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## **ABORIGINAL SPIRITUAL PERSPECTIVES: RESEARCH FINDINGS RELEVANT TO END-OF-LIFE CARE**

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### **ABSTRACT**

The cultural differences between the dominant Anglo-Australian and the Aboriginal Australian groups are significant, particularly in the way death is dealt with. It is thus extremely important for health care professionals caring for Aboriginal people with a terminal illness to be informed as fully as possible on Indigenous spiritual beliefs associated with death and dying. This article shares findings on Aboriginal spiritual perspectives relevant to the care of individuals coping with a terminal illness from a study in the Northern Territory. The findings emphasize the multiplicity of Aboriginal spiritual perspectives on serious illness and dying, which can juxtapose both Christian and traditional beliefs, as well as the importance for the well-being of Aboriginal persons of respecting these beliefs. The role and importance of traditional healing, the medicine man, and the preferred place of death are also discussed.

**Key Words:** spirituality, Indigenous, Aboriginal beliefs, death and dying, palliative care

Dealing with death and dying is an everyday part of life in Indigenous communities in the Northern Territory where the life expectancy of Aboriginal

peoples is far below that of other Australians (McGrath, 2000). Indeed, in Australia life expectancy for women is 84 years and for men 79.9 years, whereas for Indigenous Australians it is estimated to be 64.8 years for females and 59.4 years for males (ABS, 2005). Culturally-based considerations of lifestyle, beliefs and values assume increased significance in care of the terminally ill (Fried, 2000). However, the cultural differences between the dominant Anglo-Australian group and the Aboriginal Australian group are great, particularly in the way death is dealt with (McGrath, 2000). An understanding of the cultural and spiritual beliefs of the patient and their family is at the core of palliative care philosophy and practice (McGrath, 2000). It is thus of the utmost importance for health care professionals caring for Aboriginal peoples with a terminal illness to be informed as fully as possible on Indigenous spiritual beliefs associated with death and dying. This article makes a contribution to this topic by sharing findings on Aboriginal spiritual perspectives relevant to the care of the terminally ill from a National Health and Medical Research funded study in the Northern Territory. The study's major aim was to develop an innovative model for Indigenous palliative care.

This objective has been achieved and the model is now available (McGrath & Holewa, 2007). Because of the richness of the data collected the full details from the broader study are presently being published in a number of separate works. The findings discussed in this article refer to the data on the different Aboriginal spiritual frameworks relevant to end-of-life care. The findings emphasize the multiplicity of Aboriginal spiritual perspectives on serious illness and dying, embracing not only the traditional Aboriginal notions but also the impact of Christian beliefs. There is increasing literature on traditional Aboriginal beliefs that describe the strong connection to the land (Weeramanthri & Plummer, 1994), notions such as "payback" and "black magic" associated with health and illness (McGrath, Holewa, Ogilvie, Rayner, & Patton, 2006), the role of the medicine man and traditional healing (Blackwell, 1998), and the importance of kinship relationships and community networks (Lawlor, 1991). As yet, however, there is little research published on the impact of other spiritual perspectives on traditional Indigenous culture.

The following discussion is set in the context of the notion of cultural safety, a concept developed by Ramsden (1992) that originated in the nursing education setting in New Zealand as a response to colonizing processes in Aotearoa/New Zealand (Smye & Browne, 2002). The notion of cultural safety involves the recognition of the social, economic and political position of certain cultural groups within society (Ramsden, 1992; Smye & Browne, 2002). As Smye (2006) argues, the notion of cultural safety reminds us that we are all bearers of culture and that culture influences the care we provide. It is a practice that respects, supports and empowers the cultural identity and well-being of individuals (NPCP, 2004). It is hoped that sharing the generous insights provided by the participants of the study will provide useful insights for rural and remote health professionals who care for Aboriginal peoples during death and dying.

## METHODOLOGY

The data for the model development were collected through open-ended, qualitative interviews with a cross-section of participants (consumers and health professionals) throughout the Northern Territory. The model was assessed by a national peer-review panel of experts in Aboriginal health and a meeting of the Northern Territory Aboriginal reference group.

### Research Focus

The research questions informing the data collection included:

1. What palliative care services are provided and are they meeting the clients' needs?
2. How can the services be modified to deliver a culturally appropriate, innovative and exemplary model?
3. What strategies are needed to develop and apply the model developed?

In short, the research was concerned with: What is? What works? What is needed? The outcome is a 'Living Model' (McGrath & Holewa, 2007) that is a generic model incorporating all important factors that can be applied to the unique circumstances of each health care service working with Aboriginal peoples during the end-of-life trajectory.

### Ethics Clearance

This project was conducted in compliance with the NH&MRC guidelines on ethical matters in Aboriginal and Torres Strait Islander Health Research (2004) and the Australian Institute of Aboriginal and Torres Strait Islander Studies' guidelines for ethical research in Aboriginal Studies (2004). Permission and authorization was obtained from a number of research ethics committees: The Human Research Ethics Committee of the Department of Health and Community Services (formerly Territory Health Services); Menzies School of Health Research, Darwin; the Central Australian Ethical Committee, Alice Springs; the Human Research Ethics Committee of Charles Darwin University (formerly Northern Territory University); and the Central Queensland University. Approval was sought from relevant Community Councils (Chairs/Elders as appropriate) and from all individuals prior to participating in the project.

It is important to note that there is no identifying information associated with any quotes from participants. Strict confidentiality was promised to participants in this study. A reassurance of strict confidentiality is an imperative for this study for two special reasons. Firstly, strict confidentiality is essential because of the sensitive nature of the cultural information provided by participants. Secondly, as discussed in the "Participant Group" section, confidentiality is important because of the small size of the communities from which data were collected, with the

result that any information about a participant can potentially lead to identification. Stories and sources of information are only used in publications with the permission of the person and the community involved.

### Participant Group

The research team included an Aboriginal health care worker, who co-ordinated all communications with Aboriginal peoples and communities regarding introduction, progress and review of the project. Ongoing consultation assured informed and mutual understanding of the research process during data collection, while respecting Aboriginal knowledge systems and recognizing the diversity and uniqueness of each community and its individuals. The interviews were conducted in four geographical areas in the Northern Territory: East Arnhem Land (Maningrida, Millingimbi, Elcho Island, Nhulunbuy, Yirrkala, Angurugu), Katherine Region (Borrooloola, Ngukurr, Katherine), Alice Springs and Darwin. As the following Australian Bureau of Statistics (ABS, 2004) figures demonstrate, the populations in these areas are small (see Table 1).

Because of the small population base for the areas from which participants were enrolled, full details of participants cannot be given for confidentiality reasons. It will have to suffice to report that there were a total of 72 interviews completed with a wide range of participants in the above-named areas, including patients ( $n = 10$ ), carers ( $n = 19$ ), Aboriginal health care workers ( $n = 11$ ), health care professionals ( $n = 30$ ) and interpreters ( $n = 2$ ). The majority of participants (87.5%) were female. For the purposes of this article the term Aboriginal health care worker refers to a worker in health care who is Aboriginal.

### Data Collection

Data were collected by conducting interviews with Aboriginal clients and service providers in the participating communities. It is important to note that all of

Table 1. ABS Population Figures for Locality of Research  
(ABS, 2004) (Aboriginal population in parentheses)

East Arnhem Land			Katherine Region		
Maningrida:	1,645	(1,366)	Borrooloola:	824	(494)
Millingimbi:	992	(918)	Ngukurr:	933	(844)
Elcho Island:			Katherine:	8,601	(1,568)
(incorporated with) Galuwinku:	1,463	(1,346)	<b>Alice Springs:</b>	26,229	(3,474)
Nhulunbuy:	3,804	(275)	<b>Darwin:</b>	68,516	(5,957)
Yirrkala:	648	(493)			
Angurugu:	822	(721)			

the data were collected by a respected Aboriginal health care worker skilled in palliative care. An interpreter was used if a participant spoke in their local language. The interviews were audio-recorded and transcribed verbatim.

## **Data Analysis**

The language texts were then entered into the QSR NUD\*IST computer program and analyzed thematically. A descriptive qualitative research approach was taken to the recording and analysis of the data, whereby the experiences of the participants were recorded without imposing a specific theoretical or conceptual framework on the study prior to collecting data (Polit & Hungler, 1995). All of the participants' comments were coded into free nodes (files or codes in the NUD\*IST computer program that are labeled and store similar language texts on one specific topic), which were then organized under thematic headings. The coding was established by an experienced qualitative researcher and completed by a number of research assistants for the project. There was complete team member agreement on the coding and emergent themes.

Much of the data were collected from remote communities and so for some interviews an interpreter was used. Accordingly, many of the language texts are not necessarily couched in fluid English. As a compromise to readability, some of the texts have had words added in parenthesis to improve clarity of meaning. However, even with this assistance some of the texts remain somewhat difficult in expression. It was considered important not to change the texts further than this to stay true to the participant and to allow the reader a sense of the original words spoken by participants.

## **FINDINGS**

In the following discussion the Indigenous term "balanda" refers to non-Aboriginal or European people. The term is thought to have originated from the Indonesian word "hollander" or "ballander" as it refers to the early Dutch traders who sailed down from Indonesia to Arnhem Land on the annual monsoon winds (Jordan, 2005; Trudgen, 2000). It is thought to be predominantly an East Arnhem term, although there is evidence that it is used throughout the Northern Territory (Jordan, 2005; Trudgen, 2000).

### **Spiritual Well Being**

Participants in the study emphasised the significance to Aboriginal people of spiritual beliefs. It was noted that insufficient emphasis is placed on the positive aspects of the spiritual dimension of Aboriginal life. As the following participant explained, the usual approach is from a less helpful, deficit perspective:

We don't easily recognize that . . . all the programs that are offered by the government for petrol sniffing, for violence . . . suicide . . . a great deal on money comes in . . . based on the deficit model . . . we're trying to solve a problem. We are not emphasizing what people do . . . are spiritually well off. We are not celebrating any positive things happening . . . lets celebrate your country, lets help establish a homeland out there so you can grow gardens and live on your own land which is what many people want to do.

This article presents findings on broader Aboriginal spiritual perspectives to provide a foundation for such a positive understanding, with a particular focus on end-of-life care. The emphasis throughout the discussion, however, is on the evidence that there is a multiplicity of spiritual world views informing the Aboriginal perspective of the participants interviewed for this study.

### **A Mixture of Traditional and Christian Beliefs**

For the purpose of this discussion the two significant spiritual world perspectives recorded are referred to as the traditional Aboriginal beliefs and Christian theological perspective. Some individuals have a mixture of beliefs, as the following statement exemplifies:

A lot of people too have a bit of both, bit of western and a bit of Aboriginal. Where does the spirit go? I don't know. Some say to their country or some say to heaven, or a bit goes to country and heaven? Oh yeah, country. Yes, everyone has different beliefs, yes.

Participants reported that traditional Aboriginal beliefs about Dreamtime are associated with the older generation of Aboriginal peoples.

But before when our old people was there, grandfathers and grandmothers it was Dreamtime story but this time [now] it's not.

An example of the mixture of the different spiritual ideas can be seen in the following discussion of the Christian notion of God and the traditional Aboriginal beliefs about animal and plant spirits:

So I said to the white fella where we used to work together: you want to know about the sea, just like . . . God made this world and he given us all the birds and the trees and animals, we got another different [belief] again the land them places, too, you know, little bits and bits, you know, along the river that—that's the stingray makes this or the flying fox made that, yeah. And that place where there now . . . flying fox made that, yeah.

The important point in relation to palliative care is the awareness that during end-of-life care it is important to be mindful of the possibility of the duplicity of world views:

At their funeral sometimes they might have a bit of both. Yeah, yeah . . . Yeah, it's mixture now whereas—well, not—yeah, it's a mixture.

## Christian Beliefs

There were many statements that expressed a clear and distinct Christian view.

Yes, some of them like—God's way. Christian religion. The family just lives in God's way and I believe in Jesus. Praying for sick people good [Interviewer: It helps to keep people strong do you think?] Yes. Praying, praying to God.

Participants indicated that their Christian beliefs gave them strength at times of adversity.

We give ourselves to God, that he can give us strength. The boy wasn't really frightened of that cancer because he knows that there was—like God was there with him.

For some, church attendance and singing gave pleasure and comfort.

Sundays I used to take her to church. I used to sit in the church and when I'm doing her dressing I used to sing with her all the Christian songs . . . she loved it at church, she used to sit down and sing.

For those with a Christian perspective the notion is that in the afterlife the spirits go to heaven.

[Interviewer: When someone passes away where do you believe their spirits go to?] Well . . . Christian way, see, my mum, Christianity is all the time so my belief is they go up to heaven.

Participants indicated that the major reason for the strong Christian beliefs within the Aboriginal community is related to the history of Christian missionary activity.

A lot of the people out here have been brought up under the missionaries so they do have that . . . Strong religious background.

With freedom from missionary institutions there are many Aboriginal people who no longer engage in the formal ritual of church attendance.

They follow it but they don't attend church. I think it—it's that system . . . once upon a time we had to go to church and you have to do this, you have to do that—whereas now it's all freedom and you can do what you like.

However, many continue to follow the teachings of the church.

. . . and then you got some who still follow that religion like my mum . . . still follow that way of thinking of that—from that missionary times . . .

It was noted that the prevalence of Christian beliefs for Aboriginal people is at times not recognized by health professionals who care for them.



We're just thinking that a lot of the time the Aboriginal people do have religion and a belief in God and we don't think of that. I didn't even think of that I—sorry, didn't even think about it until then . . .

### Traditional Aboriginal Beliefs

Participants also expressed clear insights about traditional Aboriginal spiritual beliefs. As the following explanation reveals, animal spirits are an important notion in the traditional Aboriginal view of the spirit world, with each person having a direct relationship to their own animal spirit.

Because you look at the cultural thing, everybody's got an animal spirit, their symbol, crocodiles, birds, eh, goanna, lizard, what for? Because that thing belongs to them spiritually; they belong to that person, that goanna tribe, that goanna himself. So if we go home to die we become the next goanna.

It is a traditional Aboriginal belief that a person will receive a special sign from an animal spirit to indicate their closeness to dying.

What about clients when someone passes away, I know our way is—someone might show themselves to you or you might see a special sign. Be a sign . . . somebody dies . . . Anything . . . Bird . . . Star, can be a bird, some bird or anything, a noise or in your dreams or somebody touch you, yes. It can be anything, any sign.

As the following vignette outlines, participants related experiences that affirmed their belief in the animal spirit world.

You know it's very simple and very beautiful when you listen to it . . . You want to hear an extraordinary story, a very true one—there were two of us there, me and this other old . . . worker. This old Aboriginal man was in . . . and he kept crying so we said to him old man, what's the matter, you want doctor? No, my girl, he said: I'm going to die. Eh, I said to him, don't be like that. He said: well, you wait, he said: that emu been come last night. Oooh, me and [name] just looked at each other and as true as anything, these four emus come, mum and dad and two small chicks come to the hospital thank you very much, they all walked together. I'm not lying. . . . That emu came to that window. We actually stared it in the eyeballs, it must have been the male the bigger one . . . that old man recognized . . . he been come for me. We were just beside ourselves, eh. You know, and he died; he died that night. They know when they're going to die.

For traditional Aboriginal people there is a "death country" which is the place for them to go to die. As the following description outlines, the traditional belief is that the spirit of the deceased person can have a physical impact on the place or country connected with that person's spirit.

Yeah, my aunty passed away in [name of place] and my uncle died a year before her and in their country we had a well there and water was there all the

time. Since they passed away they took all the water with them, yeah, and no water there. And must have been just last year when we went for Easter. Water was there in that dreaming which was that old . . . it was sitting in there. Mum got shock and mum started crying, I say: what you crying for? It's been two or three years since your uncle and my sister passed away—all of a sudden water back there.

In this story the reason for taking the water away and then returning it is based on beliefs about anger on the part of the deceased who was not able to return to the death country.

Yeah, because they say that if they pass away and their spirit back in that country they'll take something away for while and get, you know, offended or sulky with you and say: well you not going back to that country because you didn't take me back. Because my uncle passed away he was starting to lose weight and said: you take me back [name of place] and I done everything and we got this boat months after he passed away and he would've loved to go there. Because he lived off the land, he always hunt by himself on the canoe. . . . At the end they always talk about country, yeah, where they belong and which country they [will die] . . . .

### **Strong Beliefs in Medicine Man—Traditional Healer**

Other aspects of traditional Aboriginal beliefs that have importance for end-of-life care are the notions of the “medicine man” and the traditional healer. As outlined in further findings from the study (McGrath et al., 2006), the traditional Aboriginal perspective incorporate strong beliefs about the role of “black magic” and the role of the spirits in causing illness.

. . . the old days when people were sick and dying and because of the cultural side, you know the strong belief in spirits and I guess black magic. Yeah. . . . That is still carrying on now, it's very strong, yeah . . . .

As demonstrated by the following description, spiritual acts such as “pointing the bone” are seen as causative of illness.

He said: she still can't breathe properly. He said: they been point bone at her. He said: you want to look anything with white man picture? . . . see, and he said: no. He said: you're never going to see anything there because black fella been do this.

Also, the illness can be seen as a result of an individual breaking a traditional law.

. . . because sometimes a sickness would be through breaking a law rather than a physical ailment.

As the following detailed description outlines, in traditional Aboriginal beliefs illness and even death can be understood as a result of “singing” the person.

In Aboriginal way, look, not balanda way . . . in our way, he can just . . . can go and get something . . . Yeah, get blood, get blood . . . [Interviewer: They can do something to that blood to make him die?] Yeah, or they can sing—yeah, he had pneumonia. . . . Yeah, he was make him sick . . . make him weak you know . . . .

It is emphasized that in many areas these beliefs are strongly held by a large proportion of the population.

Yes, but I—but that issue of intervention by other agents is certainly a view held by 100 % of the people . . . . [Interviewer: It's very, very strong.] Yes.

The healing response is through the interventions of traditional healers.

He's got a traditional . . . he does this when someone gets sick . . . . [Interviewer: he does traditional healing?] Yeah. . . .

It was noted that the medicine man had special powers to see inside the person.

And he can tell the truth what's inside that . . . . A lot of our people believe with people like maybe this young boy that they can—by just looking at that person or feeling them they can find out what's wrong with them. Yeah.

Descriptions were given of the healing process carried out by the traditional healer.

He went . . . and he was with him . . . went like this, run his hands out—along the forehead, nothing happened. Then he went like this and he . . . kick like something left him and then he—then he felt this . . . he was—when we—when he was—when he came the first thing his head was heavier . . . . [Headache before, yes.] After—after touching him he . . . he felt . . . Light, and he told him . . . .

There was some evidence that traditional beliefs can be accompanied by a distrust of clinical medicine.

But they still don't trust the medical doctor; they still . . . our way . . . . [Interviewer: People out on the outstations and that are still very strong with bush medicine and bush tucker?] Yeah, that's true. . . .

But there were also reports that the healing response that is sought by the individual depends on their beliefs about the cause of the illness.

I think it depends on the illness and how they believe it originated. There are people in homeland—the people I know who will go to a [name of location] doctor to treat them and they'll travel long distances and expensive plane flights to get what they believe is appropriate treatment. For other issues they'll go to a clinic; they'll go to the clinic who they believe can actually solve the problem.

## **A Sense That Balandas Do Not Understand**

Participants indicated their belief that western health professionals are not aware of the importance of Aboriginal spiritual beliefs and so Aboriginal peoples would be reluctant to talk about such notions for fear of ridicule.

And they're not going to come up to any white person and say: hey mate, I'm a witch doctor or medicine man, you know, because white people always laugh at that . . .

There were vignettes about the effectiveness of the work of medicine men but such stories are accompanied by concerns about rejection of ideas by western medicine.

And they say: it's mind over matter. It is not mind over matter, I've actually seen something myself that worked in the hospital. When these two came from [name of place] at this time—many years ago—she was sick this girl; she was taken off the oxygen straight away because then she could breathe herself. This doctor barged down . . . he cracked up laughing, he said: this is a load of crap, you know. I said: well, that is not for you to say. If—they have invited the hospital to watch them at work here—and this is a privilege for you to see what an Aboriginal medicine man can do. Believe it or not, I said, that's your right but please do not voice sarcastic comments like that. They might take offense.

## **Awareness of the Contribution of Medicine Man**

There were also some reports of the traditional healer involved with patients alongside western clinical medicine, especially when the local doctor understands of the role of the medicine man.

. . . the DMO he invited one of the old ladies from (name location) homelands, that old woman has been doing healing those people while the doctors and nurses carry their job . . . he (DMO) used to go and do (traditional) way healing. . .

There were statements by western health professionals affirming the importance of respecting and integrating the different Aboriginal cultural practices of healing.

Because this bloke—one of them walked over and he said: you been look after her for a long time. He said: so we come to fix it up, and he just went bright red. And I said: please do not make sarcastic remarks. I said: this is the first time that this has been done out in the open. I said it works both ways, these people have got these things from way back in history, don't insult them just look, look and learn. That's what I tell everybody. We can learn from them; we can learn from others; we all learn from each other, that's the way to go.

Resonating with this openness to the notions of the medicine man and the traditional healer were numerous reports of western clinician integrating Aboriginal healing practices.

We do let medicine men in some times. If somebody thinks they've been sung then we try and find a medicine man . . . . [Interviewer: Is there many available?] Around here? Yes . . . .

The integration varies depending on the location, as the following response demonstrates:

that in certain areas is still very much used. The like traditional healer certainly we'll work very closely with—even within a clinical setting in [name of location].

### **Belief in Collaboration between the Multiplicity of Healing Perspectives**

In essence, the data emphasized not only the multiplicity of Aboriginal spiritual perspectives relevant to end-of-life care but the importance of embracing and integrating these different world views.

The other part is we make sure too that the witch doctors or medicine people see the old people; that they've got access to that—we even suggest it to people . . . so that we have a combination of balanda or western medicine plus cultural medicine, plus fellowship, church or spirit—you know other way of things so the whole three we work in together in that way.

## **DISCUSSION**

The findings affirm the notion that spiritual beliefs play an important role in the well being of Aboriginal persons (Collis-McAnespie, Dunn, Hemmings, Bell & Dawes, 1997; Williamson, 1996). Participants emphasised the importance of focusing on the positives of Aboriginal spirituality rather than on the difficulties associated with the Aboriginal experience. It is thus the authors' hope and expectation that the insights provided in this article will make a contribution to fostering a focus on the positive aspects of Aboriginal spirituality. The core finding on this topic is that there is a multiplicity of spiritual perspectives. As such, the findings resonate with the Australian government's resource for providing culturally appropriate palliative care to Indigenous Australians (NPCP, 2004) which emphasizes that, contrary to popular belief, Indigenous Australian culture is not one culture. Rather, Aboriginal spirituality is influenced by the diversity of cultures of Indigenous Australians, the influence of European cultures and religions and other social and environmental factors (NPCP, 2004). In particular, the present article explores concepts associated with traditional Aboriginal beliefs, Christianity and beliefs about the medicine man and traditional healing.

It is noted that traditional Aboriginal beliefs about the Dreamtime are usually associated with the older generation. For the purpose of this discussion the National Palliative Care Program's (NPCP, 2004 p.49) definition of dreamtime will be used which is:

Indigenous Australian spirituality is underpinned and nurtured by the stories of the Dreamtime. The Dreamtime or Dreaming is often used to describe the time when ancestral spirits came to earth and created the landforms, and the humans, animals and plants. In essence, the Dreamtime stories come from the creation of the land. In Indigenous Australian society it is considered part of one's duty to respect and look after mother earth.

The Dreamtime continues as the "Dreaming" or "Jukurrpa" in the spiritual lives of Aboriginal people today (Devanesen, 2000). For many Aboriginal peoples with strong traditional connections, traditional knowledge and customs guide everyday living (NPCP, 2004). However, the present findings indicate that present Aboriginal peoples are more likely to have a mixture of both Christian and traditional beliefs juxtaposed together. Thus, it is usual to hear statements associated with dying which refer both to the Christian god and the notion of heaven alongside ideas of animal spirits and Dreamtime.

Toussaint (1999, p. 341) also affirms that many Aboriginal peoples consider themselves traditional Aboriginal "law people" and at the same time "followers of Jesus Christ." Other authors also provide examples of the incorporation of Christian practices and beliefs into local traditional Aboriginal Australian cultures (Calley, 1955; Flood, 1985; Hume, 1988). Christian beliefs are recorded as originating from the time of missionary activity. Australian Bureau of Statistics' figures (ABS, 1996) indicate that a majority of Indigenous Australians report themselves as being Christian, and half of these are either Anglican or Catholic. However, to date there is only sparse literature on the understanding of death and dying within an Aboriginal Christian framework (NPCP, 2004). In the present study, the Christian beliefs were seen as providing strength in times of adversity, pleasure and comfort through church activities such as singing and fellowship and the belief that the soul will enter an after-life. Concern was expressed that Western health professionals are often not mindful of the Christian aspect of Aboriginal peoples' beliefs.

With regard to traditional spirituality, it was noted that each person has a direct relationship with an animal spirit. As Fenwick (2001) explains, Aboriginal people do not see themselves as separate from the land, family or spiritual worlds, but rather know that they are all part of this wholeness. The present study indicated that special signs can be received from the spirit during the dying trajectory to indicate the closeness of death. A case was described of the spirit of an Aboriginal man who was dying coming to the window of his hospital room in the form of an emu to symbolize that death was imminent. It was noted that at the time of dying each Aboriginal person needed to return to their death country where their spirit

can re-enter the Dreamtime. This desire of Aboriginal people to die in their death country is well documented elsewhere (Sullivan et. al., 2003; Williamson, 1996; Willis, 1999). In the present study, stories were provided of the negative consequences for the physical environment when the spirit was prevented from returning to its appropriate geographical place or death country. Accordingly, it is important to ask Aboriginal people who are dying about their preferred place of death early in the process so that any wish to return to traditional lands to die can be planned for and to support continuity of care (NPCP, 2004). As stated by the Central Australian Advocacy Service (1993), denial of this cultural necessity to return to the death country can be viewed as the most serious denial of human rights. Sullivan and associates (2003) indicate that, while there is general and strong agreement that the Aboriginal peoples should have the choice of place of death, there are presently significant practical difficulties. For example, medical staff in remote areas may believe they are acting in the Aboriginal person's best interest to send them to hospital for pain and symptom relief during the final stages of care. While this is not the Aboriginal person's main concern, the remote medical staff do not feel they can take the responsibility of discharging from hospital care (Sullivan, et al., 2003). It is noted that hospitals can wait for too long to return the terminally ill Aboriginal person who then becomes too sick to travel. The key strategy is to engage in pro-active planning and open discussion about this important spiritual event.

Participants provided insights on traditional healing and the role of the medicine man. It was noted that beliefs about sickness and death caused by such practices as "pointing the bone" or "singing" the person or by breaking with traditional Aboriginal laws are still widely held. Examples provided elsewhere of breaking traditions that cause illness include crossing into another person's country without gaining permission or speaking to the wrong relative at the wrong time (NPCP, 2004, p. 137). Devanesen (2000) expands on these findings with a detailed description of possible causes of illness from traditional Aboriginal perspectives that include loss of a vital substance from the body (soul loss), introduction of a foreign and harmful substance into the body (spirit intrusion or possession), or violation of taboos and sorcery (singing). The findings from the present study indicate that the appropriate response to healing caused by such practices should involve the expertise of the traditional medicine man who has powers to "see inside" the patient's body and has rituals for healing. Traditional healers, called "ngangkari" in some areas, are described elsewhere as individuals within the Aboriginal community who possess healing powers which can be used for the benefit of the community (NPCP). The medicine men are described as Aboriginal men of high degree, specially chosen and trained to remove the influence of sorcery and evil spirits and restore the well-being of the soul or spirit (Devanesen, 2000; Elkin, 1977). Devanesen (2000, p. 3) provides a detailed description of the healing work of the medicine man, as follows:

The traditional healer carries out a healing ritual which often includes sucking the sick person. After sucking, the healer usually spits out a wooden object called *yarda* which is covered in blood. The *yarda* represents the evil influence. Sometimes, the traditional healer massages the patient, manipulates the body or sings during the ritual.

The findings from the present study indicate that some *balandas* do not understand or appreciate traditional healing, although there were some examples of instances where the role of the medicine man was integrated into clinical care. Studies indicate that lack of understanding by non-Indigenous Australian people about Aboriginal cultural practices is one of the barriers to Indigenous Australian peoples accessing mainstream palliative care services (Prior, 2001). Where there is integration, the traditional healer will command greater authority than the non-Indigenous Australian health professional (NPCP, 2004, p. 136). In the 1970s traditional healers, "ngangkari," were employed by the Northern Territory Department of Health at various rural health centers in Central Australia (Devanesen, 2000). Although the program of integrating traditional healers later ceased, many rural health centres continue to recognise and cooperate with traditional healers in the management of seriously ill Aboriginal people. Traditional healers can act as effective consultants for determining culturally appropriate service delivery for Aboriginal peoples (Devanesen, 2000).

### LIMITATIONS OF THE FINDINGS

It is important to note that the findings can only represent, at best, the information that Aboriginal peoples are prepared to share with a western research study. The researchers took all possible precautions to ensure that the study was guided by principles of cultural safety (for example, the research was initiated from a request from within the Aboriginal community, the ongoing support and collaboration of the Aboriginal elders was obtained, communities were involved before and during the project, the data were collected by a well respected Aboriginal health care worker, an open-ended qualitative approach based on active listening was chosen so that the work was 'user friendly' and empowering to Aboriginal participants and the findings were returned both informally and formally to the Aboriginal communities that were involved). However, it is our belief that part of cultural respect is an understanding that ultimately there will be limits to the information that Aboriginal peoples will be prepared to put into the public domain through the mode of western academic research. All of the information provided from the study needs to be humbly viewed from an understanding that in aboriginal cultures information needs to be earned. It is not freely placed in the public domain as in Western culture, as one participant ably expressed:



But lots of these old people are still traditional, they don't give out too much information and why should they, because they have to keep some secrets for themselves . . . . You have to *earn the right to learn it* . . . . [Interviewer: Even culturally an Aboriginal person has to earn the right to be—to that information?] Yep that's right.

The fact that some of the information shared was previously not general knowledge for non-Aboriginal people was acknowledged by participants.

. . . the gathering of hair and possessions is something that occurs but it occurs in a way that's sort of almost transparent to Europeans.

At other times participants qualified their insights as hearsay:

And what they do with it after that I'm never too sure . . . what you may have heard it's probably a—a thing that does happen.

Also, to a certain degree language acted as a barrier to the full expression of the story.

Thus, in no way does the presentation of the findings from the study seek to act as a definitive statement on these sensitive cultural issues. Rather, the aim of sharing the insights from such a wide collaboration of peoples who are part of or directly involved in the Aboriginal communities is to begin a useful cross cultural dialogue. The central message is respect for cultural difference situated in the humility of knowing that there can be many different cultural beliefs and practices that shape the human response to death and dying.

## CONCLUSION

It is the hope and expectation that sharing these insights on Aboriginal spiritual perspectives from the Northern Territory will assist those working in rural and remote health care services to provide the best possible care of Aboriginal peoples. The two most important messages from the findings are the need for an understanding of the multiplicity of Aboriginal spiritual perspectives and an awareness of the benefits of integrating traditional healing into caring for the terminally ill. For as one Aboriginal elder stated:

Aboriginal culture is diverse and rich. Some of us are contemporary and professional people; others are living more traditional lives. But underneath, the core values are the same across the nation—from one group to another to another. These values include family and kinship, sharing and the love of the land. They are shared values even though our cultures are different (NPCP, 2004, p. 11).

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