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A Conversation About... Culture, Connection and Indigenous Flourishing – Part 2

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Abigail Bray (00:17):

Welcome to this the second of two episodes brought to you by MHPN Presents A Conversation About Indigenous Flourishing. My name is Abi Bray and I'm joined by Professor Pat Dudgeon and Professor Alan Rosen. Welcome both of you.

Alan Rosen (00:33):

Thank you.

Pat Dudgeon (00:34):

Thanks, Abi. Very pleased to be here.

Abigail Bray (00:37):

Great. So in the first episode we talked about the history of social emotional wellbeing and Indigenous paradigm in Australia and the history of the Indigenous psychology movement and the various obstacles it's had to overcome in creating self-determination in that space. And Pat gave a really powerful history about all of that, the politics involved in that. And we talked about the resurgence of Indigenous knowledges across the world and how there is a kind of turn towards recognising these traditions, healing traditions. So Pat and Alan, do you want to share some reflections on what we talked about before we start again?



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**Pat Dudgeon (01:18):**

Yeah, absolutely. And I think the acknowledgement of country, which we did in the first one covers this one, but there might be some new people who joined us who've just joined this podcast alone. So I'd like to just say on behalf of myself and Alan and Abi, I'd like to acknowledge all the different Countries that listeners might be listening in from. I'm on beautiful Noongar boodjar that's in Perth in Western Australia. And as Abi introduced, my name is Pat Dudgeon and I'm from the Bardi people up in the Kimberleys, but I live and work in beautiful Noongar boodjar and I'm a professor at the University of Western Australia. Abi, do you want to say where you are ringing in from because you are ringing in from a totally different continent.

Abigail Bray (02:07):

I'm ringing in from the other side of the world in the south of France in a valley surrounded by a lot of trees. And I've been working with Pat for about a decade on social emotional wellbeing and flourishing and knowledge systems. So it's pretty much a global thing for us. And Alan, what about you?

Alan Rosen (02:28):

And I am **Alan Rosen** and I am in Sydney on Wangal and Gadigal land. The intersection of those two, which is still unclear both of the Eora Nation and I'm a community psychiatrist and have been working with Pat and Abi for several years now, and we've been presenting together and developing our ideas on these issues.

Abigail Bray (02:53):

Thank you. So I was thinking if we could talk about decolonising psychology from an Indigenous standpoint, and we talked about this before in the previous episode, but I was thinking one of the ways of decolonizing western psychology is to recognise that it's already been influenced by various Indigenous models, although they haven't been recognised or acknowledged in ways that honour their sovereign knowledges. And one thing we've talked about is how Maslow's hierarchy of needs, which is a core paradigm within humanist psychology. Transpersonal psychology was actually indebted to the Blackfoot people in America. So I was wondering, Alan, if you want to talk about that and Pat also how deconstructing western psychology is not about say, oh, this is all bad, blah blah, blah, and it's about recognising it's already indebted to various Indigenous traditions. I mean, Buddhism, mindfulness is another example, and somatic therapy, Levine uses models that come from Indigenous people. So there's a whole plethora of debt that hasn't been acknowledged. So on one level saying this is Western psychology as a misnomer is actually a hybrid discourse in some ways. But maybe we could focus on that key example of Maslow's hierarchy of needs because I think a lot of listeners will be familiar with that. It's ubiquitous.

Alan Rosen (04:22):

I'd certainly like to talk about that. And there's been further developments with Martin Seligman's perma model, which is about how communities flourish or languish together and really talking about how communities flourish when individuals within it flourish. So it's an individualistic model again, but to start with, if we come to Maslow's hierarchy, and just to remind everybody since the visuals will have



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to be looked up afterwards, which we'll have attached, but Maslow's hierarchy of needs more or less talks about if you have a foundation in meeting your physiological needs, including your breathing, your food and your water and sleep and so on. And then if you meet your safety, it becomes a pyramid or upright triangle. Then the next layer is if you meet your needs for belonging, which includes friendship, family, and intimacy. And then the next one up is self-esteem, confidence, and achievement.

(05:19):

And at the top you get self-realization, being able to celebrate and express your creativity, spontaneity, problem solving, and your morality as well. So the problem with this became apparent when you start looking at the history of Maslow's, it was supposed to be about the self, the individual self-actualization, although it has a family and community component in one of the layers, but was it derived really from collective actualization of the Blackfoot nation, Manitoba and both in USA and in Alberta Canada comes from a trip, I think he was invited to go on this trip by Ruth Benedict, the famous social anthropologist. And it became fairly clear that he did not write and publish his work about self-actualization by quoting this trip. And what he learned there about the collective actualization of the Blackfoot people who had many aspects of collective spirituality and life purpose in their model of the world and belonging and relationship.

(06:32):

And they would look at self and community and food and water and housing and safety and security. And these various elements were slices in a cake that came together. So no, it did expropriate some of the elements, like for instance, the hierarchy image may not have been a pyramid, but it may have been derived from teepees or people's residential tents there. And there is some indication from originally unpublished notes that possibly the cultural origin of Maslow's model was suppressed as it would be considered to be non-scientific, that's the kind version. But there are versions of this to suggest that maybe he not just appropriated but hid the origin of his model because he thought it would not be considered scientific. But that's also in the context of the times, which is 1938 when he did the visit.

Pat Dudgeon (07:25):

Yeah. Alan, are we speculating or has he sort of admitted that himself?

Alan Rosen (07:30):

No, I think this is what people have found where they go through his unpublished notes.

Pat Dudgeon (07:35):

So it's a fairly valid assumption for us to make.

Alan Rosen (07:38):

And it has now been written up by several books and articles, Blackstock and Brown and so on, published articles originally in British Journal of Social Work, and then there's been a couple books on it, et cetera. That's the basic problem, which actually illustrates a form of appropriation or misappropriation, which is likely to have occurred. He had other influences as well that came from



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Adler, who was a student of Freud, and also from some of the humanistic psychological movement, et cetera.

Abigail Bray (08:11):

Floyd and Totem and Taboo was indebted to Indigenous knowledge systems. There's a whole web of debt that hasn't been acknowledged, I think.

Alan Rosen (08:19):

Yes. So this is the issue that underlies some of the things that are obvious to people who have been part of First Nations, but they have seen some of these values in their community, which they see as family kin and communal characteristics being ascribed only on an individualistic basis and really looking at how people can build their own lives. Although to give Maslow his due, he has certainly encouraged people to try and achieve their better selves and make more of their lives. So it's been part of positive psychology rather than looking at pathological psychology in that sense. Trying to build your life up rather than trying to heal yourself from a melody.

Abigail Bray (09:08):

Absolutely. So what should we talk about now? I mean, we could talk about social and emotional wellbeing as a model for working two ways culturally and clinically and what a western notion of multidisciplinary care might be based on this. And then I thought towards the end of this discussion we could look ahead at future directions to avoid misappropriation respecting Indigenous knowledge systems, protecting the integrity of Indigenous knowledges. Personally, I'd like to talk about the role, potential role of artificial intelligence as an ally and kinship with AI and preserving Indigenous knowledges. And maybe talk about what would an Indigenous blue zone look like in Australia? What kind of conditions would be in place when social emotional wellbeing works, when it's harmonious, everything's flourishing, what would it look like? What would a community look like? I'm thinking of Chandler's groundbreaking work in Canada where he looked at the role of cultural continuity in Indigenous communities and found markers of self-determination. He did a longitudinal study, these correlated with almost no suicide in youth. So I think Chandler's work can be understood as a model of Indigenous flourishing in a way because there was a community, there were communities that were implementing self-determination and respecting their knowledge systems, their ways of flourishing, their place-based ways are flourishing and it has a massively positive impact on the mental health, especially of youth.

Alan Rosen (10:52):

Yes, and Chandler and Lalonde did most of the publishing together, didn't they? The issue there was also not to just have Indigenous involvement in health services or Indigenous led health services or mental health services, although they are really important. But having Indigenous involvement in more and more community agencies where it be the police, be it the fire station, be it the local council, having Indigenous representation in all those agencies seem to correlate with the lowering of suicide rates. And particularly in young people.



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**Pat Dudgeon (11:27):**

It was actually two elements because I know we actually had bought Michael Chandler to Australia on a couple of occasions because his research had resonated with us so very much. And if you boil down the markers, he came up with eight markers originally and later he expanded it to be 12 markers. And basically it was about self-determination and also culture. So there needed to be cultural reclamation in any programme as well. And fairness, like one of the later markers was having the presence of women on council, for instance. So they were communities that were self-determining. They had agency over their community life. They're also undertaking some kind of cultural activities like building a longhouse, reintroducing powwows, but they're also a fair community that looked after all its members equally. Hence you had the inclusion of women on council. Yeah, that resonated with us because these were tribes in Canada, but for us in the mental health space, Indigenous mental health space in Australia, we always felt, and particularly in suicide prevention, when we start doing our research, communities have to have a say. They have to be listened to, they have to have a say on what happens, what kind of programmes and services that have been made available for them. And the communities themselves, because we did a number of workshops in communities, culture was very important and they wanted activities like back to country camps. So to tie in and to see those elements of social emotional wellbeing. Don't forget social emotional wellbeing has got a number of different domains, but they could become very strong protective factors.

Alan Rosen (13:20):

That was demonstrated during the COVID era in Australia when the Aboriginal community controlled health organisation through NACCHO, the national one and the regional ACCHO's really pushed this model of working up before we had vaccinations, how communities would be able to protect themselves. And then that was taken up by the Aboriginal medical services and community control was the theme all the way through. And they developed their own ways of protecting their communities. And before we had vaccination, they had six times less hospitalizations, ICU, intensive care admissions and deaths than the general population. So in a sense it showed very impressive work and that was done communally and at every level with community control being that key issue as Pat was saying. And that relates directly to the Chandler and the Lalonde stuff too. Yes.

Pat Dudgeon (14:17):

So given an opportunity, Aboriginal ways and enabling Aboriginal people to take leadership of issues works really well. I think that's what you're saying. Hey, Alan.

Alan Rosen (14:30):

Yeah.

Abigail Bray (14:30):

No, that's really useful. I mean, this is another understanding of flourishing and it intersects with the social emotional wellbeing, the determinants especially, which is all about strengthening. So vanity and control over land and culture, all of that.



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**Alan Rosen (14:46):**

It also connects as you're saying, with Indigenous strengths and connectedness of determination, persistence and continuity. So those issues are also part of this and it should be clearly attributed to development through social emotional wellbeing. Instead of doing that, positive psychology and positive psychiatry have carved out Western professional ownership and authorship of a large chunk of social and emotional wellbeing.

Abigail Bray (15:12):

Yes. How can we look at social emotional wellbeing as a model for working two ways culturally and clinically? And when I say the word clinically, I feel the shadow of Western knowledges in the background. So it's almost like clinically is being claimed as Western and culturally as only Indigenous. I'm just wondering how we could –

Pat Dudgeon (15:35):

I think, look, I'd go back to the Gayaa Dhuwi Declaration. So I always say that we've got three policy documents and if we implement the three of them, it'll make a big difference. So one of them is the Gayaa Dhuwi Declaration implementation plan. The other is the National Indigenous Suicide Prevention Strategy, which was launched last year. And the third one is the third iteration of the Social Emotional Wellbeing Framework. And that'll be coming out at the end of this year sometime. So the three of them work together, but the Gayaa Dhuwi Declaration is very much focused on the best of both worlds. So it says that it's not so much that we want to reject all things Western, but we want equal and valid place for Indigenous knowledges and ways of healing and interventions and engagement. So I think that the term clinical, if that's used only in isolation with nothing else, it does become oppressive.

(16:37):

But what we are seeing is that some AMS's, for instance, Aboriginal medical services, they might have psychiatrists, psychologists and clinical professionals in there, but equally they will have social emotional being workers and cultural healers and whatnot. So I think that we don't have to reject everything. I think that if there is a harmonious inclusion, we can take the best of both, well and particularly for Indigenous people. But I'd say for a mainstream too, as we have these conversations and we've talked about the shortcomings of our mental health profession of which we are a part of, I think that it's not only my focus is on Indigenous wellbeing, but it's for all people as well. I think that they all need to be better served by our systems.

Abigail Bray (17:32):

And I think studies have shown psychiatry especially has created massive harm stigmatising people for life. There's harming through medical intervention, it's got a bad rap, it's got a bad reputation, and people have been traumatised and stay away from it and don't engage care because they've been harmed by it. So it does need to change.

Alan Rosen (17:54):



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But I would argue that that is not the natural place for psychiatry. It's a reductionist end of the spectrum. And I think that psychiatry has a lot of work to do to bring together all the aspects of it and that it has always had a humanistic element, but it hasn't had the collectivist element in it. I think that's a really important part. And the Gayaa Dhuwi Declaration or the Proud Spirit Declaration came from the Wharerātā Declaration, which is an international declaration which came originally from New Zealand, but was always supposed to be an international declaration from international leadership group of mental health services. And it was always meant to apply western based evidence practise into synergy and balance with traditional healing practises. And one of the symbols comes from over your way, Pat with the coolbaroo, the magpie bird, black and white, which symbolises this and that together.

(18:56):

And although they seem to be contradictory, the cultural knowledges and the clinical knowledges, one being empirical, much of the other being very holistic when they're practised together with the clinician and the cultural healer or Aboriginal mental health worker working together, it does work. It works really well. They're the reports you get back from people who have both of those elements available to them. Of course, it's an offer, it's not something you can insist on, but those who take it up really find it works really well together. And in other parts of the world, it's called two Worlds or Two Eyes Seeing, well, I first heard it from Mason Durie in New Zealand when visiting New Zealand, but there are a number of conceptions from different Indigenous communities that talk about this two ways working.

Pat Dudgeon (19:44):

So I think that there's space for that, but there's also space that needs to be made so Indigenous people can develop their own models as well.

Alan Rosen (19:54):

Yes.

Pat Dudgeon (19:54):

We're seeing a proliferation of those being developed. Abi and I were part of doing a paper a few years back where we looked at all the different healing models that were around Australia and internationally. And so there's some good models out there, Helen Milroy's Dance of Life, for instance, Joe Rose, Strong Spirits model from the Kimberley where they look at the concept of Liyan, which means a soul, but in a broader sense, if your Liyan's healthy and strong versus if it's weak and what you could do to make it stronger. So we are seeing all these different models and coming about, which I think is really exciting and I would encourage and nurture these different models to come through because that's where we need to go in the future.

Abigail Bray (20:43):

Absolutely. It's really exciting. There's a paradigm shift globally I think, towards more relational models of healing and exploring non-Western modalities. And it's about time really, because some of the Western ones can be down like boring.

Alan Rosen (21:01):



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[laughs]

Abigail Bray (21:02):

And grim, and death-symptom-based, like here just take you the drugs. And it's just, no, that's not the way. Sorry Alan.

Alan Rosen (21:11):

I was just thinking that it has also enabled new ways of thinking about difference. For instance, sometimes those approaches which are just working separately to the two ways model, the two ways model seems to be very helpful for severe and complex disorders in psychiatric terms. But there's also the natural extension of working in culturally grounded or culturally adapted ways that the First Nation collectivist strengths based integrative approaches to wellbeing have a lot to offer in Western communities as well. But in terms of working with Aboriginal and other Indigenous communities, you could separate the grounded healing that is working in a healing model by itself that Pat is talking about, which is developed and implemented by First Nations Australians. And it's based on social and emotional wellbeing, but it's preferred as it optimises cultural safety, cultural content and willingness to engage. And this is Pat's work, but also the adapted therapies which have the two ways working clinically and culturally together, they can prevent very risky behaviours, even if not specifically targeted. And that's coming back to Chandler's work or they can be conducted compatibly. And again, despite the apparent contradictions.

Pat Dudgeon (22:30):

It's not an either, it's not an either. It's not an either or.

Alan Rosen (22:33):

You need both. That's right. It's just like you need both in-person therapies for some people and you need electronic therapies for others. You've got a spectrum and a choice, but they're both based on Indigenous knowledges.

Abigail Bray (22:47):

Excellent. Can we touch on what kind of role artificial intelligence AI might have in facilitating all of this? In the last five years, there's been Indigenous people have been turning to how can we use AI to do this? And there's a research group in America called abundant intelligences. So it's recognising AI as almost like another consciousness or another being, and how can we connect with it? I think if mental health is going to go down this direction, increasingly a lot of things are then how do Indigenous people harness this potential tool for positive change and self-determination? What kind of protocols might be put in place to protect knowledge?

Alan Rosen (23:34):

Very important.

Pat Dudgeon (23:35):



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Yeah, look, I think the same. What we're seeing now, before it was open slather, I think that Indigenous people were the study subjects of anyone who desired to, and occasionally we get the odd requests, which shocks me, there might be some student from America or Denmark or whatever who wants to come and study Indigenous people. And I usually say no, because again, I feel like they're coming in as anthropologists. If they're going to do a PhD, they have to develop a relationship with various communities in the first instance. So I think that that sort of behaviour is not tolerated nowadays. We have got very strong and rigorous research ethics that you have to show proof on a whole number of different levels, how you are respecting Indigenous people and their knowledges, that it is reciprocal that there is a sharing that happened. So I think we've witnessed that change, and I'm sure that can also be taken up to ai.

Alan Rosen (24:39):

Can I just mention a little story about at the last mental health service conference in Canberra, we had a keynote from a professor of artificial intelligence from the University of New South Wales. And after the keynote, we got him to come and speak to a group of elders who are both Māori and Aboriginal elders. And they asked him about what he thought AI could be most helpful in their sphere. And he mentioned revival of language.

(25:09):

And I've been involved with a study including Graham G that we had mentioned before on that with the Barngarla people of the Eyre Peninsula. And he said that yes, it could be particularly helpful in filling in language developments of, I suppose, that are associated with modernity in ancient languages. But he said, you've got to watch that. You don't lose your control because AI has been far more of a shareware. It mops up everything and you lose control of your language and some of your concepts and AI is developing too, and it will be able to segment. And so people can have their own arena there, but at the moment they have to watch that balance.

Abigail Bray (25:51):

Especially with sacred and secret knowledge that would be a need to be firewalled. But the language preservation is so exciting. There are concepts, unique concepts, philosophical discourses, understandings of the world in all those languages and part of the heritage of Australia.

Alan Rosen (26:10):

I wonder, Pat, if you'd like to give us some summing up as we've only got a few minutes left.

Pat Dudgeon (26:15):

I think that what we've discussed so far is that we need to make space for Indigenous knowledges. And we have to recognise too that the suppression of Indigenous knowledges is a part of the colonising project. It's rooted in ideas of superiority about knowledges itself. And I think we're seeing a wave of Indigenous scholars come through now and Indigenous knowledges were appropriated by mainstream. And I think that the critical issue when that happened is that not only were there Indigenous knowledges taken, but they were transformed. It's very probable that they no longer represented the realities of the people they were taken from. So they were not only taken, but they were transformed



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and did not reflect their realities. So that's an issue that people have been dealing with. I think that we spoke about some good examples of models and paradigms that were emerging. We talked about the Gayaa Dhuwi Proud Spirit declaration.

(27:21):

We spoke about the social emotional wellbeing paradigm and how that's emerging and is very strong. And then we spoke about some of the issues, how there needs to be self-determination and whatever happens. It's always like the APA has an Indigenous psychology task force, and there's four different elements of the definition of a decolonizing psychology. And the first one is to critically think and challenge western perceptions and conceptions that are being put on the people and then make space for local non-Western people to develop their own knowledges, their own theories. So I'd go along with that, and that's why we spoke a bit about Gayaa Dhuwi, and then we spoke about how that almost sits alongside a social emotional wellbeing approach. And it's probably for people with severe mental illnesses, and there are great possibilities of working together there, but social emotional being is slightly different and it's probably good for the community.

(28:28):

So it offers a model of resilience, if you like, and cultural affirmation to the community. So if we can make people strong and resilient and in their cultural identity, then they won't get to the cliff and fall off. So it's preventative strategy as two, I suppose. And then we talked a little bit about AI, and I don't think we've really got into it. I think that AI has got great potential. I've seen Native American examples where they're using AI to preserve culture, and I'm sure there's other ways of using it too. I know that there's a programme called Strong Spirit in the Northern Territory. Menzies host that, and that's an app which is about wellbeing for Aboriginal youth in particular. So I'd consider that a success. That's where we left it, but I'll let you two finish up now.

Abigail Bray (29:24):

Thank you, Pat. That was a brilliant description and summary of everything we've covered.

Alan Rosen (29:29):

Pat, I'd just like to add that I think we're encouraging the wider uses of flourishing, and we're just hoping that people can also see the important gift given by First Nations people to a wider community and being able to think of flourishing as a wider concept and having a much longer genealogy and a great pedigree.

Abigail Bray (29:52):

Absolutely. Thank you, Alan. Well, I think we might finish up here. Thank you for joining us on this episode of MHPN Presents A Conversation About Indigenous Flourishing. You've been listening to me, Abi Bray and Pat Dungeon and Alan Rosen. So if you want to learn more about me, Pat or Alan, or if you just want to access resources we've mentioned, go to the episode's landing page and follow the hyperlinks. And also, if you want to share your thoughts about this episode on the landing page, you'll find a link to feedback survey. So please fill out the survey and let us know whether you got what you needed from the conversation, whether you want to know more, provide comments, suggestions,



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whatever you feel like. Thank you for your commitment to ongoing learning and multidisciplinary mental healthcare and for caring about Indigenous issues. They're vital to Australia.

Host (30:48):

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