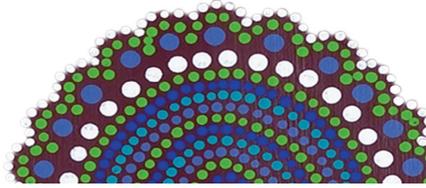
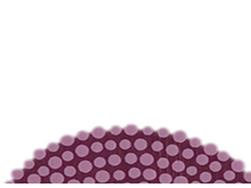
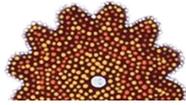


3

A History of Indigenous Psychology



Pat Dudgeon, Debra Rickwood, Darren Garvey and Heather Gridley

OVERVIEW

This chapter discusses how the discipline and practice of psychology has been part of the colonising process influencing the mental health of Australian Aboriginal and Torres Strait Islander peoples. It outlines events where the discipline of psychology has been supportive of, and responsive to, the Aboriginal mental health movement, heralding the empowerment and inclusion of Aboriginal and Torres Strait Islander peoples at all levels of mental health service provision. The chapter identifies key milestones in psychology, pointing to positive ways in which psychologists can work together with Aboriginal Australians to improve their social, emotional and spiritual wellbeing. The chapter examines the different ways that psychology has impacted upon Aboriginal Australians—through science, practice and reflective action—and how these three domains intersect and interrelate, influencing the discipline’s understanding of, and responses to, Aboriginal mental health and wellbeing.

THE DISCIPLINE OF PSYCHOLOGY

Psychology, as a science and profession, has impacted significantly on knowledge and perceptions about Aboriginal and Torres Strait Islander mental health. This review is relevant for psychologists and other practitioners working in the mental health field. ‘Knowing the past’ is complex, but not objective. There are multiple histories, and those that are prominent generally come from sources with the most powerful voice. All historical accounts need to be interpreted within this understanding.¹ It is with this critically reflective approach that the current chapter examines psychology’s involvement with Aboriginal people.

Psychology comprises both scientific investigation and professional practice as applied to understanding human thoughts, feelings and behaviour to improve individual and community wellbeing. The mission of the Australian Psychological Society (APS), the peak professional body representing psychology in Australia, is to advance ‘the discipline and profession of psychology for the benefit of our members and the communities they serve.’²

Nevertheless, psychology has been complicit in the colonising process and, as a dominant discourse, has been ethnocentric and has objectified, dehumanised and devalued those from culturally different groups. Furthermore, psychology has often been enlisted to enact or justify practices of assimilation and oppression.¹ Dudgeon and Pickett recommended that the discipline is well placed to support the empowerment and self-determination of Aboriginal people:

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.^{1(p86)}

PSYCHOLOGY AS SCIENCE

Psychology as a science is concerned with understanding human behaviour. Psychology has been involved with 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 Garvey provided a comprehensive overview of the history of psychology and Aboriginal people,³ the current chapter addresses the key events of that history. Some of these are outlined on page 50.

Early scientific relationships with Aboriginal Australians were influenced by the dominant evolutionary views of social Darwinism⁴ and social evolution,⁵ which held that all things changed over time in one direction—from simple to complex and from relatively undifferentiated to more differentiated. English philosopher Herbert Spencer, who coined the phrase ‘survival of the fittest’, applied this theory to psychological and social processes. He maintained that just as human intellectual functioning proceeds from simple cognitions and reflex actions to more complex and general cognitions, society too becomes progressively more complex and highly organised. Spencer’s theory incorporated the ‘Lamarckian’ notion of inheritance of acquired characteristics, so that humans acquired certain mental traits that favoured their continued existence, and these were passed on to their children.⁶

At that time, Aboriginal Australians were seen as humans 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. Aboriginal and Torres Strait Islander peoples attracted interest due to Australia’s isolation, an island continent separated from outside influence on its flora and fauna (including human inhabitants), providing 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.^{7(p4)}

The theories of race that became human evolution theory during the late 19th century coincided with the establishment of modern science as the arbiter of truth and the emergence of psychology as a science.⁸ Biological determinists argued 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.⁹ There is a long history of bio-psychological explanations providing scientific legitimacy to dominant social values. Both the general public and psychologists accept biological explanations as scientifically objective. This has resulted in a psychological determinism that has supported a racist agenda. The hegemony of the scientific discourse also serves to manage ordinary voices of discontent and accounts of Aboriginal social realities. Psychology is committed to address these aspects of its colonial/colonising past.

An APS Position Paper⁸ argued that developments in the study of the genetic basis of human diversity confirmed that the concept of race had no basis in fundamental biology and should be abandoned by scientists. At that time, genetic research revealed that 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.¹⁰ Rejection of hierarchical conceptualisations of race based on genetic differences is now the dominant scientific position.

Recent advances in genomics and emerging forms of biotechnology have added considerable complexity to the ethical issues associated with such research. For example, research is now using DNA to map human migration and evolution¹¹ and to determine genetic risk factors for health disparities.¹² Biological bases of ‘race’ are again being used as explanatory frameworks. It has been noted that anti-racialism—that is, opposing racial categories—and anti-racism arguments have been used to perpetuate racist scientific agendas.¹³ We need to remain vigilant to the very complex links between human scientific endeavour and implicit values placed on ‘whiteness’; science is never objective, rather it is shaped by our personal and social values. Developments in the biological evidence base may be extrapolated to serve the social purposes for the dominant culture of the time.

Mental Functioning and Testing

Psychologists have long been involved in researching and testing 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.^{14–16} 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’.^{17(p41)}

Such scientific views and methods had a profound impact, and Aboriginal and Torres Strait Islander Australians were the main subjects in some influential early research studies. The Cambridge Anthropological Expedition took place in the late 19th century to study the people of the Torres Straits islands as a representation 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, making it hard to interpret the results from a social Darwinist perspective, particularly those that favoured the Murray Islanders’ performance.

Later, in the early 1900s, Porteus, a teacher at a special school, devised a series of maze tests to be used as a screening device for ‘mentally defective’ pupils. He used his test in a study of Aboriginal mission children and, later, with Aboriginal adults of the North Western and Central Australia (CA) regions.¹⁸ He found that Aboriginal adults in these regions performed at generally lower levels than the norming samples, although there were interesting variations.¹⁹ The Aboriginal peoples with the most exposure to Western school experience, such as the Hermannsburg people of CA, achieved a higher ‘mental age’ than those with less exposure, suggesting that intelligence was not biologically determined but a result of experience.

Following Porteus, over the next two decades from the 1930s, a study was undertaken by psychologists at the University of Western Australia. They tested Aboriginal men and women on stations in the Gascoyne region of Western Australia (WA) and remarked on the wide range of scores, commenting that ‘some natives have intelligence of a high degree.’^{19p(41-2)} The study indicated test score equivalence between Aboriginal and white Australian people, raising the question of the effects of differential experience on test performance.

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)²⁰ and that was interpreted as supporting the prejudice of mainstream society—that Aboriginal Australians needed ‘civilising.’ Such conclusions are likely to have influenced government policy to prioritise assimilationist strategies.

From the late 1950s, McElwain conducted a series of investigations of cognitive ability using the Queensland Test (QT) with over 1,000 Aboriginal children and adults who had varying degrees of contact with white Australian culture. It was concluded that:

the Aboriginal groups are inferior to Europeans, and in approximately the same degree as they have lacked contact with European groups ... It seems clear that test results are dependent to a considerable degree upon contact or some variable related to contact.^{21(p47)}

Despite concerted efforts to modify the QT to be non-verbal and culture-neutral, this research clearly demonstrated that it is not possible to create a culture-free test unaffected by Western cultural experience on the test performance of non-Western children. Indeed, many tests appear to be measures of Western learning, a finding that strikes at the validity of instruments developed with other populations, and poses questions about the assumed universality of psychological phenomena that permits the application and authority of the tests in the first place. See Chapter 16 (Adams and colleagues) for further discussion of assessment and testing issues.

The intelligence-testing movement pioneered by Porteus supported educational, vocational and social policies that have oppressed Aboriginal people.^{22,23} 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.

As one commentator noted:

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.^{24(p56)}

From the mid-1960s, a number of researchers undertook Piagetian studies with Aboriginal children in remote areas. These studies revealed consistently later than ‘average’ development of the concepts under study, particularly for the concept of conservation.²⁵ Again, greater Western culture contact, particularly Western schooling, influenced higher Aboriginal scores.

The wide coverage of these results regarding Aboriginal deficits 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 would not have helped raise teachers’ expectations of Aboriginal children. The Piagetian research may seem to be partly responsible for ‘deficit’ views, that Aboriginal children needed to change (or be changed) to fit better into Western education.²⁵ 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. It appears the imperative was to measure Aboriginal people prior to their predicted assimilation (or annihilation). At this point, the imperative had changed to ensure they were sufficiently assimilated.

In the lead-up to, and aftermath of, the nation-defining 1967 Referendum to count Aboriginal Australians in the national census, the 1960s–70s proved to be a watershed era in changing regard for Aboriginal Australians. The first Australian psychology volume focusing on Aboriginal people was published in 1973,²⁶ followed by an edited volume of a symposium held at the Australian Institute of Aboriginal Studies.²⁷ In 1981, Judith Kearins proposed that Aboriginal Australians have different cognitive strengths from other Australians.²⁸ Then, in 1985, the First Australian Conference on Testing and Assessment of Ethnic Minority Groups was held in Darwin, where psychologists and educators from around Australia discussed Aboriginal and other cultural group issues in education.²⁹

This gradual shift in representations of Aboriginal Australians in psychological literature pre-1988, demonstrates an attempt to understand and categorise people who did not necessarily ‘fit’ easily into established categories, or who in other ways defied conventional understanding. Aboriginal and Torres Strait Islander peoples challenged many of the basic tenets of the profession. Most of this literature reflected the Western scientific paradigm and was aimed at addressing the ‘Aboriginal problem’—the ‘subjects of’ and ‘subject to’ psychological research and intervention. Up to this time, non-Aboriginal psychologists led the revised approaches to mental functioning and testing of Aboriginal Australians. It was not until the 1990s that a small group of Aboriginal and Torres Strait Islander psychologists claimed a space in the emerging mental health movement to develop culturally appropriate assessment tools for their own people.

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 people 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 from this categorisation process. Both categorisation and stereotyping are adaptive in that they simplify the complexity of the social world and provide us with cognitive shortcuts to help negotiate social reality.³⁰

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.³¹ 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 have argued that affective or motivational factors are equally important in the manifestations of prejudice which are learned dispositions, and not necessarily derived from cognitive categorisation.³² Developmental psychology and social learning theory maintain that there are mechanisms by which children acquire stereotypes of their culture. For example, they may receive direct instruction 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. It has been demonstrated that, if ingroup/outgroup distinctions are de-emphasised in the child's social world, positive models are provided, and the social distance between the child's group and other groups is reduced, then the development of prejudicial attitudes and discriminatory behaviour can be significantly reduced.³³

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' maintained that some individuals are predisposed to prejudice as a result of personality tendencies to be politically conservative and fascist.^{34, 35} 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 primarily 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.³⁶⁻³⁸ 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. This tendency of oppressed groups to take out their frustration and rage on each other is termed lateral violence.³⁹ Such outcomes support the urgent need to focus on empowerment and self-determination for Aboriginal and Torres Strait Islander Australians.

A powerful and positive example of an Aboriginal-led initiative was the 2009 National Research Roundtable on Racism Towards Indigenous Australians. The APS, with the Australian Indigenous Psychologists Association (AIPA) and the Centre for Research Excellence in Aboriginal Health and Wellbeing, co-hosted the Roundtable alongside several other key organisations. The roundtable was initiated by then AIPA Chair, Pat Dudgeon, as one way to renew the momentum generated a decade previously for psychology to take an active role in combating racism.⁴⁰

The pervasive effects of cultural and institutionalised racism exist within professions, disciplines and institutions—they are often invisible, with the dominant group being seen as normal or the standard against which all else are judged, while those 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. It is in this vein that Reconciliation Australia advocates for organisations, corporations and professional bodies to develop their own Reconciliation Action Plans (RAP).⁴¹ A RAP publicly formalises an organisation's contribution to reconciliation and to actions that embed cultural change, in consultation or partnership with Aboriginal and Torres Strait Islander communities, organisations and leaders. Psychology has enacted institutionalised racism, but it has also used its science, practice and advocacy in ways that 'work with' rather than 'work on' Aboriginal and Torres Strait Islander Australians.

PSYCHOLOGY AS PROFESSIONAL PRACTICE

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 of self-determinism of Aboriginal

and Torres Strait Islander peoples, and the input of community and health psychology to understanding the social determinants of health and wellbeing, particularly 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 of the previous century, because the profession was not clearly established. However, during the period up to the 1970s, there was a pervasive influence of mainstream scientific views to which psychology contributed in the policies of the day. Notably, the policies of ‘Aboriginal protection’ derived from the prevailing scientific views 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 1972. These policies operated across Australia until (and even beyond) the growing focus in mainstream developmental psychology on attachment theory and the essential nature of mother-infant bonding began to prevail.⁴²⁻⁴⁴ Consequently, Aboriginal and Torres Strait Islander peoples 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 disempower and disadvantage those from marginalised groups, 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 (RCIADIC).⁴⁵ Similarly, analyses under the National Aboriginal Health Strategy (NAHS) revealed pervasive indifference on the part of health professionals to the disadvantage experienced by Aboriginal and Torres Strait Islander peoples within the mental health system.⁴⁶ The ethnocentric ‘expertise’ of mainstream mental health services negated awareness of the unique needs of, and impeded acknowledgment of the profound impact of invasion and colonisation through grief, trauma, and social and emotional distress in, Aboriginal and Torres Strait Islander communities.⁴⁷ Misdiagnosis has been common because of a failure to recognise and understand the social and emotional context of presenting problems for Aboriginal Australians. Concomitantly, stigma and lack of cultural understanding have inhibited acknowledgment of mental health problems. Significant inroads are being made in this area. Notable are mental health assessment measures developed by Aboriginal psychologist Tracy Westerman, and other culturally appropriate assessment tools⁴⁸—see Chapter 16 (Adams and colleagues).

Recent approaches to cultural competence training developed by the AIPA for psychologists and other mental health professionals have taken Indigenous realities as their starting point, by working within a social and emotional wellbeing framework rather than assuming a more traditional psycho-medical paradigm.

THE ABORIGINAL MENTAL HEALTH MOVEMENT

Over the decades leading to the 1990s, a groundswell of activity by Aboriginal mental health professionals established a voice in mental health issues of Aboriginal Torres Strait Islander Australians. It was not until *200 Years of Unfinished Business* was published in 1988 by an Aboriginal mental health professional Pat Swan, that changes emerged. This text was the main reference in the NAHS (1989)⁴⁹ and was heavily quoted by RCIADIC (1991)⁵⁰ which led to the Ways Forward Report (1995).⁵¹ The Ways Forward Report was a result of a national consultation that ended in the National Aboriginal Mental Health Conference in Sydney in November 1993, drawing together more than 900 people, and the *Bringing Them Home* Report (1997)⁵² and other relevant texts and policies. See Chapter 5 (Zubrick and colleagues) for a discussion of these policies and reports.

Perceptions of Aboriginal and Torres Strait Islander mental health changed to prioritise wellness, holistic health, and culturally informed and appropriate approaches over the ‘disease model’ perspective.

Dudgeon and Pickett described these changes in perceptions towards Aboriginal and Torres Strait Islander mental health as underpinned by a philosophical approach of empowerment and self-determination in the provision of mental health services for Aboriginal people.¹ Self-determination means that services need to ensure that mechanisms are in place for collaboration and direction from the client groups, and Aboriginal people need to be fully involved in any mental health activity aimed at them. Aboriginal and Torres Strait Islanders themselves need to direct the engagement at all levels, whether this is 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 Aboriginal psychologists continue to call for appropriate inclusion of Aboriginal people: ‘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.’^{53(p.7)}

As well as facilitating a culturally competent profession, an Aboriginal mental health workforce needs to be a priority. The number of Aboriginal psychologists has grown since 2000 from less than twelve, to at least 50 in 2012. However, AIPA has estimated that if the proportion of Aboriginal and Torres Strait Islander psychologists matched that in the general population (2.5 per cent), there would be 625 Aboriginal and Torres Strait Islander psychologists, showing there is still a long way to go to achieve adequate representation in the profession.⁵⁴

Between the national soul-searching of the 1988 bicentennial and Prime Minister Paul Keating’s Redfern speech in 1992, powerful counter-narratives emerged that foregrounded Aboriginal voices and perspectives on a whole range of issues, including health, justice, native title and education. In this space, the Australian governments initiated the National Mental Health Strategy in 1992 to correct decades of neglect and assure the rights of people with mental illness.

The Burdekin Report that came from this, exposed the devastating personal consequences of inadequate mental health and welfare services. One chapter focused on Aboriginal and Torres Strait Islander mental health. This captured the concerns about a range of issues—the need for inclusion of historical, social and political contexts, the need for a human rights approach, the need for culturally appropriate approaches, services and workforce, and the importance of self-determination. This meant providing Aboriginal people with the training, power and resources to determine their own mental health services and programs within their own terms of reference.

...the bald fact is that the symptoms will not go away even with the best service provision until there is real progress on the fundamental cause, which is to ensure access to Aboriginal mental health through Aboriginal self-determination in all aspects of life to make possible a dignified Aboriginal life which is viable and meaningful as seen and experienced and constructed by Aboriginal people themselves.^{55(p315)}

PSYCHOLOGY CONFRONTING CHANGE

Psychology has a fairly recent history in relation to Aboriginal and Torres Strait Islander mental health and wellbeing. Although the APS has been involved in Aboriginal issues since the 1960s—when a Queensland group sent submissions to government on secondary education, child welfare and Aboriginal welfare—a major turning point was in 1988, a significant year for two reasons. First, it was the bicentennial of European settlement/invasion of the Australian continent by the English colonisers. Second, it was the year when about 4,000 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’ as 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 Aboriginal content or discussion as part of the program.

The only Aboriginal representation 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’,⁵⁶ displayed without apology or apparent recognition of the insensitivity of such a display. Significantly, 22 years later at the next international congress hosted in Australia, ICAP 2010, Garvey presented a paper reflecting on these events⁵⁷ and on the parallel publication in the Annual Review of Psychology Bicentennial and International Congress of an article by Taft and Day on Psychology in Australia, which was equally insensitive in its reference to Aboriginal people.⁵⁸

Shared concerns about these representations and omissions led to 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. A symposium on the Psychology of Indigenous People at the 25th Annual Conference of the APS was held 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 Dudgeon and Oxenham.³⁶ 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 learn of, and highlight first-hand, the issues of social (in)justice and their effects on Aboriginal people.⁵⁹

At the 26th Annual Conference in Adelaide in 1991, the APS Interest Group on Aboriginal Issues, Aboriginal People and Psychology was formed, as a principal advocate on Aboriginal and Torres Strait Islander issues from the Board of Community Psychologists. The Interest Group has continued to prioritise these issues at the APS annual conferences; organised mini-conferences in Perth (1993 and 1998); run professional development programs with psychologists and other professionals, including Aboriginal Health Workers (AHWs), in several states; contributed to APS Position Papers and submissions to national inquiries; and mentored Aboriginal psychology students.⁶⁰ In 2012, the group, now the Aboriginal and Torres Strait Islander Peoples and Psychology Interest Group (ATSIPP), celebrated its 21st anniversary with a retrospective issue of its online newsletter, noting the shift in its role following the emergence of AIPA. ATSIPP continues to progress the aims of Reconciliation within and beyond the profession.

The 1990s witnessed a change in the quality and quantity of literature produced, much of it a reflective exercise devoted to the ethical, practical and political concerns of Indigenous people vis-a-vis psychology, an increasing corpus of which was produced by Indigenous people themselves.^{57(p9)}

In 1993, the APS established a working party to prepare guidelines to assist psychologists who work with Aboriginal people.⁶¹ The resulting Guidelines for the provision of psychological services for, and the conduct of, psychological research with Aboriginal and Torres Strait Islander peoples 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 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.^{62(p1)}

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 notion of cultural competence is also embodied in the *National Practice Standards for the Mental Health Workforce (2013)*⁶³ which cover all five professions as well as recommendations to inform the mental health curriculum. See Chapter 12 (Walker and colleagues) for a discussion of strategies for becoming culturally competent practitioners. The most recent revision of the Code goes further, affirming all people's 'right to linguistically and culturally appropriate services' and incorporating an advocacy role when psychologists become aware of discriminatory practices or systems experienced by their clients.^{64(p11)}

Since 1995, the APS annual conference has included a specific program for Aboriginal and Torres Strait Islander mental health professionals presenting papers. The 30th APS Annual Conference in Perth that year marked a significant change. There were numerous sessions in the program including the first Aboriginal welcome to country at the opening, and many cultural activities. Importantly, there was the first Aboriginal keynote presentation by Rob Riley who made a 'Charge' to Psychologists at the end of his paper which still remains relevant today.^{65(p15-16)} See page xvi for an extract from that paper.

In 1997, the APS Position paper on racism and prejudice reviewed recent Australian research in the area.^{8,40} This was a significant step towards formally recognising that racial and ethnic prejudice still exists in Australia, increasing psychologists' sensitivity to their effects on Aboriginal people, and reducing professional ignorance about various forms of present-day racism. These steps contrasted with Davidson and Sanson's observation two years earlier that:

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.^{66(p3)}

In 1998, the Centre for Aboriginal Studies led by Pat Dudgeon, and the School of Psychology at Curtin University convened a mini-conference to overview and discuss Aboriginalising the psychology curriculum. Some of these educational activities were presented in a special issue of the *Australian Psychologist*.^{67,68} This volume was unprecedented in its focus and in its genuine collaboration between Aboriginal and Torres Strait Islander and other mental health professionals.

The APS is now committed to enabling the profession and discipline of psychology to acknowledge and support the social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians, as described in Chapter 4 (Gee and colleagues). This commitment includes teaching Aboriginal content in undergraduate psychology courses, offering bursaries and other supports to encourage and enable Aboriginal people to pursue careers in psychology, as well as ongoing examination of the role and impact of the profession in this field to ensure both cultural relevance and affirmation in both teaching and practice through ATSIPP and other mechanisms of the APS.

In 2011, the APS formally committed to the development of a Reconciliation Action Plan (RAP) in partnership with AIPA, as a means of 'building respect, relationships and understanding between Indigenous and other Australians to close the gap in mental health and wellbeing outcomes'.^{69(p9)} The plan identified four broad areas as priorities for action:

- respectful relationships;
- governance;
- cultural competence; and
- Aboriginal and Torres Strait Islander education and employment.

The RAP recognises the UN Declaration of the Rights of Indigenous Peoples, and represents the development of a greater awareness and responsibility within the discipline and profession. However, these developments have so far been located almost entirely within the APS. Bodies such as the Psychology Board of Australia, the Australian Psychology Accreditation Council, and the Heads of Departments and Schools of Psychology Association also have key roles to play in any genuine and sustainable transformation of the discipline and profession.

One of the most significant developments has been the formation of AIPA in March 2008 under the auspices of the APS. AIPA members are 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 Aboriginal and Torres Strait Islander health equality campaign. AIPA provides the secretariat for the Aboriginal and Torres Strait Islander Mental Health Suicide Prevention Advisory Group (ATSIMHSPAG), a ministerial advisory group established by the Federal Ministers for Mental Health and for Aboriginal and Torres Strait Islander Health, with Pat Dudgeon and Tom Calma as co-chairs. The group's membership includes 20 representatives of key stakeholder bodies from around the country. ATSIMHSPAG advises the Ministers on the design and implementation of measures in the Government's Delivering National Mental Health Reform package, the National Aboriginal and Torres Strait Islander Health Suicide Prevention Strategy and the renewed national Social and Emotional Wellbeing Framework. Significantly, Pat Dudgeon was also the only psychologist appointed to the inaugural Mental Health Commission established in 2011.

CONCLUSION

This Chapter has tracked the role of psychology in contributing to cultural and institutionalised racism. Acknowledging and owning this history enables us to learn from the mistakes of the past and move forward. Awareness of this history will help psychologists to understand Aboriginal and Torres Strait Islander peoples' suspicion of, and reluctance to engage with, psychology as a profession. Historically, the science and practice of psychology reflect and influence mainstream Western scientific values that have perpetuated and excused racism. While the discipline and profession have matured to acknowledge their role in this history, there must be ongoing reflection and action regarding the cultural relevance and utility of theories, research methodologies and professional practice. It is essential that psychology continues to work towards the goal to 'train members of our profession to be part of the multiple solutions to racism and Aboriginal disadvantage, rather than part of the problem.'^{70(p6)} Doing so will align our actions with the Apology delivered by the Prime Minister on behalf of Australian peoples in February 2008, which recognised the harm caused by the mistreatment of Aboriginal Australians through the policies and practices of past governments. It will also enable psychologists to take up 'the Charge' by Rob Riley that psychology acknowledge its past and look towards new solutions and approaches and commit to principles of mutual respect, inclusion and shared responsibility in moving forward to a better future.⁶⁵ As Pat Dudgeon declared in launching the APS RAP:

Reconciliation is a two way process, it gives us all the chance to learn, value and respect new and different forms of knowledge and healing. It enables us to learn about how best to work in ways that will assist Aboriginal and Torres Strait Islander peoples to heal, and go on feeling worthwhile and healthy in their lives. It also provides an opportunity to enhance our profession through the wisdom of Aboriginal and Torres Strait Islander cultures and experiences.^{69(p6)}

Timeline of the History of Psychology and Aboriginal People

Psychology Events	Aboriginal Responses
	1986 - Ottawa Charter for Health Promotion
24th International Congress of Psychology, Sydney Review of psychology in Australia	1988 - Bicentenary 'Celebration of the Nation'
	1989 - A National Aboriginal Health Strategy
25th Annual APS Conference, Melbourne 'The Psychology of Indigenous People' Symposium	1990
26th Annual APS Conference, 'Aboriginal Issues' Aboriginal People and Psychology Interest Group formed	1991 - Royal Commission into Aboriginal Deaths in Custody Council for Aboriginal Reconciliation Act
Psychology Program Workshop, Cairns APS Working Party was established Mini-conference was held in Perth	1992 - Mabo Decision - Social Justice Commissioner appointed as part of HREOC - Paul Keating Redfern speech
	1993 - National HREOC Inquiry into Human Rights and Mental Illness - First National Aboriginal Mental Health Conference 'Our Way' - International Year of Indigenous Peoples
Representations of psychology in Aboriginal Australia	1994 - International Decade for the World's Indigenous Peoples
Guidelines for the provision of psychological services	1995 - Ways Forward Consultancy Report
30th Annual APS Conference, Perth	1996 - Rob Riley's keynote address at the APS Conference, Perth - First National Reconciliation Week
Racism and Prejudice: Psychological Perspectives - APS Position Paper	1997 - Bringing Them Home Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander children from their families
32nd Annual APS Conference, Cairns Mini-conference held in Perth	1998 - Aboriginal Reconciliation Convention
	1999 - National Statement on Ethical Conduct in Research involving Humans
Working with Indigenous Australians: A Handbook for Psychologists (Dudgeon et al)	2000 - Decade of Reconciliation
National Workshop on psychology and Indigenous Australians, UniSA	2001
	2002 - The NHMRC Road Map: A strategic framework for improving Aboriginal and Torres Strait Islander health through research
	2003 - Values and Ethics: Guidelines for Aboriginal and Torres Strait Islander Health Research - National Framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing - National Coalition of Aboriginal and Torres Strait Islander Social Workers Association first National Conference
	2005 - Social Justice Report - WA Aboriginal Child Health Survey: Vol 2, SEWB
	2007 - UN Declaration on the Rights of Indigenous People
43rd Annual APS Conference Formation of AIPA	2008 - 'Close the Gap' campaign launched - Kevin Rudd's Apology to the Stolen Generations
National Research Roundtable on Racism towards Indigenous Australians	2009 - Billard Blank Page Summit - Boatshed Declaration against Racism initiated by AIPA, Perth - Living on the Edge, AIPA
27th International Congress of Applied Psychology	2010 - Working Together Book (First Edition)
Development of a Reconciliation Action Plan (RAP) with AIPA	2011
ATSIPP celebrated its 21st anniversary	2012 - Formation of Aboriginal and Torres Strait Islander Mental Health and Advisory Group
	2013 - Formation of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group

Design: Chrissie Easton

REFLECTIVE EXERCISES

1. This chapter gives a particular perspective on the historical impact and potential role of psychology in Aboriginal and Torres Strait Islander mental health including a timeline of key events empowerment. Consider your lifeline and how it overlaps with the timeline—what key events have shaped your values in relation to science, practice and advocacy?
2. Why is it important for mental health professions to ‘know the past’?
3. What roles could Aboriginal and non-Aboriginal psychologists have in Aboriginal and Torres Strait Islander mental health? When should these be different? When should they be the same?
4. What key factors in psychology supported the Aboriginal mental health movement, and what more is needed to sustain or accelerate change going forward?
5. What actions towards Reconciliation could set your practice, your workplace, your university, and/or psychology apart from other organisations and professions?

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