jilek argues that because of "profound changes in the occidental evaluation of 'self' and 'others'" throughout the latter half of the twentieth century, the value of Indigenous healing was reversed within the Western intellectual tradition. (1971: 216). Furthermore, he argues that the figure of the Indigenous traditional healer has often fallen prey to the West's own discursive imagination,⁵ and the conceptualisation of the exotic healer frequently reveals a peculiarly Western perspective on self and subjectivity.⁶

As a result of its extreme interest in Indigenous healing traditions since the 1960s, the West has attempted to understand Indigenous and/or traditional systems of healing through developing varied theoretical and disciplinary traditions, such as ethno-medicine, ethno-psychiatry, cultural psychology, cultural psychiatry and medical anthropology. For example, the work of Kleinman, Shweder, Obeyesekere internationally, and in Australia, Cawte and Hunter, are the most prominent in their respective local literatures in attempting to theorise Indigenous and traditional healing approaches.

Later in this paper, I will discuss in more detail the emergence of the West's applied approaches to Indigenous and/or traditional healing. At this early stage, however, I simply want to establish the hundred-year Western fascination with Indigenous and traditional forms of healing around the

⁵ Fifteen or so years on, this critique was developed by Taussig (1987) in his own discussions of Colombian shamanism within the local colonial imagination. It is worth noting that Taussig, while producing a reflexively literary work, cannot help himself occasionally celebrating the local shaman as an extreme and significant "other" for the intellectual Western reader:

[the shaman's] navigation of the space of death and his navigation of envy are existentially matched, and his role as a mute visionary and creator of visions for the patients he ministers is steady and sure. (Taussig, 1987:461)

⁶ The Western view of the self and its assumed cultural universality has been questioned by a number of recent authors. For example, the work of Shweder (1991) radically critiques the West's interpretations of other cultures' behaviour and the role and nature of the 'self.' Gone (2004), a Native American psychologist working and writing about mental health treatment of Native Americans on "reservations" in the US provides a personal and informed critique of Western mental health service delivery to Native Americans. Kirmayer's (1988: 58) discussion of "the specific nature of mind-body dualism in the West" similarly interrogates Western conceptions of self. Reser also highlights the lack of understanding by psychologists and psychiatrists of Indigenous "notions of self" within the Australian context (1991: 259). Petchovsky, San Roque and Beskow (2003: 211-212) more recently stress the fundamental importance of interrogating the cultural conception of 'person' and the nature of subjectivity in cross-cultural psychoanalysis.

world. Additionally, it is worth noting that since the 1960s there has been a more generous approach to valuing Indigenous approaches to healing world-wide. Parallel to this change, there has been a growth in theoretical discussions within and across a number of disciplines, such as medicine, anthropology, sociology, psychology, psychiatry and psychoanalysis.

In the following chapter, the discussion returns to a detailed focus upon Indigenous healers and healing traditions throughout Australia. However, the critical issues raised concerning the West's generic characterisation of Indigenous and traditional healers and healing are just as relevant to the Australian-specific context.

2.1 Clever Australians – Indigenous healers and healing

...the role of Aboriginal medicine-men in the new age: Is their role finished, as thought by many even only a decade ago? If not will they remain in an Order which is characterised by symbolic and mystic aspects and/or will they become trained nursing aides and medical assistants in Aboriginal clinics and hospitals? The answers will be given by Aborigines themselves. (Elkin, 1977: xviii)

In this section, literature on Australian Indigenous healers and healing is examined in some detail. The majority of this information is derived from anthropologists and linguists, however, some published interviews with practising Indigenous healers are also included at the end of this chapter.

Overall, the Australian literature provides much valuable ethnographic detail on the role of the traditional healer in his/her society, as well as philosophical insight into Indigenous ideologies of the body and its relationship to the world of the spirit. In this paper, I use the concept of "spirit" to include the patient's own soul/spirit, the spirit of the healer, as well as other (maleficent or benificent) spirits that commonly inhabit the Indigenous worldview.

I begin with the work of Elkin who attempted to analyze the role and practice of medicine-men across the continent through a "survey" of "about eighty tribes"(1977: xxi). The author draws upon his own fieldwork, the fieldwork of his then research assistant, Ronald Berndt, plus numerous and varied

ethnographic publications. Throughout this seminal publication, Elkin is at pains in his research to establish the value of these traditional healers within their various societies. These are the "Men of High Degree" who

should be recognised by Western doctors and nurses for what they are: specialists in the psychology and social system of their own people, and media of spiritual power to them. As a ritual headman in southern Arnhem Land told me in 1949: 'White Doctor only got clever head; Blackfellow Doctor got clever something inside.' (1977: 177)

Elkin spends much space early on in his work outlining the practices involved in the "making" of medicine-men recorded from a number of Australian Indigenous societies. To summarise, senior clever men or mythical/spiritual figures open up the chosen human body ("the postulant") commonly in the side or abdominal area, although in some regions, incisions are also made to the neck, head, thigh bones, ankles and other joints. Once the body has been opened, internal organs and bones may be cleaned, returned and/or replaced by new powerful substances, such as quartz rock, pearl shell, bone and snakes. Elkin records in Central Australia, that spirit beings, instead of performing surgery, throw invisible spears or "magical stones" that pierce the head of the postulant. In this case, these missiles introduce the external magical substances into the body of the intended target (1977: 31). Magic objects and matter are then controlled within the body of the novice clever man to enable him to heal, injure or kill others. Implanted spirit objects will also be able to move easily through the medicine man's own skin without breaking the surface, and be used powerfully outside the sphere of his own body on others and the world.⁷ After the insertion of magical substances, the postulant's body is then sealed up again, made whole, without a trace or mark left on the skin. The now transformed and newly empowered human is awakened from the dream or "death-like" spell that they had been previously put under for the duration of the surgery or magical attack (Elkin, 1977: 18-31).

⁷ Elkin also discusses how – in the case, of some Indigenous groups - magical objects such as pearl shell or quartz may be pressed into a 'postulant's' forehead "to enable him to see into, and through everything." With this enhanced sight, the medicine-man becomes "the detective and the coroner," as well as potentially a lethally effective sorcerer and killer (1977: 46-49).

These ritual creative practices, the making of medicine-men, are for Elkin, also a “pre-enactment of the magical killing...which the postulant, if he chooses to practise sorcery, will later be able to perform” (1977: 30). The death and murder-like experience of being made a clever man thus translate into that transformed individual’s future potential to become a murderer through sorcery (1977: 107). For Elkin, then, there is a clear connection between the making of the medicine man and the method of killing that sorcerers employ, since in both cases the human inside is penetrated by outside magical powers. The spirit world interpenetrates the material human embodiment and is able to transform the individual life force into either a newly empowered shamanic life or a complete absence of spirit (death). Elkin also discusses how the various magical substances that were inserted into someone chosen to be a medicine-man, are commonly connected to primary creative, spiritual and mythological forces at the foundation of Australian Indigenous cosmologies:

the power is received in symbolic and indeed sacramental forms which come from the heroic beings. In eastern Australia, and the far north-west, quartz is such a symbol; it is living, and is connected with the sky-world and with the rainbow, at the foot of which it may be obtained. In Central and north-central Australia, quartz crystals are also the doctor’s most potent medium, but what might be called their sacramental and theological nature has not been described for us. In the western part of the continent, pearl-shell is the most important medium of power. Like quartz, it is also connected with the rainbow-serpent... Spirit-snakes, and other familiars of totemic and dreamtime associations, are also sacramental links with the world of heroes and creative power (Elkin, 1977: 32-33)

Elkin, in describing both the creation, and the practice of the medicine-man, reveals a fundamental Indigenous symbolic framework that focuses upon spirit interpenetrating matter, especially the materiality of the human body. The Indigenous world of the spirit encompasses the mythological plane of on-going creative forces through the immortal presence of numerous “Dreaming” figures – for example, Rainbow Snakes - that both inhabit the landscape, and infuse specific material realities – for example, stones, rock and shell – with their numinous powers. Such divinely created matter is employed by clever men (and spirit beings themselves) to heal and to kill humans, and also to produce new medicine-men. The crucial transaction of spirit within human materiality is through the penetration of the skin wall,

the sacred boundary between inside and outside. Through Elkin's analysis of various Australian shamanic traditions, Indigenous-specific ideologies of the body and also of healing, become visible.

Ronald Berndt, who was Elkin's research assistant, published a long and detailed paper on "Wuradjeri Magic and 'Clever Men'" (1946-7, 1947-8) after carrying out fieldwork at Menindee Government Aboriginal Station on the Darling River, in New South Wales from September to October 1943 (1946-7: 327). Berndt's informants explained how the Wuradjeri, whose traditional country was a large area of central New South Wales, would apprentice young boys to established "doctors" or medicine-men within the group. The medicine-man would take a boy (10-12 years old) to a "cleared" but "well secluded" place where he would sing into him his "assistant totem" or "spirit companion". In the case reported, the medicine man sings beside his own son who is lying on his back, and the old man takes an "opossum" apparently from "out of the air" and places it upon his son's chest:

While he sang, the opossum gradually sank into the flesh, until it was out of view...[the boy] felt no pain whatever, but was after a time conscious of a "burning feeling" within him, which disappeared upon the termination of the song. In other cases the totem was sung into the back, arm or leg of the boy.

This apprenticeship to an older medicine man continued until the individual was twenty or thirty years old, when the god "Baiami" visited the guardian (commonly, the father or grandfather) of the chosen young man in a dream and explained that he was now ready to meet the god himself. A number of these senior guardians would bring a group of young men (perhaps around a dozen at a time) to place that was sacred to the god, and ask the postulants to lie down. The older men would sing and this summoned the god Baiami down from the sky to walk amongst them,

Baiami then brought forth from his own body, through the mouth, the sacred water termed 'k*ali* which was within him. This water had great power and was said by some to be liquefied quartz crystal. The liquid emanated outwards from either side of Baiami as he moved his head from side to side and it fell upon the postulants. This was the 'k*u:rini*, "the going into them." The 'k*ali*, falling upon a postulant, would spread completely over him, his body absorbing every particle, not a drop falling to the ground; it would not run over the man, but on falling would be absorbed immediately by his body.

Following the initial divine visitation, the young postulants were taught by the older clever men about the meaning of the magical substance that had been absorbed into their bodies, and the reason behind them growing feathers all over their bodies as a result of the contact with the "sacred water." Following two days of secluded instruction, the young men, one by one met Baiami again who taught them to fly with their now feathered 'wings' and to use quartz crystal for magical purposes. At this time, the god also "sung a piece [of crystal rock] into the [postulant's] forehead so that he would be able to have 'X-ray' vision." Baiami then produced a flame within his hands, "which he had removed from his own body," and the god placed the naked flame on the chest of each young man as he lay down on his back before the god. Baiami then sang the flame "so that it gradually disappeared into the ... body." Once all the young men had met individually with Baiami, they were gathered together and lay once more on their backs. The god approached them all as a group:

Baiami then took a thick sinew cord about twenty yards in length, made by himself; coming to the first postulant in the row, he placed the cord... in such a position that the two ends rested one on each foot... Baiami then "sang" the cord into the latter's body so that it disappeared. This was the cord that the doctors used for a variety of purposes, as a spider uses his webbing thread.

After this divine set of rituals, which included the gift of a number of magic substances and objects, the Wuradjeri "doctor" was made and his apprenticeship was complete (Berndt, 1946-7: 333-337). Berndt then proceeds to discuss the healing techniques employed by an accredited doctor. The medicine-men used massage and sucking techniques around the afflicted area of a patient to extract all the poison or "badness" within the body. A similar technique "practised extensively throughout the Wuradjeri, Wongaibon, Ngiamba and Pakindji territories" was the application of a cord tied as a knot around the afflicted part of the patient's body. The cord was made of either human or "opossum" hair made into twine:

[h]olding one end of the cord, the native-doctor sat before the patient; a wooden bowl was placed near him and he ran his lips along the cord, from the slip knot to end which he held, sucking. He would then spit into the bowl the blood removed through the agency of the cord. The blood was said to contain the "poison" or magic, which had entered his system through a normal complaint or by sorcery.

The "doctors" of the Wuradjeri and neighbouring groups also used the power of "singing" to magically "close" and heal open wounds "without leaving a scar." Likewise, singing a woman experiencing difficulty in childbirth was employed to "turn the child over" inside the mother so the baby would be delivered head first. Medicine-men from this area also were able to "sing out" from the patient's body any objects causing illness, for example, leaves and beetles (1946-7: 351-354).

Berndt also describes the Wuradjeri medicine-man's use of spiritual helpers or familiars, what the author terms "assistant totems" that lived inside the clever man's body. These spiritual forces were different from the "sacred water, cord and crystal" that were given to each apprentice by the god Baiami. This totemic being was derived patrilineally and was only given to those young men, and occasional young women, who were chosen to be trained as "doctors." The spirit being that inhabited the shaman was important especially as a protector that would wake him/her if a stranger or any sign of danger approached. The author tells a story to illustrate:

There was an old 'clever fellow,' Cranky Jimmy, at Euabalong; he had as 'helper' the Carpet Snake. One day he was lying down resting, and as usual he had let it out as he dozed off to keep watch. A white fellow who came along saw the snake, and becoming frightened, called out, 'Look out for the big snake, just near you.' ... He woke up Cranky Jimmy ... The old 'doctor' laughed and told the white man that it had gone back into him, as it was his snake." (1947-8: 63 - 64)

Finally, Berndt discusses the use of such magic for the purposes of sorcery. The two most common methods to kill another by supernatural means for the Wuradjeri was through penetrating the victim with either the quartz crystal or the cord, two magical objects given to each shaman by the god Baiami. The employment of these two different murder tools are so described:

A "clever man" ... concentrated upon the victim, and moving his chest and shoulders forced the crystal up so that it passed out of his mouth and, travelling at such a velocity that it escaped the notice of other men, entered the victim. No mark was apparent on the latter's body at its place of entrance...A cure could...be effected by another "clever man," who would remove the crystal...

The most generally used type of sorcery among the Wuradjeri appears to have been that in which the ... cord was used, either singly or duplicated. The sorcerer either "sang" it out, or worked it out by moving his body from side to side, particularly contorting the lower part of

his abdomen in order to force the cord out of the testes or anus; the "cord" could be separated from the "clever man's" body at will. If the sorcerer desired "to catch" a certain person upon whom ... (fat removal) sorcery was to be carried out, the [cord] ... was released and allowed to travel along the ground, "just like a snake." If the victim were lying down resting, the "cord" would come along and, climbing on to his leg, would enter his anus. Immediately the victim would double up in pain and become unconscious... With a sharp tapering flint flake, he [the sorcerer] would then make an elongated cut below the last rib on the right side; the cut was made large enough to insert the operator's hand, in order that he could cut off a little of the kidney fat The sorcerer closed the lips of the wound, and "sung it healed" so that no mark was visible...After a short period, of two or three days to a week, the effect of the sorcery would begin to tell. The small piece of "cord" would have grown, as would the crystal; both would increase from day to day and so extend through the whole system of the victim, both tending to rot the internal organs. (Berndt, 1947-8:71-72).

Similar to the work of Elkin, Berndt's fine and detailed ethnographic description of sorcery, as well as that of the making of the Wuradjeri shaman and his traditional healing techniques, allows the reader to view the Indigenous body and its obsession with wholeness, and its concomitant suspicion of openness. Only through divine ritual surgery or that carried out by one's elders and "guardians," does an Indigenous subject allow their body to be penetrated by spirit or its carrier, matter. To have one's wholeness broken – the skin opened – in any other context, is to be desecrated and to invite and encourage the loss of one's life spirit. Unless it is sanctified or deified, the outside world (matter/spirit) should not be allowed to penetrate or infect the inside of the human body (matter/spirit). All other cases should be suspected as the work of a murderer, who will not only seek to rot and destroy one's materiality, but more importantly to extinguish one's soul.

While Elkin and Berndt's work constitutes the most detailed accounts of traditional healing and sorcery practice within Australia, a number of other ethnographers have also provided relevant discussions concerning Indigenous healing. In what remains of this overview of the Australian literature, I have divided the authors into three regions of Northern and Central Australia, that is, Arnhem Land, the Kimberley and Central Australia..

Arnhem Land

Lloyd Warner's early work on the *Murngin* of north-east Arnhem Land devotes considerable space to traditional healing and reveals many familiar themes of shamanism and sorcery previously encountered in Elkin's and Berndt's material (Warner, 1937: 183-207).⁸ However, in contrast to these other writers, Warner maintains a strong distinction between the sorcerer or "black magician" who "injure[s] or kills his victim," and the "white magician" who cures a patient. The 'Murngin' healer – like numerous of his/her counterparts across the Australian continent – commonly uses massage and sucking techniques to remove external objects that have penetrated a sick person. The traditional healer acquires his magical power from "two or possibly three soul-children" who become helpers to the medicine-man. These spirits are used to enter into the patient's body and work with the healer to remove or treat the afflicted area. As one practising informant explained:

When I treat people those two ['soul children'] go right inside a man. The bone which is inside the man sticks right straight in him. I keep rubbing on the outside. Those two children of mine take hold of that bone and when I suck they jump out with it.

These 'soul children' also allow the healer to look inside a body and to determine the cause of an illness. These co-healers are so important to the medicine-man that if these spirit familiars desert him, the healer becomes ineffectual:

I looked to see what was inside him but I could see nothing now. My eye was too dark. I had lost my doctor children.

In his discussion of sorcery, Warner emphasises a subtly different inside/outside bodily relationship between murderer and murdered from that found in both Elkin and Berndt's research. In most cases, these medicine men steal the soul of the victim – the soul resides in the heart (and the blood of the heart) for the 'Murngin'- and the sorcerer then takes the soul into himself. To get to the heart and therefore, the victim's soul, the sorcerer

⁸ Warner's *Murngin* appear to be a sub-group of the present day "Yolngu" who speak "Yolngu-matha" languages in N.E Arnhem Land. Apart from the *Murngin*, Warner delineates a number of other groups that he names: *Yaernungo*, *Nakara*, *Burera*, *Rainbarngo*, *Yandjin'ing*, *Barlomomo*, *Ingura*, *Nuncabuya*, *Dai*, *Ritarngo*, *Boun* and *Djinba* (1937:40). Reid in her much later work in this region, explains that Warner's fieldwork centred upon "Yolngu affiliated with Milingimbi Mission in the period 1926-9" (1983: xii).

must - as described by other authors - open up the body and after the heart and its blood have been located, the body must be resealed without a trace of surgery being left on the skin.⁹ In this way, without a soul the victim's body rots and becomes incurable. The only use of the "white magician" or healer to such a victim, is that he is able to identify the soul of the murdering sorcerer which may become visible to the healer somewhere near the body of the victim. In various descriptions this Murngin-specific dynamic of soul-stealing is articulated in some detail by both the author and through the voices of his informants:

...the sorcerer [may] sneak up on a man while he is asleep and bites his nasal bone. This closes the nose and makes the man open his mouth. He takes a deep breath of air, which opens his heart, where everybody's life is. His soul comes out with the breath and goes down the doctor's mouth. He swallows it...

'The spirit that belonged to that dead woman went into my heart ...' [Voice of 'Murngin' Sorcerer]

Sometimes a large blue fly is put inside [a female victim] and allowed to come out her mouth; it flies off with her soul, which becomes the creature and familiar of the magician...

'Sometimes I can look right through a man and see that he is rotten inside. Those two ['spirit children'] go inside but they can do nothing. Sometimes when people steal a man's soul in the bush he comes here to my camp. I go look; he is empty inside. I say, 'I can't fix you up. Everything is gone. Your heart is still there, but it's empty. I can't fix you up.' Then I tell everybody he is going to die... Soon the souls of the two men who killed this sick man half dead come out. When I see this I call out the names of those two men who stole the man's soul.' [Voice of 'Murngin' Healer]

Rather than a focus upon the insertion of magical and deadly substances such as rock, shell or snakes (as Elkin and Berndt's research frequently describes), the Murngin sorcerer steals the soul of the victim, apparently to increase his magical powers.

In several articles, Catherine Berndt focuses upon the Margidjbu (or, Margidbu) - the Western Arnhem Land "doctor" or traditional healer (1964, 1982).¹⁰ The traditional healer is made through various encounters with supernatural and/or Dreaming figures. The Margidjbu can be produced

⁹ Warner's account of a sorcerer's "operations" on a woman differ to that carried out upon a male victim. In this case, the shaman does not make an incision - as in a man's body - but reaches inside to the woman's heart through her vagina (1937:186).

¹⁰ Berndt worked with the "Gunwinggu" (Kunwinjku) and related groups in the north-west Arnhem land region in and around the township of Gunbalanya (Oenpelli).

through "initiation" by the Rainbow Snake, who swallows the "postulant" and then vomits the chosen human up as "a newly born infant," who subsequently is transformed through ceremony into an adult healer. Alternatively, the postulant may be approached while walking alone by a "ghost or spirit," who firstly puts him under a spell and then:

insert[s] into his head a length of very thin bamboo, *gunrong*, sometimes identified with the spirit snake...Then he blows into the man's ears ...giving him "breath" (*gungole*), equivalent in this case to "spirit" or "power." The man, reviving, stands up. He is a *margidbu* now, a 'powerful man.' (C. Berndt, 1964: 269)

Catherine Berndt compared the healing techniques frequently employed in Eastern Arnhem Land and elsewhere involving the removal of magical objects from the patient's body through sucking and massage, to the local Margidjbu's "stress on the simple use of 'power,' the 'laying on of hands,' so to speak, accompanied by exhortations and the use of simple medicaments"(1964: 271). As with Warner's account of 'Murngin' healing, there is also here an emphasis on the spirit/body interrelationship for a patient's health. The spirit clearly belongs inside a well human being:

A young man took ill one cold season in the late 1940s....The patient slept quietly for a long time, while Namadbara and his brothers "watched over" his spirit, guarding it, putting it back into his body (1964: 275).

The work of Janice Reid on the 'Yolngu' in North East Arnhem Land follows half a century after Warner's ethnography of the 'Murngin'. Reid's work, while supporting much of the early anthropological detail on healing and sorcery in this same region, is quite different in scope and intent (Reid, 1982). The later research is seeking to understand "community and change in an Aboriginal medical system" within the context of healing and sorcery traditions of the area. With this different focus, Reid's analysis reveals significant phenomenological and cosmological facts in relation to the Yolngu and their conception of the human body:

During life the body is a repository of the soul and container of those substances which give a person life, vitality and strength. The integrity of the boundaries of the body is a pervasive theme in statements about sorcery and healing....Blood is essential for life. It is also a source of power and, if improperly shed or used, dangerous... It seems likely that the fear of surgery derives at least in part from the fact that it involves cutting the body and may mean the loss of blood and organs. While it is the absolute loss of both which frightens people, surgical procedures also bear a striking resemblance to the operations carried out by the *galika* [sorcerer]. (Reid, 1982:79-82)

The author's examination of the work of both 'marrnggitj' (healer) and 'galka' (sorcerer), explain community-based anxiety over Western medicine, especially surgery, along with the underlying Yolngu concern over maintaining the "integrity" of the human body. Reid, like Warner, Elkin and Ronald Berndt before her, documents how the traditional healer is frequently presented as a 'doctor' who never cuts the skin of his/her patient, but one who uses magical stones and "spirit familiars" to identify sickness, mend the injured area of the patient and remove offending material objects that have been inserted by a sorcerer. In contrast, as referred to above, the *galka* or sorcerer cuts open the body of the person he wishes to kill or harm.

Similar to Warner's discussion of 'Murngin' sorcery, Reid also mentions how in N.E Arnhem Land, the clever man can acquire either healing or killing power from the body of the patient or victim. Quoting an informant, she relates:

'How does the man make himself a *galka* [sorcerer]? He may sleep at the grave or get the blood of a dead man. *Marrnggitj* [healers] get their power from the dead man's blood... If the man wants to be a magic man he keeps the bone or blood of the dead man and goes to sleep and the spirit of the dead man comes to him and says, 'Follow me and do this or that magic thing...' The dead body is the spirit. A medicine man learns from the body of a dead man and the spirit follows him and tells him what to do... A man can use the dead man to be a marrnggitj or galka.' (1982: 41)

Reid's detailed ethnographic research into a north east Arnhem Land Indigenous "medical system," builds further upon earlier work by anthropologists in describing traditional healing practices. Once again, there is an overwhelming theme of the significance of the wholeness (Reid's "integrity") of the human body – a wholeness that is not transgressed by the traditional healer, but one that is, in contrast, defiled by the sorcerer. Furthermore, Reid articulates the crucial relationship between matter and spirit, which both the healer and sorcerer are expert in understanding and manipulating either to heal or to kill.

The Kimberley

Kim Akerman's short paper on West Kimberley "doctors" around the towns of Derby and Fitzroy Crossing reiterates many of the points established above (Akerman, 1979).¹¹ The *maban* or *tjalang:uru* healers that the author describes in this region of Australia, receive their special powers from either being visited by deceased relatives in dreams or gaining powerful healing objects – *maban* – from other medicine men or women. Traditional "doctors" use massage and sucking techniques on the afflicted area of their patients to remove poisons, magical objects or beings such as snakes. These Kimberley clever men (they are all male) employ magical objects called *maban* that are stored inside their bodies, usually in the arm or abdomen. The traditional healers insert these objects (crystal-like rock) into the ears or abdomen of their patient which provide, according to Akerman, the sufferer with a greater life force to defeat their affliction.

The linguist H.H.J. Coate recorded a 37 year old Ngarinyin man called Mowaldjali from the North-Western Kimberley region discussing healing and sorcery practices of the region. (The author provides a 370 line-by-line interlinear gloss of the Ngarinyin text at the conclusion of the article). Certain groups on the west Kimberley coast are described as holding strong beliefs regarding spirit beings called *Rai* - spirits of the dead – who teach members of these groups to become medicine men. Firstly, the *Rai* "disembowel the novice" and then give each one the "inner eye" or "third eye" that allows the trained medicine man to "see the invisible." The *Rai* also give each novice an 'aerial rope' or *Biju* that allows the clever man or woman to travel through the air and under the earth. The trained medicine man or woman in this region has both "the power to kill and make alive" (Coate, 1966: 93).

¹¹ Akerman's informants for this paper are largely drawn from attendees at an initiation ceremony at Christmas Creek station (120 kms south of Fitzroy Crossing) in 1978. This ceremony involved approximately 300 Walmadjeri, Wongkatjungka, Gugadja and Mangala people from Looma, Fitzroy Crossing, Go Go, Derby, Balgo and Nicholson stations and communities throughout the central Kimberley region.

Coate's informant describes the making of the medicine man by these spirit beings:

"I'll teach the strange men," [the Rai spirits] say. They cut him and hang him up, his intestines, heart, liver and kidneys....They pick up all his things, replace them, and close up the flesh. They fasten his insides for him. He rise up and goes into the air like a bird. He can travel underneath... His spirit was many. He is still lying down. He is going in a dream. They put him to sleep there... At that time he is travelling in his mind... These rai are taking him and teaching him things...they cut them. The intestines they hang up...Magic stones he puts into him, in his inside, right there in his navel he puts them. He dips him in water, like a river...Then his eye, the inner eye, the expert one, he puts it for him...They give them the inner eye. When people are sick and in pain the diagnosticians look through their flesh and see right inside their insides. They see their liver, intestines, their belly and their very soul. They see their diseases shining. They take notice of them, i.e. the areas opaque with blood, these organs look different. They turn the inner eye for him. The eye muscles are connected to the ear and that's the place they drive the magic stones in. They flicker inside his eye. His other eye becomes different and the expert turns it for him. Thus he teaches him. The novice says, "Ah yes," as he begins to realize. (1966: 98-101)

The *Rai* spirits – like the God *Baiami* for the Wuradjeri of central New South Wales described by Ronald Berndt – are the supernatural teachers and ritual initiators for these West Kimberley healers. These spirits also continue to live inside each medicine man or woman unless he or she becomes sick, at which time:

the magic things leave his [or her] body. They come out of his [or her] finger nails or toe nails... They continue to come out. Then he [or she] says, "All these things are leaving me. I shall not look back to you again. Take care of yourselves...Now I am departing from you..." Then his spirit leaves him. (1966: 103)

These Kimberley shaman are therefore integrally entwined with the supernatural spirit world. *Rai* spirits ritually create the human clever man through placing powerful substances inside their bodies, so that they "overflow with magic stones called gedji"(1966: 104).

Last, but not least, there is the incredible life work of Father Anthony Rex Peile. Peile (1931-1989) was a Pallottine priest who lived and worked with the Kukatja people for 28 years at Balgo/ Wirrimanu community in the south-eastern corner of the Kimberley region – an area bordering Central Australia. His work was edited and published posthumously and is entitled *Body and Soul: An Aboriginal View* (1997). The book was edited from many volumes of notes on a wide range of themes by Peter Bindon. The work is highly eclectic and full of intensely intimate cultural, linguistic and social detail.

For example, it is recorded that for the Kukatja, “the spiritual sense [is located] in the area of the navel and in the stomach” (1977: 130). Furthermore, the significance of this area of the body is explained in reference to conception and pregnancy within Kukatja cosmology:

From the **tjukurrpa** [= dreaming, religious and creative force], a spirit enters into a woman through her umbilicus [where] it becomes big for her...The alternative terms, **tjukurrku** or **tjukurrjtjanu** (to/from **tjukurrpa**) for the umbilicus indicate its spirit-child enters a woman’s uterus when she conceives. (Piele: 1997: 132)

Peile also discusses briefly the work of sorcerers to kill others through the use of special songs, and how, “at a distance,” the sorcerer will send,

something secret and mysterious ... as quickly as a bullet to a victim, striking him in the back between the shoulder blades or in the middle of his forehead. (1997: 137)

Central Australia

As described in the previous section of this essay (1.2) in relation to world-wide research into Indigenous healing, research into Indigenous Australian healing has tended to focus upon and celebrate the medicine(mostly)man. Diane Bell, in referring especially to such classic research on “native doctors” by Elkin (1977) and Berndt (1964), cautions against the attention “by many anthropologists and medical personnel” afforded to “the spectacular role of the traditional healer” (Bell, 1982: 197). Bell, in contrast, argues for a greater recognition of women as healers in Indigenous society, in particular, the “Kaititj women of Warrabri,” a Central Australian settlement north of Alice Springs. The author sees these women healing as a group within their society, working through ceremony and daily activities to achieve greater levels of community health and well-being. This article openly seeks to correct the:

restrictive nature of the research and the anthropological models in Anthropological Australia [which] have obscured the role of women in health maintenance, and in the process also have obscured the interdependence and complementarity between male and female practices in the domain of health. (1982: 220)

Instead of an individualised account of healing centering upon a medicine man (or less often, woman), Bell searches for a more holistic discussion of

traditional Australian Indigenous healing practices at the community and/or societal level. The author, through her critique, articulates an important and on-going problem with the fetishization of the healer figure throughout various ethno-discourses.¹²

Both Robert and Myrna Tonkinson produced valuable research in the Western Desert region of Central Australia which illuminates the Indigenous tradition of healing and sorcery (R. Tonkinson, 1978; M. Tonkinson, 1982). Robert Tonkinson's ethnography of the "Mardudjara" people, who traditionally live around Lake Disappointment "on the western side of the Gibson Desert," describes the *mabarn* or medicine men of this region (1978: 107-110). Mabarn of this area have the ability to "see inside the patient" in order to diagnose illness. The healer will then use a variety of physical techniques to extract an embedded object:

[t]he treatment consists of massage, pounding, slapping, manipulation, and applying pressure with hands (and sometimes feet) to the body, as well as biting and sucking; its purpose is to remove the lodged object. (1978: 107)

As the author explains, "the removal of a foreign body from a sick person" constitutes to the Mardudjara, "proof" of human sorcery or the work of "malbu" who are evil spirits (1978: 110). These medicine men - "almost all are men" - are also commonly assisted by "spirit familiars," who appear in the form of small birds or animals, and connect the human practitioner to the

¹² Bell's critique has direct relevance for current approaches to Indigenous mental health therapy. There is a strong support for the view that researchers and practitioners must explore community-wide understandings, not simply incorporate the views and practices of individual healers, to understand and/or address health and healing within a specific setting. The influential US-based medical anthropologist Kleinman makes a similar point:

The overwhelming distortion in medical anthropology, resulting from several decades of research, has been one in which healers were studied in isolation as the central component of medicine in society. More recently, the distortion has been reversed by studies which deal almost exclusively with patients, but neglect the crucial health care transactions as the central subject for clinically oriented anthropological research. (Kleinman, 1980: 205)

However, the reader should also compare Young's critique of Kleinman's own EM (Explanatory Models of illness) theoretical framework for being too individual-centric, and for not sufficiently incorporating the whole social world in the construction of medical meaning (Young, 1982: 269). Readers should also be aware that Mircea Eliade made a similar point sometime ago that the shaman forms only one part of magic and religion in most Indigenous societies, and that healing is a continuum of healer and healed - not only the provenance of the charismatic shaman (Eliade, 1972[1951]: 5).

spirit world. As discussed above in a number of cases and areas throughout Australia, these traditional healers are able to extract from their bodies, often from the stomach area, "magical stone or shell objects" that carry the same name as the medicine man themselves: *mabarn*. The clever men will often approach the patient with these magical objects and "insert" them into his/her body. Through massage, the traditional healer "directs" the *mabarn* stone or shell towards the afflicted area, which then retrieves the harmful lodged "foreign" matter. The medicine man will either then show the dangerous discovered object to the patient, or "cast it away."

Myrna Tonkinson's later work is more an applied ethnography in the style of Reid. Her main paper on this subject is published in Reid's edited collection on "health and healing in Aboriginal Society"(1982). Here, Tonkinson is interested in understanding the contemporary place of traditional healing in the remote Western Desert community of Jigalong, a community with its own resident Western medical clinic and officers.

In Jigalong, at the time of her research, there were only male *mabarn*, or traditional healers, and most of these practitioners emphasised the power of their hands, while some did not "touch" patients at all, but cured through the power of dreams alone. Generally, however, *mabarn* employed their powerful hands to extract magical objects that they kept within their own bodies to be used as "curing objects [within] the bodies of their patients," or to "remove sorcery objects from the bodies of victims." Apart from the significant use of their hands to heal, the *mabarn* commonly sucks blood and other matter from the chest or abdomen region of an afflicted patient to remove sickness. Furthermore, the author records how the traditional healer can also cure the loss of soul or *nunu* that especially afflicts children. In this case, the *mabarn* "restores the soul" to the patient's body. Finally, in terms of sorcery, the author makes the point that the community of Jigalong consistently "believe that victims of sorcery have suffered attacks on their internal organs, particularly the liver and kidneys" (1982: 232- 238).

2.2 Body, Skin and Spirit – Healing the Anangu way

We heal from inside. (Jimmy Baker)

The research of the Tonkinsons in the Western Desert region, as well as much of the classic anthropology of Elkin, Warner, the Berndts and others throughout Australia, prefigure the recent publication of interviews with, and an accompanying video on, *ngangkari* or Anangu healers of the central western desert region of Australia (Ngaanyatjarra Pitjantjatjara and Yankunytjatjara Women's Council Aboriginal Corporation, 2001 & 2003). These two complementary documents (the book and the video) articulate many of the recurrent themes present in the earlier anthropological literature discussed above. These recent publications are significant because they are contemporary reflections by traditional healers on their own practice, as well as reflections by Indigenous people on the differences between their own and the West's view of the human body and its relationship to wellness and treatment. Through the written interviews, and the series of treatments and discussions recorded within the accompanying video, the complex therapeutic world-view of Anangu *ngangkari* – a distinct geography of healing – is revealed.¹³

For the Anangu *ngangkari*, the human body is consistently presented as a sacred wholeness whose significant structural boundary is the inside/outside definition constituted by the skin. The body's skin is an outer fabric presented as a continuous wall and covering that defines each human being against others and the world itself. For these healers, any penetration of the skin wall either brings anxiety about the health and well-being of the individual or, instead, may bestow religious and/or social value.

¹³ *Ngangkari* (2003: 74) published by Ngaanyatjarra Pitjantjatjara and Yankunytjatjara Women's Council Aboriginal Corporation. See also the accompanying video on the subject (2001). The NPYWC Aboriginal Council's representation and operations, as well as the local generic term for Aboriginal person, Anangu, range across three state/territory borders in the centre of Australia: north-west South Australia, south-west Northern Territory, and central-eastern Western Australia.

Within Indigenous societies across Australia there are a number of “legitimate” examples of Indigenous vivisection - psychical and physical - ritual surgery which causes the skin wall to be pierced, broken or damaged. For example, ceremonially-endorsed acts such as circumcision, sub-incision, the insertion of a nose-peg through the septum, the knocking out of teeth and the marking of the body with cicatrices across the chest all assign a socially and religiously legitimised transformation and/or invasion of the human body. These physical interventions are in fact valuable inscriptions, which are interpreted as significant texts to be read about a given individual. Furthermore, the “psychic” surgery frequently documented in the initiation, production or “making” of medicine-men by other religious figures - supernatural or human - is another example of the legitimate opening up of the human body for transcendental, rather than destructive and malevolent reasons.

For the *ngangkari* of the Western Desert, once the skin is broken by non-legitimate means, evil and death is imminent and must be actively combated through the counter-active spiritual penetration of the patient’s body by the healer:

[w]e ngangkari enter the skeleton by way of the spirit. We enter the body like that. We travel by the spirit and enter the bones or the muscle. We don’t give injections and we don’t spill blood. Blood doesn’t come out from the skin by our method. (ibid)

In the ‘Preface’ to the collection of interviews, Elsie Wanatjura explains clearly and succinctly the key powers of the traditional healers or *ngangkari*, and their ability to work between the mind and the body of their patients, as well as between the different worlds of matter and spirit:

Tablets can’t heal the spirit. Ngangkari can. Ngangkari can see right into the spirit and the mind. Ngangkari can see right inside the *kurunpa* - the spirit - and get straight to the heart of the matter. What is *kurunpa*? There is *kurunpa* inside you and inside me. It lives inside our bodies giving us life...mental health and emotional problems...ngangkari help with emotional issues and stress in a much more gentle and clean way. They use various methods including *puuji* - blowing breath method - as well as massage on various tendons and muscles and ‘strings’ associated with the circulation of blood to the brain. They ease out the tension in all these parts. This results in the problem and stress disappearing. Anangu doctors work with the spirit of the sick person, both when he or she is awake and when he or she is asleep. Ngangkari work at night when all is quiet, gliding among people’s sleeping

spirits similar to the way an eagle soars. Ngangkari have special tools called 'mapanpa'. Ngangkari travel in their spirit bodies at night, meeting up and conferring with each other...The mapanpa seeks out the sufferer and enters into their spirit. The mapanpa goes in and starts searching around inside the person's spirit for *mamu* – negative spirit forces – that should not be there. The presence of the *mamu* is often the same as having an alien spirit displacing your own...Sometimes people lose their spirits and they end up a long way away, by which time a *mamu* usually sneaks in and inhabits the person's body. So the ngangkari searches out the lost spirit, captures it, and brings it back to the sufferer. Ngangkari specialise in emotional problems, pain and sickness. (2003: 14-16)

Throughout the interviews with a number of male and female healers in this book, these themes of healing through 'spirit' – something found inside all well humans - is reinforced. The central importance of the "sacred objects" or *mapanpa* is also raised by a number of the *ngangkari*. For example, Andy Tjilari explains how both his father and three grandfathers decided that he should become a healer and how they "placed inside the sacred objects" he would use as "tools" when he himself became a *ngangkari* (2003: 33). Marinka Burton, a female healer, also tells how her father, who was a "very powerful *ngangkari*," gave her the *mapanpa* or "sacred tools" which were "absorbed" into her body." Marinka explains the central importance of her father's gift of *mapanpa* to her healing:

I still hold all that he gave me, inside me. He gave me the power to look at people's spirits and to reposition them if they are out of place. I can see their spirits clearly, when I enter into the bodies of the women and children who come to see me for healing...I enter their spirits to heal them (2003: 46-49).

Traditional healers, in working directly with the spirit of a patient, are able to provide powerful therapeutic effects in what the West commonly refers to as the area of 'mental health.' Sam Watson, another Anangu healer trained by two of his fathers when he was a young boy, explains his role as an Indigenous *psyche*-therapist:

I can touch the spirit of someone who is suffering from sadness, depression, or is feeling out of sorts or not quite themselves. They'll be feeling a displacement of spirit. I can find their spirit and relocate it to the correct spot. I can get them back on the right track... I can replace a lost spirit... (2003: 42-3)

Throughout a number of the interviews, there is an overt comparison by many of the Indigenous medicine men and women to Western-style approaches to healing. For many of these *ngangkari*, there seems to be a frequent disregard by the Western medical system for the Indigenous

knowledge of the body as a sacred wholeness that should not be opened up without the appropriate concern for the spiritual value for human materiality. Nakul Dawson, who is a practising healer taught by his own grandfather as a child, explains how he cautions Western doctors within his community about their attempts to promote the benefits of surgery to Anangu people:

I sometimes tell doctors to go slow when they say some Anangu should have an operation where they can expect to be sliced open and have their blood pouring out. That should never happen. Anangu should never have their abdomens cut open like that. It's no good. We are Anangu. We should not have that kind of thing happen to our bodies. (2003: 54)

For the practising *ngangkari* and their patients of the Western Desert and neighbouring regions of central Australia, there is a definite way to heal that relies upon the fundamental acknowledgement of the dimension of the power of the spirit working within humanity and the world. In such a conception of reality, it is not surprising that the body is conceptualised as a sanctified whole, encased within a sacred boundary of skin. All that lies within us materially, the blood and organs especially, should remain untouched. Ultimately, only through the work of the spirit, can healing take place.

3.1 Australian Indigenous Mental Health – a short history

majority culture psychiatric models and paradigms have been problematic, culturally insensitive, and in many respects inappropriate. Twenty-five years of ethnopsychiatric research has not resulted in an accurate or valid picture of the nature or incidence of Aboriginal mental health problems... (Reser, 1991: 277)

In the preceding section, a non-Western view of the body and its relationship to the spirit in the context of healing and sorcery has been presented. At the same time I have sought to establish the significant research record of Australian Indigenous traditions of healing.

Furthermore, it has been proposed that the Australian traditions of healing and sorcery are founded upon a particular conception of the human body and its co-constitution as both matter and spirit. The work of the Indigenous clever man and woman does not easily respond to fundamental western dichotomies of mind and body, and the integrally related oppositional pair of matter and spirit. Rather, forms of traditional healing and sorcery rely upon

the transcendence of the body's boundary with the world and others through the mystical penetration of the patient's skin. Often through the employment of "spirit familiars" (variously named in different Indigenous languages: *mapanpa*, *maba(r)n*, *rai*) as effective agents between the world of the spirit and the world of matter, the medicine man/woman is able to determine, locate and remove affliction.

The vast majority of the research literature quoted in the last chapter is sourced from non-Indigenous anthropologists and linguists who, over the last 75 years have conducted detailed fieldwork with Indigenous communities throughout Australia. Unfortunately, I expect that this significant research record would be currently dismissed by many social scientists and most other professional observers (medical or otherwise) simply as an earlier fascination and obsession with the exotic, the supernatural and the curious practices of 'blackmagic' amongst Indigenous people worldwide.¹⁴ That is, a body of published research which at worst would be described as the equivalent of an anthropological freak show, and, at the very best, an excellent example of esoteric and insular ethnography. In contrast, I will argue that this extant body of literature reveals an alternative view on healing and a radically different cosmology, which has significant implications for current Indigenous mental health practice within Australia.

This chapter explores the ways in which Indigenous Australians have been understood within the broad framework of mental health disciplines, and then progresses to a discussion of how the recognition of Indigenous healing traditions might inform the development of future approaches to Australian mental health practice.

¹⁴ When I was recently attempting to explain my research project to a psychiatrist with experience in Indigenous mental health contexts, my proposal was quickly redefined as the study of 'blackmagic.' This term was not critically unpacked in anyway by the psychiatrist and I could not detect a sense of irony, rather simply a statement of accepted fact.

3.2 The Early Years (1900 - 1970)

The psychology of Indigenous Australians has been, and continues to be theorised within the Western institutions of psychology, psychiatry and psychoanalysis – or as Adams (2005) calls them collectively, “the psy disciplines”. Indigenous Australian have been the object of theoretical discussion in this regard for at least a hundred years. The key themes of this particular history of enquiry are outlined below.

Freud (1913, 1918 and 1939) famously employed Spencer and Gillen’s (1899) classic ethnography on the Arrernte [‘Arunta’] people and other Indigenous groups from Central Australia to develop his own psychological accounts of totemism, taboos as well as “primitive” forms of religion.¹⁵ Mircea Eliade perceived Freud’s fascination with Indigenous Australians as part of a broader,

Zeitgeist of the post-World War 1 period [as the European West] seized upon Australian totemism as a central problem, significant not only for the origin of religion but for the origins of society and culture – and even of Western man’s neuroses. (1973: 21)

Eliade is here referring also to the contemporaneous sociological and anthropological works by Durkheim (1915 [1912]), Levy-Bruhl (1910) and Mauss (1904). For Freud, and his European intellectual contemporaries at the start of the Twentieth Century, Indigenous Australians were employed consistently as a minimum reference point for accepted evolutionary accounts of human consciousness, religion and society. Freud proposed a tripartite account of the development of religious thought starting from the most primitive form of animism, through religion and onto science (Ricoeur, 1970: 236). It is worth quoting Freud himself to capture the progressive logic of his evolutionary description of human religion:

There is no doubt that there was a time without religion, without gods. This is known as the stage of animism...It would be well worth knowing what brought about the transition from animism to religion...It appears to be a fact that the first form assumed by religion was the remarkable phenomenon of totemism,

¹⁵ Freud’s major published works that explicitly discuss the topics of “Australian Aborigines,” the “Arunta” and “religion in primitive man” are *Totem and Taboo* (1913), *The Taboo of Virginity* (1918), and *Moses and Monotheism* (1939) that are to be found in *The Standard Edition* of his works in volumes 13, 11 and 23 respectively. Furthermore, Freud discusses his view on human religion (including our most ‘primitive’ forms) in Lecture XXXV: The Question of a Weltanschauung (volume 22 of *The Standard Edition*).

the worship of animals, in whose train the first ethical commandments, the taboos, made their appearance... The main achievement of religion as compared with animism lies in the psychical binding of the fear of demons. (Vol 22: 165-6)

It is into the psychic world of totemism that Freud placed Indigenous Australians as the most elementary surviving example of this early phase of religious life. Furthermore, Freud characterized all 'primitive' religion and/or totemism as similar to the cognition of "our children" and "adults who are neurotic," since all three groups share an "over-estimation of the influence which our mental... acts can exercise in altering the external world"(Vol 23: 113). Freud therefore offers an account of both animistic and totemistic religious experience as primarily founded upon delusional psychic phenomena.

Still within the first half of the Twentieth Century, Geza Roheim applied Freud's psychoanalytic perspective to his own field work among the Arrernte, Pitjantjantjara, Martutjarra and related socio-linguistic groups of Central Australia. Roheim returned Freudian analysis of 'primitive' religion to Indigenous Australia, a client context that Freud himself had known only through remote ethnographic sources (Muensterberger, 1974: xii). In his many detailed analyses of ritual, sexual, cultural and social life, Roheim employed key Freudian concepts such as sublimation, repression and the Oedipal drama to understand the Australian Indigenous psyche. For example,

[i]n Central Australian society we are dealing with a group of human beings whose most powerful motive force is their latent Oedipal striving, and who react to this striving by erecting a series of barriers, none of which is really effective, against the return of the repressed... One of the first steps in this process is the creation of a series of mothers, fathers, and so on... (Roheim, 1974: 19)

Throughout the 1960s and 70s, the psychiatrist John E. Cawte wrote on Aboriginal medical systems and the role of the traditional 'doctor' in Australia (for example 1974 & 1976). Cawte viewed the traditional Aboriginal healer as "an agent of social order" whose structural role was under threat:

[t]he end is in sight; now they practice openly only in the remote areas of the subcontinent and their total eclipse may take more than thirty years ...By establishing a belated

communication with the native doctor, it may be possible in a few communities to bring some advantage to this potentially regressive people through their elders, an influential group that tends to be neglected. (Cawte, 1974: 27)

Cawte's ethno-psychiatry also articulated a central dichotomy between traditional and transitional mental illnesses, the latter identified in 'assimilating' Indigenous communities (Reser, 1991: 220). It should be noted that the value of his extensive body of ethno-psychiatric literature has been fundamentally questioned in more recent years.¹⁶

3.3 Mental Health Futures for Indigenous Australians

[t]he meaning and mental health implications of Aboriginal understandings of self have never been adequately discussed or explored... It is clear that Western understanding of Aboriginal notions of self, relatedness, estrangement, and social support has been inadequate and has not recognised important cultural differences...

[t]here is little available knowledge of the Indigenous psychology of Australia, that is, of Indigenous accounts and explanations of behaviour or cultural meaning systems relating to mental health and well-being. It is also the case that the medical model has largely excluded 'social' from its causal explanations of mental problems in physical or 'mental' terms, notwithstanding occasional reference to more general 'sociocultural' factors. (Reser, 1991: 257-9 & 278)

While psychological, psychiatric and psychoanalytic exceptions do exist in recent Australian research and practice over the last 40 or so years, Joseph Reser's now 17 year old critique of mainstream Indigenous mental health care approaches remains relevant today. Reser's negative evaluation of local research literature appears in stark contrast to the author's more favourable view of the "distilled social science wisdom of the past 30 [now 45] years" within North American applied program and academic contexts (Reser, 1991: 279).¹⁷

¹⁶ Psychologist Reser wrote in his summary article of 'Aboriginal mental health' that Cawte's "language, framework, and general character and tenor of ... 'ethnopsychiatric' reports, along with typically unsupported conclusions, have distanced other mental health workers in Australia" (Reser, 1991: 221)

¹⁷ There is not the space in this current paper to articulate the breadth of theoretical and program-based research literature from North America on Indigenous and cross-cultural mental health programs and approaches. For example though, Reser (1991: 279) refers his own readers to the monograph by Guilmet and Whited (1989) from the *Journal of the National Center for American Indian and Alaska Native Mental Health Research*. Dr Reser was also kind enough to lend me his own copy of the impressive mental health handbook from Washington State produced by the Swinomish Tribal Mental Health Project 1991: *A Gathering of Wisdoms. Tribal Mental Health: A Cultural Perspective*. The substantial theoretical and applied research writings by Kleinman (e.g. 1978 & 1980), Shweder (e.g. 1991) and Kirmayer (e.g. 1988, 2000 & 2003) on cross-cultural perspectives on mental health is also another key reference point in the North American literature. The recent work of Gone (e.g. 2004), a Native American psychologist, further reveals the continuing depth of perspectives available within this non-Australian body of mental health research and applied practice.

However, a limited but growing body of Australian research has emerged in the last 20 or so years stressing the recognition of the importance of Indigenous social and cultural traditions to the delivery of mental health services. One recurrent proposition has been the importance of acknowledging the role of extended family in Indigenous community mental health program delivery and success (e.g. Reser and Eastwell, 1981; Slattery, 1987). The therapeutic benefit of the “involvement of the community in both the formulation of the problem and in its treatment” has received recognition as a distinct difference in Indigenous versus Western approaches to mental health issues (Davies, 2000: 34). Similarly, recent psychoanalytic literature by Leon Petchovsky and colleagues stresses the key importance of “community and family rather than a predominantly individual focus” within mental health care approaches (Petchovsky et al, 2003: 233).¹⁸

This acknowledgement of the importance of family and extended kin as well as existing cultural traditions to Indigenous mental health and well-being is supported also in the recent published work of McCoy (2004) and Phillips (2003). Brian McCoy’s doctoral thesis explores Indigenous concepts of male health and wellbeing in Balgo/ Wirrimanu in the south-east corner of the Kimberley region. McCoy argues that a localised cultural ideology of *holding* or nurturance (*kanyirninpa*) by older men towards their younger kin is an essential source of traditional well being and healing for current trauma experienced most often as result of colonisation:

The social context of *kanyirninpa* provides a geographical and social space where older men provide knowledge, protection and nurturance to those who are younger. Through that process, and under the authority of older men, a young man begins to understand his place within desert society, and discovers a confidence and ability that he can ‘step out’, *hold* and grow up others. This process of transformation requires time and learning, an evolving commitment to social relationships and the right to exercise autonomy... *Kanyirninpa* provides

¹⁸ It is also worth noting that Petchovsky et al (2003: 211) begin their article by acknowledging the similar direction of their thinking to the ethnopsychiatry of Kirmayer (2000).

a social context for young men to become adult through the company of other men. This is not simply a male praxis but a sociality that provides and reinforces key *Puntu* [Indigenous] values around the dynamic social inter-relatedness of land, family and the ancestral dreaming. (McCoy, 2004: 246-247)

Gregory Phillips, an Indigenous (Waanyi, Northern Queensland) medical anthropologist has also produced a recent study of addictions – principally, alcohol, marijuana and gambling - within an unidentified North Queensland community (2003). Phillips concludes his research by identifying critical factors which contribute to “healing and change” for the Indigenous community members he has been working with. Two of these factors are:

- Culture and spirituality as the foundation, not totality, of health, addictions and well-being interventions. That is, it is acknowledged culture-based programs alone will not heal trauma which may lead to problematic usage – in fact, multi-factorial approaches are encouraged – but it must be remembered that culture is a critical foundation for all other interventions.
- Working to revive Indigenous healing practices and ceremonies which aid grieving, cleansing and healing processes, as well as dancing, singing, hunting and story-telling and other positive, strengthening and meaningful cultural activities...

It is important to note that Indigenous mental health approaches and programs have been defined for sometime within a broader national policy framework of *Social and Emotional Well-Being (SEWB)*.¹⁹ Summarising this current holistic perspective, the Cooperative Research Centre for Aboriginal Health (CRCAH) suggests that:

Aboriginal social life has provided a framework for social, psychological and economic security, in which wellbeing was socially determined through the organisation of relationships with the land and with people within frameworks of law and ceremony, family organisation and systems of belief known as “the dreaming” (CRCAH, 2008: 2-3)

Drawing on the influential work of mental health professional Ernest Hunter, CRCAH outlines the co-ordinated implementation of approaches which include four levels of social change required to address the totality of Indigenous social and emotional well-being:

19 The reader should also be referred to the policy document prepared by the Social Health Reference Group. 2004. *Social and Emotional Well Being Framework: A National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being (2004-2009)*. Canberra: Department of Health and Ageing.

Society: Social justice, reconciliation
Community: Community development/empowerment
Family/clin: Family wellbeing and parenting programs
Individual: Indigenous therapies
Adapted/appropriated therapies (e.g. narrative therapy)
Culturally appropriate conventional therapies (CRCAH, 2008: 4)

If, as is here suggested, Indigenous therapeutic healing is able to contribute to the social and emotional well-being of Indigenous people in Australia, it would be important to address the following key questions which must inform such an assertion:

1. how currently widespread are Indigenous healing practices?
2. how effective are these Indigenous approaches at addressing mental health conditions?
3. how does - or might - Indigenous healing work within, alongside or in partnership with Western psy disciplines to treat mental health patients?

Unfortunately, due to the current paucity of research in this complex multi-disciplinary area, these questions cannot be answered with any degree of confidence.

In answer to the first question, what can be said, however, is that the recent and current use of traditional healers is both documented and attested to by Aboriginal people and others throughout Northern and Central Australia. For example, 'Ngangkari' or Indigenous healers are regularly reported to have travelled to the Darwin, Alice Springs, Adelaide, Kalgoorlie and Broome hospitals to carry out their work at the request of patients and their family members.²⁰ Furthermore, Sarah Dunlop's 1988 report for the Central Australian Aboriginal Congress on "Aboriginal disturbed behaviour in Central Australia" records the common use of, and belief in, the efficacy of traditional healers or "ngangkari" to treat many mental health conditions throughout central Australian Indigenous communities (Dunlop, 1988: 123 -142). Also,

²⁰ In my recent work undertaken mid-2008 in relation to the Northern Territory Aboriginal health delivery sector, as well as throughout my work over the last 15 years in Northern and Central Australia, various Aboriginal community members, Aboriginal health workers and medical staff have reported to me a number of such cases.

the recent work of Anangu ngangkari throughout the NPY lands within the local health clinic system documented in their book and accompanying video (NPYWC, 2003 & 2001, respectively) also establishes an on-going tradition of Indigenous healing throughout the Western Desert.

Therefore, it appears that traditional healing practice is a current reality for many Northern and Central Australian Indigenous communities. This must be contrasted to the situation in what Adams calls - in inverted commas - "post-traditional' contexts such as Canberra," where the majority of mental health treatments to Indigenous people is fundamentally based upon the mainstream provision of (mostly) psychiatric counseling (Adams, 2005: 317). Currently, it appears Indigenous therapies are in the main practised by only a small proportion of the total national Indigenous population who reside mainly within the most remote and least populated regions of Australia.²¹

In answer to the second question, which deals with the efficacy of Indigenous healing to mental health treatment outcomes, it is important to note in both the work of Dunlop and the Anangu Ngankari/ healers in central Australia, that Indigenous healers may be limited to a finite number of conditions they are able to treat. For example, alcohol and petrol sniffing are seen as common health problems which Ngankari are frequently powerless to heal by traditional means (Dunlop, 1988: 139-142; NPYWC, 2003: 21). So there is some recognition by healers themselves, as well Indigenous community members that there are restrictions on the capacity of traditional therapies to address all manner of human pathology. As to the more general question of the effectiveness of Indigenous therapies to healing outcomes, apart from the many anecdotal claims, this would require substantial research validation.

²¹ With some confidence one could predict that the national heartlands of current Indigenous healing traditions would be the Northern Territory, the Kimberley, Pilbara and Western Desert regions of Western Australia, the Cape York region of Queensland and the NPY lands of northern South Australia. It also possible that Indigenous healing practices is similarly a reality in remote communities of western NSW and Victoria. This first question possibly constitutes a valuable research project in and of itself.

Finally, as to the question whether Indigenous healing can effectively co-exist with mainstream western medical practice – including the psy disciplines of western mental health – this question is openly contested within the Australian context. For example, the Anangu Ngangkari argue that a syncretic future is possible. Holistic health care provision which is capable of embracing Indigenous and Western therapies is both imaginable and achievable within a Western Desert context. Practising ngankaris Andy Tjilari and Rupert Peter, suggest that western doctors and nurses along with traditional healers should “develop ways [to] work together,” and that appropriate “payment” for the work of Indigenous healers needs to be considered also (NPYWC, 2003: 18- 21).

Not everyone would celebrate such a syncretic future vision for Indigenous and Western health care provision. Peter Sutton, the highly experienced anthropologist and linguist of Indigenous Australia, has provided a recent corrective response to such a “working together” proposal:

Hospitals which employ Aboriginal traditional doctors are encouraging the perpetuation of traditional aetiologies of disease and the use of mystification in producing alleged cures. This places the medical service providers in an impossibly self-contradictory position if they are serious about behavioural change as preventative medicine. If they are serious, then use of traditional doctors should not be official hospital business, but should be left to private arrangements between patients and their communities. (Sutton, 2004: 9)

Sutton problematises the uncritical inclusion of “traditional Aboriginal doctors” within the “official hospital business” operating in many Aboriginal communities and regional hospitals (Sutton, 1997: 9). Rather, Sutton strongly argues that these traditional forms of medical intervention constitute simply a “mystification” – through the employment of Indigenous healers within a western medical system – and should be excluded from the real world of western medicine. For Sutton, the continuing practice of Indigenous alternative healing methods should only be allowed to exist informally outside the strictly western medical realm, within “private arrangements between patients and their communities.”

Sutton's invocation of 'official hospital business' may disregard the "diversity of medical traditions [which co-exist] in [a number of] developed countries" outside of Australia (Brady, 2004: 87). For example, the research by Payer (1988) on alternative medical cultures in the United States, France, England and Germany illustrates this point well (quoted in Brady, 2004: 86-90). We learn that there are a number of "heterogenous and contested" therapeutic traditions still very active within Europe, such as the healing approaches of Rudolf Steiner, as well as extensive hydrotherapy in Germany and five homeopathic hospitals in England. Brady argues that these alternative medical therapies

are not considered to be fringe medicine, but are accepted as part of normative healing traditions and are thoroughly institutionalised. [For example] there are at least three German professional medical associations with a special focus on naturopathy. (Brady, 2004: 87)

However, the more complex issue of how alternative traditions of healing can co-exist effectively within a mainstream Western medical system remains a significant challenge. In this regard, Sutton's overt critique of the unproblematised co-location of Indigenous and mainstream medical approaches and epistemologies within the one health system for Indigenous patients cannot be simply dismissed nor downplayed. Instead, a robust examination is essential of how Indigenous and mainstream western medical approaches might in practice and theory "work together."

Richard Katz's insightful ethnography, *Boiling Energy- Community Healing among the Kalahari Kung*, explores this final question profoundly in a discussion of communal healing rituals for *Kung* people of the Kalahari desert who live on the border between Namibia and Botswana in southern Africa (Katz, 1982). The *Kung* traditionally share their healing energy (*num*) within a communal dance context at which both male and female healers enter a physically, psychologically and spiritually transcendental state (*kia*) which allows them to heal others. Katz ends his book by reflecting on attempts to develop a "community mental health movement in the industrialized West, a

system that closely parallels the Kung healing system.” The author goes onto to describe:

the Kung healing system [as one which] helps distribute resources fairly throughout the community, emphasizes prevention more than treatment, and makes extensive use of community support networks. These elements represent the central goals of Western community mental health programs, yet they are usually unrealized. (Katz, 1982: 299)

Katz argues that the *Kung* healing tradition reveals powerful lessons for mental health approaches in the West. However, to incorporate this

Indigenous knowledge is not a simplistic exercise of cut and paste:

The Kung have much to teach us in the West... Our application of the Kung approach needs to be a subtle process, something like the cooking of a soup...as the pot simmers, sometimes for days, the ingredients blend and merge. What comes out is not like what went in... The Kung story of healing offers a fundamental, perhaps necessary, resource for healing in and out of the human community. (Katz, 1982: 308)

To achieve an effective syncretism or hybridity between an Indigenous and Western mental health approach is undeniably a challenge and no simple matter. The reflective analysis by Katz upon the Kung healing tradition from the Kalahari Desert, as well as the impressive cross-cultural handbook on Indigenous mental health approaches by the Swinomish Indigenous people of Washington State in USA (1991) are two such valuable explorations of this possibility. I would argue that they present both the difficulty and the promise of this cross-cultural exercise.

Returning to Indigenous Australia we can see another complex tradition of Indigenous healing continuing to be practised amongst a small minority of the total national Indigenous population, although spread across the geographical majority of the continent – albeit, the least populated regions of the country. The recent interviews and video by the Anangu *ngangkari* (2001 & 2003) from the central western desert region reveal traditional healers working within a western health system. The healers explain that there are differences between Western and Indigenous approaches to health therapies. However, they also maintain that these approaches can coexist when the two traditions are effectively allowed to “work together.” It would appear that Anangu *ngangkari* - clever men and women from the central western desert - may have taken up Elkin’s invitation from 40 years ago to

explore the possibility of working within the western medical system (Elkin, 1977: xviii; quoted above in 2.1; p. 8). In fact, alternative and/or complementary therapeutic models are currently available to Indigenous patients within the Australian context, as they have been for some time to citizens throughout Europe, the UK and the US.²²

It is the contention of this essay that Indigenous therapeutic traditions constitute a valuable resource for Australian mental health futures. How one incorporates an Indigenous paradigm of healing within an existing Western medical framework of mental health can only be achieved through honest and committed cross-cultural dialogue. It is a challenging project that requires patience and long term investment.

²² There is not the space here to present the plethora of alternative healing approaches currently active and growing within the boundaries of Western countries. Sutcliffe provides a fascinating background to this huge and growing area in his thesis on the "interpretation of New Age Shamanism" (1992).

4 Conclusions

Framing problems within an Aboriginal understanding of health may not necessarily require biomedical solutions, but rather may allow for the recognition and utilisation of their community knowledge and resources. (Anderson, 1997: 206)

Indigenous Australians are currently hospitalised for mental health disorders at significantly higher rates than members of the non-Indigenous population. In this context, the development of effective Indigenous mental health service delivery models in remote, rural and urban areas continues to be a national priority.

And yet, Indigenous Australians have their own traditions of healing. These therapeutic traditions are founded upon a non-Western view of the body and its relationship to the spirit. For this reason, the work of the Indigenous clever man and woman does not easily respond to fundamental western dichotomies of mind and body, and the integrally related oppositional pair of matter and spirit. Rather, forms of traditional healing and sorcery rely upon the transcendence of the body's boundary with the world and others through the mystical penetration of the patient's skin. Often through the employment of "spirit familiars" (variously named in different Indigenous languages: *mapanpa*, *maba(r)n*, *rai*) as effective agents between the world of the spirit and the world of matter, the healer is able to determine, locate and remove affliction.

Furthermore, Indigenous Australians have provided a rich data source for Western grand theories of human culture, society, psychology, psychoanalysis, psychiatry and religion over the last hundred years. Various Western mental health disciplines have readily co-opted Indigenous subjects and their communities for their own interpretative ends. However, Indigenous and alternative health therapies appear to be embraced more readily in both North American and European contexts over the last three decades than in Australia.

Within more recent discourse and practice surrounding Indigenous mental health policy and programs within the Australian context, there is a growing professional and academic acknowledgement of the importance of understanding the important role of family, kin and cultural traditions to therapeutic success.²³ While Western mental health approaches may have sought to understand Indigenous Australians in the past through their own methodological schemata, it is suggested that future mental Indigenous health approaches might better incorporate and/or recognise Indigenous traditions of knowledge and practice.

The primary purpose of this paper has been to highlight the potential value of extant local anthropological and Indigenous accounts of healing and sorcery to a preliminary understanding of Aboriginal conceptions of body, spirit and well-being. It is argued that Australian mental health theory and practice, policy and programs might all be better informed by these well-documented therapeutic traditions.

Additionally, the essay has also sought to connect this valuable body of ethnographic literature to a locally limited (yet, internationally developed) project by mental health theorists and practitioners to initiate a respectful practice of transcultural mental health. It is hoped that all levels of government might assist the development of this emergent conversation and practice between Indigenous people, their communities and the various Western mental health disciplines within Australia.

²³ The *Aboriginal Cultural Security* policy and program reforms currently undertaken across all health and family services in the Northern Territory, is a significant example of such an approach. This reform process is being led by Professor Shane Houston from the NT Department of Health and Families in partnership with the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT).

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