

2

A History of Psychology in Aboriginal and Torres Strait Islander Mental Health



Debra Rickwood, Pat Dudgeon and Heather Gridley

OVERVIEW

This chapter discusses the history of the discipline and practice of psychology in relation to the mental health of Australian Aboriginal and Torres Strait Islander people. It acknowledges that a history of cultural and institutionalised racism has meant that the profession has been part of the colonising process. The key engagements of psychology with Aboriginal and Torres Strait Islander people are outlined; these have led to the Indigenous mental health movement, which heralded a significant change in thinking about mental health—and, importantly, the empowerment and inclusion of Aboriginal and Torres Strait Islander peoples at all levels of mental health service provision. The chapter concludes with some important milestones in psychology and in Aboriginal and Torres Strait Islander mental health, pointing to positive ways in which psychologists can work together to bring about improved social, emotional and spiritual wellbeing for Indigenous Australians.

The chapter provides an historical account of the different ways that psychology has had an impact upon Aboriginal and Torres Strait Islander people: through science, practice and advocacy. It discusses how each of the three domains intersect and interrelate and the different ways in which they affect our understanding of and responses to Aboriginal and Torres Strait Islander mental health.

THE DISCIPLINE OF PSYCHOLOGY

Psychology, as both a science and profession, has impacted significantly on knowledge in the mental health field, in general and specifically in relation to Aboriginal and Torres Strait Islander mental health. For this reason, it is important to briefly review the history of psychology in this area. This review is relevant for psychologists and other practitioners working in the mental health field. ‘Knowing the past’ is complex, however, and certainly not objective. The recording of history has been and is done by those with the power to do so. There are multiple histories, and those that are prevalent generally come from sources with the most powerful voice. All historical accounts need to be interpreted within this understanding (Dudgeon & Pickett, 2000).

Psychology is a complex field, and comprises both scientific investigation and professional practice as applied to understanding human thoughts, feelings and behaviour. Many psychologists are also strongly committed to improving community wellbeing, and the mission of the Australian Psychological Society (APS), the peak professional body representing psychology in Australia, is ‘[t]o represent, promote and advance psychology

within the context of improving community wellbeing and scientific knowledge' (APS, 2008). However, the history of the discipline shows that psychology has been complicit in the colonising process and, as a dominant discourse, has a documented past that has been ethnocentric and has objectified, dehumanised and devalued those from culturally different groups. Furthermore, psychology has been enlisted as an agent that supported assimilation and oppression (Dudgeon & Pickett, 2000). There have, however, been significant changes in recent times within the discipline that augur well for a promising future where the empowerment and self-determination of Aboriginal and Torres Strait Islander people could be a key consideration. Dudgeon and Pickett (2000) highlighted how the discipline was well placed to understand this and help facilitate it: 'Australian psychology needs to recognise Australian Indigenous history and cultural difference, and more, to celebrate cultural difference. The understanding of Indigenous history must include awareness about contemporary Indigenous life and the diversity of Indigenous people' (p. 86).

PSYCHOLOGY AS SCIENCE

Psychology as a science is fundamentally concerned with understanding human behaviour. Consequently, psychological researchers have taken part in a range of scientific endeavours that have involved Aboriginal and Torres Strait Islander Australians. The main fields where psychology has been involved include the 'race debate' and theories of race and human evolution; investigations of mental functioning and testing; and understanding racism, stereotyping and prejudice.

Human evolution

Curiosity about the nature of the original Australians began with the first European explorers. It derived from growing European interest in the origins of life and the possibility of evolutionary development. Studies were initiated by biologists and anthropologists, but soon involved psychology. While comprehensive overviews of the history of psychology and Indigenous people are available, such as in Garvey et al. (2000) *Australian psychology has black history*, this chapter addresses the key events of that history.

Early scientific relationships with Indigenous Australians were influenced by the dominant evolutionary views of social Darwinism (Darwin, 1859) and social evolution (Spencer, 1855), which held that all things changed over time in one direction—from simple to complex and from relatively undifferentiated to more differentiated. Spencer applied this theory to both psychological and social processes, and maintained that not only did human intellectual functioning proceed from simple cognitions and reflex actions to more complex and more general cognitions, but so also did society become progressively more complex and highly organised. Spencer's theory incorporated the Lamarckian notion of inheritance of acquired characteristics (Lamarck, 1809), so that humans acquired, during their lifetime, certain mental traits that favoured their continued existence, and these were passed on to their children.

At that time, the Indigenous peoples of Australia were of interest as representatives of humanity at an 'early' stage of development. According to social evolution theory, all cultures evolved independently, and each went through the same necessary stages on their way to full evolutionary development. A practical reason for scientific interest in Aboriginal and Torres Strait Islander peoples lay in the isolation of Australia, which, as an island continent, was seen to have been separated from outside influence on its flora, fauna and human inhabitants, and thus provided an 'untouched' environment for research into human evolution:

Australia represented a stage very close, as far as humanity was concerned, to that at which man had originated; the past had been miraculously preserved, and for those interested in the question of origins, here was a fleeting opportunity which needed to be grasped before it vanished inevitably under the impact of Western civilisation (Chase & von Sturmer, 1973, p. 4).

The theories of race that came from this view of human evolution during the late 19th century coincided with the establishment of modern science as the arbiter of truth and the emergence of psychology as a new branch of science (APS, 1997). Biological determinists invoked the traditional prestige of scientific knowledge to argue that the behavioural, social and economic differences between human groups—races, classes and sexes—arise from inherited, inborn distinctions. Human societies were seen as an accurate reflection of biology (Gould, 1984). Importantly, although there is now extensive evidence to the contrary, these scientific views had a profound impact and Aboriginal and Torres Strait Islander Australians were the main subjects in some influential early research studies.

For example, the Cambridge Anthropological Expedition took place in the late 19th century to study the people of the islands of the Torres Straits as a study of ‘primitive man’. Test scores on a number of sensorimotor functions were compared between people from Murray Island and a small number of English people. Overall, few differences were found; for example, reaction times did not differ. The differences that were found were hard to interpret and some favoured the Murray Islanders.

Later, in the early 1900s, S. D. Porteus, a teacher at a special school, devised a series of maze tests to be used as a screening device for the school’s ‘mentally defective’ pupils. Porteus used his test in a study of Aboriginal mission children (Porteus, 1917) and, later, Aboriginal adults of the North Western and Central regions of Australia. He found that Aboriginal adults of these regions performed at generally lower levels than the norming samples, although there were interesting variations (Kearney, 1973). The Aboriginal peoples with the most exposure to Western school experience, such as the Hermannsburg people of Central Australia, achieved a higher ‘mental age’ than those with less exposure.

Following Porteus, over the next two decades from the 1930s a study was undertaken by Fowler, Traylen and McElwain from the Department of Psychology at the University of Western Australia. Fowler and his colleagues tested Aboriginal men and women on stations in the Gascoyne region of Western Australia, and remarked on the wide range of scores, which led Fowler to comment that ‘some natives have intelligence of a high degree’ (Fowler, 1940, cited in Kearney et al., 1973, pp. 41–2). The study by Fowler and colleagues indicated test score equivalence between Aboriginal and white Australian people, and also raised the question of the effects of differential experience.

Nevertheless, of these three studies of the first half of the 20th century, only the work of Porteus was widely reported by the press (e.g. the *Adelaide Advertiser*, 25 May 1929, cited in Kearney, 1966), confirming the prejudice of mainstream society and very likely influencing government policy towards Aboriginal and Torres Strait Islander Australians.

From the late 1950s, McElwain conducted a series of investigations of cognitive ability, using the Queensland Test, with over 1000 Aboriginal children and adults varying in extent of contact with white Australian culture. McElwain and Kearney (1973) concluded that ‘the Aboriginal groups are inferior to Europeans, and in approximately the same degree as they have lacked contact with European group ... It seems clear that test results are dependent to a considerable degree upon contact or some variable related to contact’ (p. 47). Despite concerted efforts to modify the Queensland Test to be non-verbal and non-representational, this research clearly demonstrated that it is not possible to create a culture-free test free of the pronounced effect of Western cultural experience on test performance of non-Western children. Indeed, tests appear to be measures of Western learning.

From the mid-1960s a number of researchers undertook Piagetian studies among Aboriginal children in remote areas. These studies revealed consistently later than ‘average’ development of the concepts under study, particularly for the concept of conservation (de Lemos, 1969). Again, greater Western culture contact, particularly Western schooling, was shown to accompany higher Aboriginal scores.

The wide coverage of these results, in Australia and abroad, is likely to have influenced the perceptions teachers held of the cognitive ability of Aboriginal pupils. The emphasis on developmental stages, which permeated early childhood and primary school education training courses of the very recent past, would not have helped teachers' expectations of Aboriginal children. The Piagetian research also seems to have been partly responsible for 'deficit' views, following suggestions by de Lemos (1969) for changing Aboriginal children to fit better into education. The basic assumption of cultural deficit or 'deprivation' was that if a child's cultural learning had not been that of Western children, it was deficient.

Mental functioning and testing

Psychologists have been involved in the 'race debate', particularly with respect to testing of mental functioning and intellectual capacity. To social evolutionists, the mental traits of individuals should be in line with the stage reached by their culture; for example, groups using stone tools should have simpler mental traits than those using bronze, or iron. Consequently, the mental traits of a group considered to be at an early stage of cultural development should provide information on the mental functioning of all human groups at that same early stage, including the ancestors of the then fully developed groups (i.e. European). This view provided a strong impetus for the study of mental function in 'primitive man'.

Many psychologists have supported a biological determinist view with respect to the genetic underpinnings of intelligence (Hernstein & Murray, 1994; Jensen, 1972; Rushton, 1995). In fact, it has been argued that the 'bell curve', or normal distribution, on which much of psychology is predicated, is an example of 'highly technical, statistically sophisticated, psychological research being used to support a sociopolitical agenda transparently geared toward victim blame' (Butler, 1998, p. 41). There is a long history of biopsychological explanations being used to give scientific legitimacy to dominant social values. Both the general public and psychologists themselves tend to accept biological explanations as being scientifically objective. This has resulted in a psychological determinism that has supported those espousing a racist agenda. Within Australia, the intelligence-testing movement pioneered by Porteus supported educational, vocational and social policies that have oppressed Indigenous people (Davidson, 1995, 1998). In much of this debate, too little attention has been given to issues such as differences in how 'intelligence' is constructed and expressed in different cultural settings, cultural biases in assessment instruments developed and normed in Western societies, and the different health, educational, community and cultural contexts of the groups involved.

At the end of the protectionist social policies prior to the 1970s, the first Australian psychology volume focusing on Aboriginal people was published in 1973: *The psychology of Aboriginal Australians*. The following year a cognitive symposium was held in Canberra, in conjunction with the Biennial General Meeting of the Australian Institute of Aboriginal Studies (now the Australian Institute of Aboriginal and Torres Strait Islander Studies). An edited volume of the symposium was produced, *Aboriginal cognition: Retrospect and prospect* (1976). In 1981, Judith Kearins published *Visual spatial memory in Aboriginal children of desert regions*, which challenged previous work and proposed that Aboriginal Australians have different cognitive strengths from other Australians. Then in 1985, the First Australian Conference on Testing and Assessment of Ethnic Minority Groups was held in Darwin, where a number of psychologists and educators from around Australia discussed Aboriginal and other cultural group issues in education (Davidson, 1988).

The Australian Psychological Society Position Paper on racism, *Racism and prejudice: Psychological perspectives* (1997), argued that developments in the study of the genetic basis of human diversity showed that the concept of race had no basis in fundamental biology, and should be abandoned by scientists. With the precise tools of molecular biology, the old racial categories appear increasingly arbitrary. There is more genetic variance observable within racial groupings than between them, and much greater overlap in the genetic inheritance shared by all human beings. Because within-group variation is greater than variation between groups,

ethnic or racial membership alone cannot predict behaviours in any psychologically meaningful way (Phinney, 1996). Nevertheless, these 19th-century notions have proved to be very resilient among some sectors of society, and while the validity of the biological concept of race is questionable, it remains a highly salient political and social construct (Fraser, 1995; Hernstein & Murray, 1994). 'Although hundreds of tests and assessment procedures work reasonably well in the Western world, it must be proven and not assumed that they will work equally well in cultures where they were not developed' (Lonner, 1990, p. 56).

Stereotyping and prejudice

Social psychology has had a critical impact on our understanding of prejudice and racism and has at times supported institutionalised racism by representing prejudice as a 'natural' human process and by locating the origins of prejudice within the individual rather than in society. Contemporary social psychology argues that it is fundamental to human cognitive processing to categorise people into social groups and then stereotype on the basis of group membership. Social categorisation is primarily based on salient and identifiable features of a person such as their age, gender, race, ethnicity and social status. Stereotypes, as generalised descriptions of a group and its members, emerge inevitably from this categorisation process. It has been argued that both categorisation and stereotyping are adaptive in that they simplify the complexity of the social world and provide us with cognitive shortcuts to help us negotiate social reality (Fiske & Taylor, 1991).

The dual processes of social categorisation and stereotyping can lead to prejudice, by favouring one's own group (ingroup) and discriminating against groups to which one does not belong (outgroups). Many laboratory and field studies have shown that the mere act of categorising individuals into distinct groups is sufficient to trigger ingroup favouritism and outgroup discrimination (Tajfel, 1981). The centrality of social categorisation and stereotyping to human cognition has led many social psychologists to conclude that prejudice is a natural and inevitable consequence of these normal cognitive processes.

Other social psychologists, however, have argued that equally important in the manifestation of prejudice are affective or motivational factors, which are learned dispositions that do not automatically derive from cognitive categorisation (i.e. Devine, 1989). Developmental psychology and social learning theory maintain that there are mechanisms by which children acquire the particular stereotypes of their culture. For example, they may receive direct instruction, for example that particular racial groups are 'dirty' or 'can't be trusted'. They are also likely to make unconscious inferences from the behaviour and attitudes they observe exhibited by people around them; in early childhood, this usually means parents, but as the child grows it includes teachers, peers and the media. Furthermore, it has been demonstrated that if ingroup/outgroup distinctions are de-emphasised in the child's social world, positive models are provided; if the social distance between the child's group and other groups is reduced, the development of prejudicial attitudes can be significantly reduced (Garcia Coll et al., 1996).

The view that prejudice is an individual phenomenon, or a personal pathology rather than a social construction, has been supported by some psychological research approaches. An extensive literature on the 'authoritarian personality' (Adorno et al., 1950; Altmeyer, 1988) maintains that some individuals are predisposed to prejudice as a result of personality tendencies to be politically conservative and fascist. The 'authoritarian personality' has not been widely accepted as a wholly credible account of the origins of prejudice, however, and a more contemporary and consensual view is that while personality factors undoubtedly play a role in prejudice, the roots of prejudice also involve processes of social learning and social categorisation.

A particularly useful contribution of social psychology has been in understanding how marginalised social groups internalise prejudice and oppression (Dudgeon & Oxenham, 1989; Paradies et al., 2008; Pheterson, 1990). Internalised oppression has been defined as the incorporation and acceptance by individuals within an oppressed group of the prejudices against them within the dominant society. Internalisation of their devalued status and feelings

of oppression can lead to the adoption of denigrating views and judgments both about themselves and about others in their racial or ethnic group. This process is actively encouraged and reinforced by the dominant group's own process of internalised domination. Such research supports the urgent need to focus on empowerment and self-determination for Aboriginal and Torres Strait Islander Australians.

There are pervasive effects of cultural and institutionalised racism that exist within professions, disciplines and institutions. These are often invisible and can take the form of the dominant group being seen as normal or the standard against which all else are judged, while those who are not part of the dominant group are viewed as abnormal or inferior and in need of correction. All disciplines need to examine their role within the social and political structures and systems that give rise to, and perpetuate, racism. Psychologists belong to a profession that has historically been conservative and identified with the dominant Anglo-based and Western European cultural tradition of Australia (Davidson et al., 2000; Dudgeon & Pickett, 2000). The following historical account reveals some of this culpability of institutionalised racism, but also describes psychology's more recent efforts to use its science, practice and advocacy in ways that 'work with' rather than 'work on' Aboriginal and Torres Strait Islander Australians.

PSYCHOLOGY AS PROFESSIONAL PRACTICE

Professional practice comprises the human service delivery applications of psychology. The practice of psychology has had a profound impact on mental health interventions, and also on broader health and human welfare service delivery. The negative impact of psychology has been evident through an emphasis on a deficits model, intervening through mainstream assimilation approaches, and the provision of assumed 'expertise'. Positive impacts have been through more recent support for the empowerment and self-determinism of Aboriginal and Torres Strait Islander Australians, and the input of community and health psychology to understanding the social determinants of health and wellbeing, particularly the impact of the social disadvantage and fundamental importance of empowerment.

It is not possible to determine the distinct impact of psychology as a profession in the early years, because the profession was not clearly established. However, during the period up to the 1970s, there was a pervasive influence of mainstream scientific views, which psychology contributed to, in the policies of the day. Notably, the policies of 'Aboriginal protection' derived from the prevailing scientific views, described earlier, that applied inferior normative comparisons and deficit models to Aboriginal peoples, and adopted a victim-blaming orientation. These views culminated in the Stolen Generations through the removal of Aboriginal children under child protection laws, which took place mostly between 1869 and 1969. During this period, children who were deemed by authorities to be 'neglected, abused or abandoned' or would benefit from assimilation were forcibly removed from their families and communities. Authorities applied values that Aboriginal children would benefit from assimilation through the Aboriginal Protection Acts and State Boards that implemented them. Welfare, health and other authorities played a major role in identifying Aboriginal children for removal. These policies continued to operate in some form across Australia, until the growing focus in mainstream developmental psychology on attachment theory and the essential nature of mother–infant bonding began to prevail (i.e. Bowlby, 1969, 1973, 1988).

Consequently, Aboriginal and Torres Strait Islander peoples have experienced a long history of mistreatment by mainstream health and welfare services, and have become understandably mistrustful and fearful of contact with such services. Historically, diagnoses of mental illness or mental health problems have been used to support the removal of children, and this gives Aboriginal people a strong reason to avoid contact with mental health services.

The mental health system (psychiatry in particular) received considerable criticism from the Royal Commission into Aboriginal Deaths in Custody (1991). Similarly, analyses under the National Aboriginal Health Strategy revealed pervasive indifference and disadvantage experienced by Aboriginal peoples and Torres Strait Islanders within the mental health system

(Hunter & Garvey, 1998). The ethnocentric 'expertise' of mainstream mental health services negated awareness of the unique needs of Aboriginal peoples and Torres Strait Islanders, and impeded acknowledgment of the profound impact of invasion and colonisation through social and emotional distress in Aboriginal and Torres Strait Islander communities (Swan et al., 1994). Misdiagnosis has been common because of a failure by mainstream services to recognise and understand the social and emotional context of presenting problems for Aboriginal peoples and Torres Strait Islanders. Stigma and lack of cultural understanding have inhibited acknowledgment of mental health problems. As noted earlier, the vast majority of psychology tests have been constructed by and for people who are members of Western individualistic cultures; these have questionable validity in assessment of people from other backgrounds, and particularly Aboriginal and Torres Strait Islander peoples.

PSYCHOLOGY AS ADVOCACY

The professional representation of psychology in relation to Aboriginal and Torres Strait Islander mental health and wellbeing has a fairly recent history. Although the APS has been involved in Indigenous issues since the 1960s—when a Queensland group became active with submissions to government on secondary education, child welfare and Aboriginal welfare—a major turning point was in 1988, which was a significant year for two main reasons. First, it was the year of the bicentennial of European settlement in Australia or, to use an Indigenous description of the event, the invasion of the continent by the English. Second, it was the year when about 4000 psychologists from around the world gathered in Sydney for the 24th International Congress of Psychology; many Australian psychologists felt that Australian psychology had come of age with this conference. Yet, despite the bicentennial being a catalyst for many Anglo-European Australians to become aware of their ignorance about the destructive effects of official policies of separation, 'protection', assimilation and integration, which were legacies of an inherently racist society, as well as of the ongoing effects of common prejudice and discrimination in everyday life, there was a complete absence of Indigenous content or discussion as part of the program of the International Congress. The only Indigenous representation at the Congress was a photographic exhibition with a section on 'Indigenous Aspects of Australian Psychology', which included photographs of Aboriginal skulls collected by 'craniometrists, anthropometrists and psychometrists' (Turtle & Orr, 1989), displayed without apology or apparent recognition of the insensitivity of such a display.

Shared concerns about these representations and omissions led what was then the APS Board of Community Psychologists to embark on a consciousness-raising process, using the annual APS conferences as a major vehicle. The Board sponsored a symposium on the Psychology of Indigenous People at the 25th Annual Conference of the APS in Melbourne in 1990. The symposium featured the first ever presentations by Aboriginal speakers, with Tracey Bunda presenting a paper about Aboriginal identity written by Aboriginal psychologist Patricia Dudgeon and anthropologist Darlene Oxenham (1989). Following the conference, a group of 28 delegates set off on the Maralinga Workshop, a seven-day journey, to meet with elders of the Maralinga Tjarutja community in the South Australian desert. This was the first activity of its kind designed for psychologists to highlight first-hand the issues of social (in)justice and their effects on Aboriginal people (Mudaly et al., 1991).

At the 26th Annual Conference in Adelaide in 1991, the APS Interest Group on Aboriginal Issues, Aboriginal People, and Psychology, was formed, and gradually took over from the Board of Community Psychologists as the Society's principal advocate on Indigenous issues. The Interest Group has been engaged in a variety of activities, including the continuation of the development and promotion of Indigenous issues at the APS Annual Conferences; organisation of mini-conferences in Perth in 1993 and 1998; professional development programs with psychologists and other professionals, including Aboriginal Health Workers, in several states; contributions to APS Position Papers and submissions to national inquiries; and mentoring of Aboriginal students in psychology programs (Gridley et al., 2000).

In 1993, the APS established a working party to prepare guidelines to assist psychologists who work with Indigenous people (Davidson et al., 1995). The resulting *Guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia* now form part of the Ethical Guidelines companion booklet to the APS Code of Ethics, by which all APS psychologists are required to abide.

Adoption of the Guidelines prompted the inclusion in the APS Code of Ethics (1997/1999) of a General Principle III(b) requiring that psychologists ‘must be sensitive to cultural, contextual, gender, and role differences and the impact of those on their professional practice on clients. [Psychologists] must not act in a discriminatory manner nor condone discriminatory practices against clients on the basis of those differences’ (p. 1). The inclusion of this General Principle acknowledged the pluralistic context of research and professional practice in Australia, and expanded the definition of professional competence to incorporate cultural competence. The most recent revision of the Code (2007/2009) goes further, affirming all people’s ‘right to linguistically and culturally appropriate services’ (p. 11) and incorporating potential for an advocacy role when psychologists become aware of discriminatory practices or systems experienced by their clients.

Since 1995, there has been a program of Aboriginal content at each APS Annual Conference, with a substantial proportion of Indigenous mental health professionals presenting papers. In 1997, the APS was a signatory to the ACOSS Statement of Apology and Commitment to the Stolen Generations of Aboriginal Children (ACOSS, 1997). In 1997, the APS *Position paper on racism and prejudice* (APS, 1997; Sanson et al., 1998) reviewed recent Australian research in the area. This was a significant step towards formally recognising that racial and ethnic prejudice exists in Australia today, reducing professional ignorance about various forms of present-day racism, and increasing psychologists’ sensitivity to the effects that racism has on Indigenous people.

In 1998, the Centre for Aboriginal Studies and the School of Psychology at Curtin University convened a mini-conference in Perth to specifically overview and discuss Indigenous content in the psychological curriculum. Some of these educational activities were presented in a special issue of the *Australian Psychologist—Australian Indigenous Psychologies* (Sonn et al., 2000; Williams, 2000). This volume was unprecedented in its focus and in its genuine collaboration between Indigenous and non-Indigenous mental health professionals.

The APS is now committed to enabling the profession and discipline of psychology to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians. This includes a benchmarking exercise in the teaching of Australian Indigenous content in undergraduate psychology courses, offering bursaries and other supports to encourage and enable Indigenous Australians to become part of the profession of psychology, as well as ongoing examination of the role and impact of the profession in this field through the Interest Group and other mechanisms of the APS. ‘Failure to speak about, or engage in social action against, social practices when evidence is available to psychologists that these infringe against rights and discriminate against persons may be construed as condoning these practices’ (Davidson & Sanson, 1995, p. 3).

A recent development and one of the most significant for Australian psychology is the formation of the Australian Indigenous Psychologists Association (AIPA), a new body established under the auspices of the APS. AIPA had its beginnings in Melbourne in March 2008, when the APS hosted the first ever meeting of Aboriginal and Torres Strait Islander psychologists in their own right. AIPA members are already much in demand individually and as a group, for media comment, student mentoring, cultural competence training, and partnerships with local communities. The invitation by the Australian Human Rights Commission for AIPA to join the leadership group of the Close the Gap campaign placed psychology and mental health firmly on the agenda of the major national Indigenous health equality campaign.

THE INDIGENOUS MENTAL HEALTH MOVEMENT

In the late 1970s, there developed a groundswell of activity by Aboriginal mental health professionals to establish a voice and a place in matters concerning the mental health of Indigenous Australians. The formation in 1979 of the National Aboriginal Mental Health Association (NAMHA) from a founding representative group of more than 50 Aboriginal Health Workers marked their concern 'that Aboriginal mental health problems were being largely ignored by health providers' (Fua, 1980, p. 41). Aboriginal community-controlled health services were established in most states in the 1970s, and NAMHA advocated mental health training and services by and for Aboriginal people, with the result that mental health training was incorporated as a component of all Aboriginal Health Worker training over the next two decades.

One of the most significant events affecting Indigenous mental health was the *Ways Forward* report (Swan & Raphael, 1995). Hunter (1997) and Dudgeon and Pickett (2000) defined the historical period of this consultancy and report about Aboriginal and Torres Strait Islander mental health as one of collaboration between non-Indigenous and Indigenous people in the field and as a landmark event symbolising a different focus. Indigenous constructions of health and mental health that were politically and culturally informed began to emerge. Perceptions of Indigenous mental health changed and, rather than the 'disease model' perspective, wellness, holistic health, and culturally informed and appropriate approaches were prioritised.

Dudgeon and Pickett (2000) described these changes in perceptions towards Indigenous mental health as underpinned by key elements that includes a philosophical approach of empowerment and self-determination in the provision of mental health services for Indigenous people. Services that worked with Indigenous people needed to ensure that mechanisms were in place for collaboration and direction from the client groups, and Indigenous people needed to be fully involved in any mental health activity aimed at them. Indigenous people themselves needed to direct the engagement, at all levels, whether this was an interaction between a psychologist and a client, or establishing services and developing policy. Psychologists have gradually acknowledged this changed perspective, although many challenges remain and Indigenous researchers continue to call for appropriate inclusion of Indigenous people. Brideson and Kanowski (2004), in a special issue of the *Australian e-Journal for the Advancement of Mental Health* on Aboriginal and Torres Strait Islander mental health, stated that 'Professionals, their organisations and management groups in the mental health field need to learn to work with Aboriginal people and not to continue to work on them' (p. 7).

As well as facilitating a culturally competent profession, an Indigenous workforce in mental health needs to be a priority. In 2000, there were fewer than a dozen registered Aboriginal psychologists in Australia. In 2009, there are at least 39. However, commensurate rates mean that a target of at least 336 Indigenous psychologists should be achieved (Australian Indigenous Psychologists, 2009). For the discipline, there is still a considerable way to go to support the development of Aboriginal mental health professionals.

CONCLUSION

This brief history of psychology and Aboriginal and Torres Strait Islander mental health aims to assist people working in the field to understand the past role of psychology in contributing to cultural and institutionalised racism. Acknowledging and owning this history can ensure that we do not repeat the mistakes of the past, but rather learn from them and move forward. Awareness of this history also helps psychologists to understand the reluctance to engage with the profession and the suspicion in which the profession is sometimes held. Historically, the science and practice of psychology have been aligned with the mainstream Western scientific values that have contributed to perpetuating and excusing racism. The science and practice of psychology has matured to acknowledge some of its role in this, but there must be ongoing vigilance of the theories, research methodologies and professional practice. It is essential that

psychology continue to work towards the goal to ‘train members of our profession to be part of the multiple solutions to racism and Indigenous disadvantage, rather than part of the problem’ (Turner, 2006, p. 6). This is consonant with the Apology delivered by the Prime Minister on behalf of the nation and Australian peoples in February 2008, which recognised the harm caused by the mistreatment of Indigenous Australians through the policies and practices of past governments. Similarly, psychology needs to acknowledge its past and look towards new solutions and approaches, and a commitment to principles of mutual respect, inclusion and shared responsibility in moving forward to a better future.

Reflective exercises

- 1 This chapter provides a particular perspective on the impact of psychology in Aboriginal and Torres Strait Islander mental health. Discuss these perspectives and your thoughts on this history.
- 2 Why is it important for mental health professions to ‘know the past’?
- 3 How can psychology and other mental health disciplines play an empowering role in Indigenous mental health?
- 4 What were some of the key factors supporting the Indigenous mental health movement?

References

- ACOSS (Australian Council of Social Service). (1997). *Statement of apology*. Sydney: ACOSS.
- Adorno, T. W., Frenkel-Brunswik, E., Levinson, D. J., & Sanford, R. N. (1950). *The authoritarian personality*. New York: Harper & Row.
- Altmeyer, R. (1988). *The enemies of freedom: Understanding right-wing authoritarianism*. San Francisco: Jossey-Bass.
- APS (Australian Psychological Society). (1997). *Racism and prejudice: Psychological perspectives*. Melbourne: APS Ltd.
- APS. (1997/1999). *Code of ethics*. Melbourne: APS Ltd.
- APS. (2007/2009). *Code of ethics*. Melbourne: APS Ltd.
- APS. (2008). *APS Strategic Plan 2008–2011*. Melbourne: APS Ltd.
- Australian Indigenous Psychologists Association. (2009). *Annual Report 2009*. Melbourne: Australian Psychological Society Ltd.
- Bowlby, J. (1969). *Attachment and loss, vol. 1: Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss, vol. 2: Separation*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent–child attachment and healthy human development*. New York: Basic Books.
- Brideson, T., & Kanowski, L. (2004). The struggle for systematic ‘adulthood’ for Aboriginal Mental Health in the mainstream: The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program. *Australian e-Journal for the Advancement of Mental Health*, 3(3). Downloaded 2 July 2009 from <<http://auseinet.flinders.edu.au/journal/vol3iss3/index.php>>.
- Butler, P. V. (1998). Psychology as history, and the biological renaissance: A brief review of the science and politics of psychological determinism. *Australian Psychologist*, 33(1), 40–46.
- Chase, A., & von Sturmer, J. (1973). ‘Mental Man’ and social evolutionary theory. In G. E. Kearney, P. R. de Lacey & G. R. Davidson (Eds.), *The psychology of Aboriginal Australians* (3–15). Sydney: John Wiley.
- Darwin, C. (1859). *The origin of species*. London: Murray.
- Davidson, G. R. (1988). *Ethnicity and cognitive assessment*. Darwin: Darwin Institute of Technology Press.
- Davidson, G. R. (1995). Cognitive assessment of indigenous Australians: Towards a multiaxial model. *Australian Psychologist*, 30, 30–34.
- Davidson, G. R. (1998). In pursuit of social responsibility in psychology: A comment on Butler (1988). *Australian Psychologist*, 33(1), 47–49.

- Davidson, G., Dudgeon, P., Garton, A., Garvey, D., & Kidd, G. (1995). *Guidelines for the provision of psychological services for and the conduct of psychological research with Aboriginal and Torres Strait Islander people*. Melbourne: APS Ltd.
- Davidson, G. R., & Sanson, A. (1995). Should the APS have an ethical code of social action? *Bulletin of the Australian Psychological Society*, 17, 2–4.
- Davidson, G., Sanson, A., & Gridley, H. (2000). Australian psychology and Australia's Indigenous people: Existing and emerging narratives. *Australian Psychologist—Special Issue on Australian Indigenous Psychologies*, 35, 92–99.
- de Lemos, M. M. (1969). The development of conservation in Aboriginal children. *International Journal of Psychology*, 4, 255–69.
- Devine, P. G. (1989). Stereotypes and prejudice: Their automatic and controlled components. *Journal of Personality & Social Psychology*, 56, 5–18.
- Dudgeon, P., & Oxenham, D. (1989). The complexity of Aboriginal diversity: Identity and kindredness. *Black Voices*, 5(1), 22–39.
- Dudgeon, P., & Pickett, H. (2000). Psychology and reconciliation: Australian perspectives. *Australian Psychologist*, 34, 82–87.
- Fiske, S. T., & Taylor, S. E. (1991). *Social cognition* (2nd Ed.). New York: McGraw-Hill.
- Fraser, S. (1995). *The bell curve wars: Race, intelligence, and the future of America*. New York: Harper Collins.
- Fua, C. (1980). Aboriginal mental health: For health workers. *The Aboriginal Health Worker (Special Issue)*, 1, 41–42.
- Garcia Coll, C., Lamberty, G., Jenkins, R., McAdoo, H. P., Crnic, K., Wasik, B. H., & Vasquez Garcia, H. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67, 1891–914.
- Garvey D., Dudgeon, P., & Kearins, J. (2000). Australian psychology has black history. In P. Dudgeon, D. Garvey & H. Pickett (Eds.), *Working with Indigenous Australians: A handbook for psychologists* (pp. 231–48). Perth: Gunada Press.
- Gould, S. J. (1984). *The mismeasure of man*. Harmondsworth: Penguin.
- Gridley, H., Dudgeon, P., Pickett, H., Davidson, G., & Sanson, A. (2000). The Australian Psychological Society and Australia's Indigenous people: A decade of action. *Australian Psychologist—Special Issue on Indigenous Psychology in Australia*, 35, 88–91.
- Hernstein, R. J., & Murray, C. (1994). *The bell curve: Intelligence and class structure in American life*. New York: Free Press.
- Hunter, E. (1997). Double talk: Changing and conflicting constructions of Indigenous mental health. Paper presented to the National Conference on Mental Health Services, Policy and Law Reform into the Twenty First Century. University of Newcastle, 14 February.
- Hunter, E., & Garvey, D. (1998). Indigenous mental health promotion: Mind over matter? *Health Promotion Journal of Australia*, 8(1), 4–11.
- Jensen, A. R. (1972). *Genetics and education*. New York: Harper & Row.
- Kearins, J. (1981). Visual spatial memory in Australian Aboriginal children of desert regions. *Cognitive Psychology*, 13, 434–60.
- Kearney, G. E. (1966). *Some aspects of the general cognitive ability of various groups of Aboriginal Australians as assessed by the Queensland Test*. University of Queensland, Department of Psychology.
- Kearney, G. E. (1973). Early psychological studies. In G. E. Kearney, P. R. de Lacey & G. R. Davidson (Eds.), *The psychology of Aboriginal Australians* (pp. 16–26). Sydney: John Wiley.
- Kearney, G. E., de Lacey, P. R., & Davidson G. R. (Eds.). (1973). *The psychology of Aboriginal Australians*. Sydney: John Wiley.
- Lamarck, J. B. (1809). *Zoological philosophy*. New York: Macmillan. [English translation] (1914).
- Lonner, W. (1990). An overview of cross-cultural testing and assessment. In R. W. Brislin (Ed.), *Applied cross-cultural psychology* (pp. 56–76). London: Sage Publications.
- McElwain, D. W., & Kearney, G. E. (1973). Intellectual development. In G. E. Kearney, P. R. de Lacey & G. R. Davidson (Eds.), *The psychology of Aboriginal Australians* (pp. 43–56). Sydney: John Wiley.

- Mudaly, B., Gridley, H., Foulds, M., & Venno, A. (1991). The Maralinga Workshop. *Bulletin of the Australian Psychological Society*, 13(2), 12.
- Paradies, Y., Harris, R., & Anderson, I. (2008). *The impact of racism on Indigenous health in Australia and Aotearoa: Towards a research agenda*. Discussion Paper No. 4. Darwin: Cooperative Research Centre for Aboriginal Health.
- Pheterson, G. (1990). Alliances between women: Overcoming internalized oppression and internalized domination. In L. Albrecht & R. M. Brewer (Eds.), *Bridges of power: Women's multicultural alliances for social change*. Philadelphia: New Society Publishers.
- Phinney, J. S. (1996). When we talk about American ethnic groups, what do we mean? *American Psychologist*, 51, 918–27.
- Porteus, S. D. (1917). Mental tests with delinquents and Australian Aboriginal children. *Psychology Review*, 14, 32–41.
- RCIADIC (Royal Commission into Aboriginal Deaths in Custody). (1991). *Final report*. Canberra: AGPS.
- Rushton, J. P. (1995). Construct validity, censorship, and the genetics of race. *American Psychologist*, 50, 40–41.
- Sanson, A., Augoustinos, M., Gridley, H., Kyrios, M., Reser, J., & Turner, C. (1998). Racism and prejudice: An Australian Psychological Society Position paper. *Australian Psychologist*, 33, 161–82.
- Sonn, C., Garvey, D., Bishop, B., & Smith, L. (2000). Incorporating Indigenous and cross-cultural issues into an undergraduate psychology course: Experience at Curtin University of Technology. *Australian Psychologist*, 34, 143–49.
- Spencer, H. (1855). *Principles of psychology*. London: Williams & Norgate.
- Swan, P., Mayers, N., & Raphael, B. (1994). Aboriginal health outcomes. *Aboriginal and Torres Strait Islander Health Information*, 20, 30–33.
- Swan, P., & Raphael, B. (1995). *Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy*. National Consultancy Report. Canberra: AGPS.
- Tajfel, H. (1981). *Human groups and social categories*. Cambridge: Cambridge University Press.
- Turner, C. (2006). Talking about sharing: Ongoing conversations about how psychology can and should work for and with Indigenous Australia. *Australian Community Psychologist*, 18(1), 6–7.
- Turtle, A., & Orr, M. (1989). *The psyching of Oz*. Melbourne: APS Ltd.
- Williams, R. (2000). 'Why should I feel guilty? Reflections on the workings of guilt in White-Aboriginal relations. *Australian Psychologist*, 34, 136–42.