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Published in:

Learning Communities: International Journal of Learning in Social contexts

Published: 01/01/2013

Document Version

Publisher's PDF, also known as Version of record

[Link to publication](#)

Citation for published version (APA):

Christie, M. (2013). Generative and 'Ground-Up' Research in Aboriginal Australia. *Learning Communities: International Journal of Learning in Social contexts*, 13(May 2013), 3-12. <http://www.cdu.edu.au/northern-institute/lcj>

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Generative and 'Ground-Up' Research in Aboriginal Australia

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Abstract

How might we go about collaborative research that doesn't simply come up with a report or a published paper, but results in changed practices in the areas of our concern? How do we envision and implement a generative methodology in front line research? Working with theory from the academic and Aboriginal worlds, I present examples of research with people working at the front line in various contexts, and reflect upon the role of the researcher in these areas of engagement.

Introduction

Some years ago I was involved in a research project we called *Making Collective Memory with Computers*. Our aim was to investigate and configure digital technologies to support the intergenerational transmission of endangered Indigenous knowledge in the far north of Australia where I have been working for many years, mostly as a linguist. I worked in a team with academics, designers, and traditional land and knowledge owners in various places across northern Australia. One woman we worked with was in her thirties, with a generation above and a generation below her. She had a large collection of old photographs of her extended family in various settings on her ancestral land. They were highly significant photos, some had been used in a Native Title land claim, and she wanted to keep them safe and accessible. Using a zoomable satellite image map of the area we were able to place digital version of her photos in situ. People telling stories of the land and their history could pull up these pictures of the various significant places, while moving around the satellite image.

We in effect had developed a digital resource that avoided the logic of the archive (no alphabetical list of place names) and used instead the logic of the land itself to organise its resources. Working thus 'from the bottom up' allowed us to identify and address significant problems which were invisible to (or ignored by) people developing top-down solutions, like the large centralized databases in Knowledge Centres in Aboriginal communities (see for example Christie, 2005, 2008). Working on the ground in a participatory design raised the tricky question of who has the authority to decide which photos should be uploaded to such a repository, and who can access the photos, and under what conditions? The crucial, very local Aboriginal politics of sharing and concealment, ownership and boundary-making emerged, were identified, performed, addressed and encoded all at the same time. In more recent years, I have come to think about this and many other such examples as a new approach to qualitative research with Australian Aboriginal knowledge authorities: one that, following their lead, refuses the role of judging observer, and uses collaborative knowledge

work to generate new methods, new objects, new practices and new worlds.

As we work, we reflect together upon the complex task of taking seriously Yolŋu (north east Arnhem Land Australian Aboriginal) and western academic knowledge practices through ‘transdisciplinary research’ (Christie, 2006, p. 80). Having been most interested in the Yolŋu side of this relationship (see for example Christie 1994, 2007), I wish here mostly to address work in the western academic tradition which can be understood as ‘bottom up’ rather than ‘top-down’, or which could be called ‘pragmatic’ or ‘generative’. Top-down work can be understood to parallel the work of hierarchical structures of government where policy and practice is seen as controlled, directed and instituted from the top level. Top-down research seeks for a general overarching theory. *Ground-up* research develops and deploys theory in the service of action on local problems. The researcher is an engaged observer, and works to generate change practices through the research position (Addelson, 2002).

Yolŋu Knowledge Practice

Working as a teacher-linguist in bilingual schools in Arnhem Land, I was fortunate to find myself in the mid-1980s observing, supporting and participating in radical changes to school curriculum, radical in that they seriously engaged with challenges presented to formal schooling by Yolŋu metaphysics and epistemology (Christie, 2000). The curriculum instituted by Yolŋu community elders at the Yirrkala Community School was given the name of *garma*. In Yolŋu languages, *garma* refers to an open public ceremonial space where people from different ancestral and totemic lineages work together to produce a collaborative performance and celebration of history and ways forward, here and now. It also, in the words of an elder, ‘describes the format where a Yolŋu learning environment begins’ (Marika-Mununggiritj, 1990, p. 43). The *garma* (like Aboriginal education and transdisciplinary research) actually depends on identifying, respecting and maintaining differences,

working collaboratively, coming to agreement, and building agreed ways of knowing and going ahead together (Ngurruwutthun, 1991). Years later, when we came to develop a tertiary academic program for teaching Yolŋu languages and culture, we were able to implement a rigorous and viable pedagogy accountable to the standards and practices of both academic and Yolŋu knowledge traditions (Christie, 2009), and which eventually led us to articulate transdisciplinary research practices.

In following this pathway towards a generative research methodology, I trace some formative moments. Early on in my academic career, a colleague John Greatorex and I (both fluent in Yolŋu languages) were called in by a medical research organization to help two Yolŋu elders who had been given research funding to address what they saw as some key problems experienced by their ‘long-grasser’ relatives sleeping under the stars on the beaches and in the parks of Darwin. ‘Long-grassers’ are perceived as a problem by many of Darwin’s residents, but from the Yolŋu point of view the problems are of course quite different. Maypilama and Garŋgulkpuy, the Yolŋu researchers, had done the research work in the long grass of Darwin, but were required to write a report to acquit their funding. John and I were there to help pull together a report: to talk through what had happened in such a way that we could get it written up in English with some sort of structure.

An interesting problem arose when we got to the ‘findings’ section of the report. The Yolŋu knowledge authorities were puzzled. There were no findings. Quite a few changes had been made, everyone had a better sense of what was going on on the ground, government bureaucrats and health researchers had been brought together with the Larrakia Nation (the traditional owners of Darwin) in addressing some of the issues which had been raised. ‘But what do you mean by ‘findings’? We didn’t *find* anything, we knew what was there. We used the research money to make something happen.’ The Yolŋu research practice was already generative, resisting outcomes

that were mere representations of a world out there of the experience of others. We had to struggle to formulate 'findings' retrospectively from the changes which had been generated (see Maypilama, Garrngulkpuy, Christie, & Grace, 2004). And we were forced to rethink ourselves as researchers after the 'judging observer' model (Addelson, 1994, p. xi).

Our second opportunity to engage Yolŋu knowledge practices in our research came with a project addressing communication breakdown between medical professionals and Yolŋu clients in the context of a renal dialysis unit (Cass, Lowell, Christie, Snelling, Flack, Marrnganyin, & Brown, 2002). From the beginning of the project, a Yolŋu renal patient who was also a chief investigator in the research quietly insisted, over some time and with considerable patience, on a *garma* style definition of communication (although she did not use that term). Her definition of communication (which became the name of the research program itself) was 'sharing the true stories'. Communication cannot possibly be simply passing messages from one person's head to another's about an independent and pre-constituted world out there (a strangely magical and inadequate notion). We must do better than passing messages if we are to achieve informed consent in the highly technologized practices of renal medicine. Communication in the Yolŋu context amounts to finding opportunities and spaces to bring together new and old concepts and meanings, working creatively in the tensions between them, joining up various roles and strategies, and doing the hard work of building agreed meanings and ways forward. In collaboration with Yolŋu renal patients and a range of health professionals at the renal unit, using our working definition of communication as 'building shared understandings', we began to do the work of developing policy and gathering evidence at one and the same time, working on how things could be done better, and changing practices from the bottom up. Through the guidance of Yolŋu co-researchers we began to embark upon what later we would come to see as generative research work,

as well as an understanding of what we came to call 'systemic health literacy'. More on this shortly.

Ground-Up Research into Housing

How do we understand the ways people (and things) work in these settings? I use the example of a project aimed at enhancing the difficult relationships between government and Aboriginal people in the provision of much needed housing in remote communities. Our small part within a much larger government funded project was to do with *Consultation for Better Housing*. In Stage 1, we had heard stories from Yolŋu co-researchers on the history of Yolŋu shelters and housing from ancestral through mission to contemporary times. Shelter and different styles of architecture were always important to Yolŋu and they still refer to their homes using their clan affiliated ancestral names for totemic resting places (Christie, Dhamarrandji, Gapany, Gaykamaŋu, Gurruwiwi, Guyula, Binalany, Guthadjaka, Pascoe & Greatorex, 2011, p. 3). The centralization of Yolŋu on missions in the mid-20th century caused problems which were usually sorted out collaboratively through ongoing negotiations between the various intermarrying clan groups and the mission authorities. Under the government policy of self-determination, over 60 Aboriginal housing associations were set up in the Northern Territory (NT), and local Aboriginal people were engaged in building, carpentry, plumbing and electrical work to provide and maintain housing. Local community councils decided the placement, allocation and maintenance of Aboriginal housing infrastructure.

More recently, the whole of local government in the Northern Territory was reorganized into local shires. Over seventy Aboriginal community councils were collapsed into eleven 'super shires'. At the same time came the 'Northern Territory Emergency Response' which among other changes to the law, compulsorily acquired Aboriginal land for community housing and transferred all Aboriginal housing to 'public housing'. As part of what could be described as a policy of

Aboriginal ‘normalization’ (Sullivan, 2011), local community housing associations were disbanded, and Aboriginal tenants placed under the same regimes as non-Indigenous public housing tenants in urban centres. The role of land owners and elders in decision making about housing virtually disappeared. In the face of all this, the NT government set up Housing Reference Groups (HRGs) in 74 remote communities to advise upon but not to decide housing allocations and maintenance priorities. For our ‘Consultation for Better Housing’ project, we conducted semi-structured interviews with HRG members, with Aboriginal community housing officers, with government workers whose role is to organise these housing reference groups, and with their ‘team leaders’ and supervisors, and with people who lived in this new public housing.

We began by focusing on the experience of people at both sides of the interface between government and residents using Michael Lipsky’s (1980) notion of the *Street Level Bureaucrat*. Lipsky argues that the cumulative effect of the many moment by moment individual decisions made by front line bureaucrats is actually how policy plays out in the world of the citizen. Policy is not something that starts at the top and trickles down; it is more correctly the actual experience of common people when they’re dealing with a bureaucrat. But we also talked to people further up in the management hierarchy. We were interested in the conventional notion of ‘policy’—and the ways in which the documents, structures, and practices ‘at the top’ of a bureaucracy (the *Housing Reference Group Operational Guidelines*, for example) actually do (and don’t) influence this front line work.

Unsurprisingly, the street level work of the housing bureaucrats in complex intercultural contexts in the islands of the north and the deserts of the south were immensely complex, and largely invisible from above. They were all very happy to share their work experiences, covering thousands of kilometres, trying (and often failing) to bring a quorum together to hold a reference

group meeting, finding spaces, preparing snacks and agendas, listening to concerns from the community members, negotiating with the local health clinics about housing for people with special needs, negotiating evictions, balancing the rights of traditional land owners with the needs of overcrowded families. But how to make sense of these stories and work with them in such a way that changes can be generated from the bottom up, and recognized from the top-down?

Following the work of Maynard-Moody and Musheno (2003) we paid attention to the workaday stories people told to look at the role of discretion in their work. We found both the government bureaucrats and the Aboriginal HRG members to be constantly tossing up between their sense of themselves as an agent of the state or at least as helping the Housing Department in their (unpaid) membership of the reference groups, and their sense of themselves as a concerned citizen or community member, everyone making difficult decisions on the go. The ongoing rhythm of decision making—and therefore the work of government—can’t always be understood in terms of top-down policies. Through the stories of front line work, we see both how policies can never be 100 per cent effective in creating good practice on the ground, and how different aspects of organizational culture support or inhibit the effectiveness of government.

Maynard-Moody and Musheno (2003) used a narrative technique, asking police, teachers and counsellors to prepare stories of their discretionary work on the job. The stories were to have a beginning, a middle, and an end—and to be about some interesting or difficult decision they have had to make. Not only were they able to understand how people were using discretion in everyday work, but also how narratives themselves take a place in sustaining and invigorating the organizational cultures where people are working. The professionals used the stories first to establish the citizen-clients’ identities, and then to justify their own professional identities and practices in

terms of the former. They revealed how front line workers were making complex moral decisions, how their decisions were contingent on where they were and what they were doing, how they weren't as rule bound as they may have seemed from above, and how the barriers between the hierarchy and the front line people were not so much to do with rules (top-down policy implementation), but more to do with the ways in which social norms and culture were embedded, developed, and reinforced through the everyday front line work that these people were doing.

The Maynard-Moody and Musheno research uncovered how government policies, procedures, protocols and rules get taken up by these individual bureaucrats in different ways. In some instances, they bend or ignore the rules to make things easier for people they know, or trust, or feel for. Sometimes they enforce the rules hyper-rigorously in order to get their work done, when there is too much on, or where they have a client they don't like, or don't trust, or whom they feel is undeserving or too demanding. As with the 'cops, teachers and counselors', we found with the front line workers in Aboriginal housing that the fundamental aims of policy initiatives ('healthy sustainable housing for remote Aboriginal populations') was being achieved to a large extent through the ability of people of good will to work flexibly and sympathetically outside the rules and regulations and in ways which were unacknowledged, and in fact often invisible from above.

This opens an important question about generative policy research. How do we find ways to encourage commitment to best practice and to policy initiatives like *Constant Quality Improvement* and still promote the healthy organizational culture which allows policy initiatives to be tweaked and reshaped from the bottom up? And how do we do that without burdening or expanding complex hierarchies of supervision, and regimes of accountability? We naturally found quite different contexts of organizational culture with the NT housing officers as compared with the people

Maynard-Moody and Musheno worked with. The American police were driving around in cop cars two at a time, talking to each other about the world out there to be policed. The teachers however were most of the time alone in the classroom jungle full of students, and with not a lot of time to talk to each other. The counsellors were actually interacting much more as a group in the organizational culture which supported them. They had different sorts of opportunity to use narratives about themselves and their clients to reflect upon normative judgments they were making. The ways in which story telling could be made visible and supported in the work place was one of the keys to improving the effectiveness of the street level bureaucrats. The NT housing officers worked in two very different worlds—the air-conditioned offices in the major centres where they planned their HRG meetings, worked the phones trying to coordinate the meetings, met with their teams and line managers, and wrote reports to be uploaded to the databases—and the very remote hot dusty communities in the desert, or the steamy coasts of the Top End.

Maynard-Moody and Musheno found in stories of the mundane, everyday, and often difficult and thankless work of front line workers, a significant factor of discretion in which they move between understanding themselves as agents of the government, and understanding themselves as citizens (or community members). When we listen to the people involved at the front line of Aboriginal housing in the remote Northern Territory, we need to add a further professed accountability. Besides their commitment to the government they serve, and their commitment to the overall good of the remote Aboriginal population of the NT who have, since colonization, been poorly served with housing which can sustain their contemporary Aboriginal culture, they also spoke of the individual people they have come to know (often through previous engagements, personally or professionally) and whom they care about individually as friends, co-workers from the past, and often even as adopted family. We see signs of

these commitments slowly changing the policies and practices of government from the bottom up. For example, several of the interviewees told us rather proudly of the recent changes to the way in which remote desert communities were grouped for the attention of particular housing officers—a regrouping which responded to newly emerging cultural characteristics of the communities now linked together and the history of relationship of particular workers with those communities. This ground-up revision took place under the radar of senior management until it was eventually noted and approved. While the personal relationships which had been built up over years of working together were seen as highly productive by the Housing Support Officers (most of whom had worked for a long time in the same region, often with other government departments), people further up the hierarchy commented that it was important for them to avoid developing personal relationships so they could act professionally in their work as representatives of Territory Housing.

Building Shared Understandings

I want to turn now to more philosophical (rather than sociological) ways of conceptualizing such complex, difficult and fraught public questions as remote Aboriginal housing. In this example, I return to the public problem of Aboriginal health in remote communities, and the work of John Dewey the American pragmatist philosopher, author of *The Public and Its Problems* (1927/1991).

In 2010 we were invited by the Australian Government Office of Aboriginal and Torres Strait Islander Health (OATSIH) to provide a scoping study in remote Yolŋu communities to do with ‘improving health education and health interpreting for Aboriginal clients so that they can better understand doctors and other health workers and make informed decisions about treatments’. There are of course many ways in which those rather general aims could be addressed, and we were keen to collaborate with people we knew and whose ideas we respected, who were already working

successfully on the ground in health contexts in remote Arnhem Land communities. We spent some time talking first of all to people with whom we had already worked, and they referred us to others until we interviewed over 100 people, all of them in their own languages, from highly trained but often inexperienced ‘fly in’ medical specialists, to highly experienced but often not highly trained Aboriginal health workers on the ground. We found a dizzying array of job descriptions (clinic health workers, mental health workers, aged care workers, chronic disease workers, infant health, ear health, mental health. . .) in a health service that was becoming increasingly medicalized so that the Aboriginal health workers and their traditional roles seemed to be increasingly marginalized.

But at the same time we were listening to people who saw what they were doing in their own areas as actually already effective through their everyday tactics, working together interculturally and developing new and at times unusual collaborative practices that are often invisible from the top. They were suspicious of what they saw as yet another top-down OATSIH initiative for improving remote Aboriginal health, while it was their (unacknowledged, bureaucratically invisible) ongoing creative collaborative work which needed to be supported. People were very aware that the problem was not a structural problem, so we shouldn’t be looking for structural solutions. The last thing they wanted was more structures, more processes, more roles, more training initiatives, or (in the words of one interviewee) ‘another you-beaut flip-chart’.

Dewey wrote *The Public and its Problems* in 1927 when the emergence of totalitarian approaches to government was giving philosophers cause to think carefully about the nature of the state, governance and democracy. Dewey argued that the public in a sense only comes into existence by virtue of its problems which need to be addressed pragmatically. All rationalist approaches to government (whether they be from the left or the right) and the ‘straight-line’ instrumentalism which characterizes them are

fundamentally undemocratic, potentially coercive, and should be avoided. In health services, we should not hope for a coherent thoroughgoing plan that can be designed from the top by government and delivered to everybody. Not only is it undemocratic, but it's not going to work effectively. What we need is to find ways of understanding and supporting the work of people on the ground who are engaged in addressing the complex ongoing problems of everyday work. Understanding these problems as emergent helps us to see that there are more than human participants in the action. We find objects and discourses, spaces and systems, and an ongoing battle about whose definition of the problem can we accept, and who gets to define the solutions.

Thinking carefully about these complexities, we found ourselves resisting the conventional understandings of the current notion of 'health literacy' as being 'an individual's ability to read, understand and use healthcare information to make decisions and follow instructions'. Such a definition seems to lead towards blaming the client for irresponsible life choices and ways, and the front line workers for poor delivery.

Re-thinking the public problem of health literacy in terms of participants in collective action (Addelson, 2002, p. 119), effective health literacy is largely to do with effective communication (using the Yolŋu 'building shared understandings' model of communication), taking into account the demands of health service delivery and the vicissitudes of everyday life in a remote Aboriginal community. It is not so much what the individual client understands, but more the working together of the people and resources which generate shared understandings, agreement and consent around the problem of the moment. It involves honest respectful discussion across the divide between providers and consumers.

We also found that focusing on the generative work already happening on the ground allowed us to avoid the almost psychotic thinking necessitated by the constant, confusing and politically charged

changes in remote Aboriginal health policy as seen from the top. The inexorable move from a complex delivery model including a range of medical services, to a single regionalized Aboriginal community controlled health service is the same in nature as the policy upheavals which have left Aboriginal decision making around housing in disarray. With the change in focus from primary health care to public health, with the complex movements towards regionalization of the delivery of health services and Aboriginal controlled health services, and the movement away from a focus on infectious and acute disease to prevention and management (particularly of chronic disease), we have another hugely complex problem. Yet to some extent all these changes can also be seen as the government implicitly endorsing a more democratic, ground-up or anti-rationalistic approaches to health services delivery, and indeed we see the fact that we are called in by OATSIH (and indeed by Territory Housing) as collaborative consultants rather than (medical) anthropologists, as a sign of the government looking for a more collaborative ground-up evidence-based solution to the public problem of remote Aboriginal health.

Finally we could see the most effective work being done across boundaries—between English and Yolŋu languages for example, or between the Yolŋu and the biomedical model of the body, or the medicalized renal patient and her land and kin—where the connections are provisional, contingent and the result of significant work. In a previous research project working with Yolŋu interpreters assessing and evaluating health promotion multimedia, we noted that resources that contain health messages seldom stimulate conversations which promote new productive collaborations across the boundaries between health professionals, service users and their families (Christie, 2010, p. 40).

Digital embodiments of the top-down disciplinary approach tend to entrench definitions, roles and attitudes rather than modify them. We have proposed an additional, radically different resource, a user-friendly touch-pad animation of a human

body which has no message, no sequence. It is manipulable, zoom-able, transparent, detailed in particular areas (heart, lungs, kidneys, liver, pancreas, ears), yet de-emphasizes biomedical assumptions: not telling you how to behave, but crying out for a conversation—in any language. It doesn't have a voice. It doesn't have a sequence—no beginning, no end—you just work with it. It takes its place as a participant in collective action, in which people work together to build shared understandings and agreed ways forward (van Weeren, Cathcart, Verran, Christie, Guyala & Greator, 2011, p. 4). Real change comes when categories are unsettled, where we have conversations which allow us all to rethink our assumptions and our possibilities. Not only about Yolŋu bodies and Yolŋu health, but about who does what, who decides what, whose role it is to do what, and how do we work together, who's making the decision about this (is it the patient or is it their family or the medical professional), and are we sure we understand each other and agree?

We search for ways of working together that unsettle some of the existing assumptions and dualisms. No new structures, just joining up things that are there, and working in the spaces between them. The digital resource would need to be developed slowly and collaboratively through many conversations on the ground, to help us understand where the sticking points are, and what sort of visual representations and animations may help to generate productive conversations. The 'touch-pad body' would allow for the top-down and the bottom up practices to work together in new ways. It would allow for a both-ways renegotiation of the categories through which health professionals and their clients work together. Knowledge work around the digital device would necessarily examine, unsettle, and interrupt received notions of health, disease and treatment on both sides of the health delivery practice, and point to new ways of producing pragmatic policy. It would also address, from the ground-up, the increasing marginalization of the Aboriginal Health Workers as the whole public problem of chronic disease

comes to life, as health professionals and ill people and their families are actually working together and interacting together socially, materially and discursively. In all this piecemeal work, we promote new consistencies in the ways in which service users and providers approach their work. These new consistencies slowly work their ways upwards towards changed policy.

Isabelle Stengers (2002) talks about the hopefulness of this sort of scientific work in her philosophy of science. We tend to think of scientists as working with certainties—particular categories and accepted practices. But the real work, the best work that they do as scientists, is actually the work in the interstices between these 'facts', which is the imaginative, creative, exciting work of producing new possibilities. How do we work together in such a way that all those complex tensions between the assumptions that we're working with are actually given a chance to be played out properly and carefully, and visibly and accountably examined, and new practices, understandings, and categories allowed to emerge in ways which reverberate into changed understandings and practices further afield?

How would such a project play out methodologically? At the outset, ethnographically as participant observers, working in situations where Aboriginal clients, probably chronic disease sufferers and their families, and health professionals, whether they be doctors or nurses or Aboriginal health workers, are working together in day to day health service delivery and consumption, developing the touch pad device iteratively, building shared understandings around particular cases, rather than a general theory of what's going on. We focus upon people thinking about their own situations and what they're doing, and the decisions that they're making, the choices they can see. We would be interested in how the ambiguity of the situation may help everyone to rethink or renew some of the categories that they're working on. Resisting moving too quickly towards a more general interpretation which may reflect a more

top-down approach, but actually working carefully with what we've got to do right here and now, without unthinkingly reproducing some of those received understandings of the splits between the doctor and the patient, or between the Aboriginal and the bio-medical body.

Conclusion

This work would begin in a range of different contexts, workers with different roles, people with different ailments. And then, as researchers, looking carefully through the lens of 'systemic' health literacy, identifying and theorizing the productive practices and relationships which are persistent or emerging, and presenting those findings at various meetings at all levels where people make decisions about ongoing deployment of resources or practices, or maybe the next step in the regionalisation process, or setting up a remote interpreting service. In other words, supporting the development of a good system that will work for the health workers and the Aboriginal patients and that doesn't actually create more structure but improves organizational culture: non-structural solutions for non-structural problems.

What, finally, is the particular role of the researcher and their theory in all this? Kathryn Pyne Addelson, in her work on the history of the battle over women's fertility in the US, makes the point that working away from the development of general theory is an important strategy for the activist researchers (Addelson, 2002, p. 136). Theory in work like ours is very important, but only as another participant in collective action. As academic researchers we exercise a particular cognitive authority which we must use strategically in the deployment of bits and pieces of theory in the work of generating change. We are doing this research from a starting point which says that Aboriginal people in remote communities are most often not respectfully engaged in negotiations over government services and our work as academic researchers can help to change that. We are not general theorists, we are activists, and as such our work is useless if it does

not address the public problems of people's life ways. The work of gathering an evidence base is work which should not be understood as separate from the work of changing policy from the bottom up. That is why we continue our search for generative research methodologies.

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