



Fire conversations:

Ways narrative practices can intersect with an inclusive spiritual care approach

by Katrina Karlapina Power and Jesse Size



Aunty Katrina Karlapina (pronounced Garlabeena) Power is a proud Kurna woman, mother and grandmother. Aunty Katrina has worked as a journalist with The Advertiser newspaper (the first Aboriginal journalist in its history), as a narrative therapist with Relationships Australia, as a cross-cultural consultant and as an artist. She is not a Christian. karlapina50@hotmail.com

Photo by Colleen-Ara Palka Raven Strangways (Arabana, Nharla Photography)

Jesse Size is a husband and father with Irish, Scottish and English roots living and working on unceded Peramangk and Kurna Country (Adelaide, South Australia). Jesse currently works as a spiritual care chaplain across two hospitals in Adelaide and is an ordained deacon in the Uniting Church of Australia. Jesse is currently studying the Master of Narrative Therapy and Community Work program at The University of Melbourne and has been delighting in the many and varied ways that narrative practices add to and enrich meaningful spiritual care approaches. mrjessesize@gmail.com



Abstract

This paper considers the ways that narrative practices can intersect with and add richly to a meaningful and inclusive spiritual care approach. In this paper, Aunty Katrina, a Kurna Elder, and Jesse, a spiritual care chaplain, reflect on conversations together in a hospital setting and what helped to make these occasions of mutual respect and blessing.

Key words: *spiritual care; spirituality; chaplaincy; narrative pastoral therapy; First Nations; Aboriginal; colonisation; decentred; experience-near; absent but implicit; re-authoring; hospital*

Power, K. K., & Size, J. (2025). Fire conversations: Ways that narrative practices can intersect with an inclusive spiritual care approach. *International Journal of Narrative Therapy and Community Work*, (1), 2–10. <https://doi.org/10.4320/ZQLI4943>

Spiritual care in a hospital setting involves giving attention to meaning, purpose and connectedness in people's lives (Spiritual Health Association, 2023). This offers rich points of connection with narrative therapy, which recognises that we are interpreting, meaning-making beings and seeks to join with people to explore the stories they have about their lives (Morgan, 2000). This includes considering the effects of these stories and the contexts in which they have been formed. In this paper we consider ways that narrative approaches can intersect with and add richly to a practice of inclusive spiritual care with people from differing traditions, circumstances and backgrounds. We share a story of conversations at the intersection of First Nations and Christian perspectives, and address the ongoing impacts and pain of invasion and colonisation for First Nations people. Narrative approaches were important in supporting our conversations so we could experience them as occasions of mutual respect and blessing.

Inclusive spiritual care in a hospital setting

Jesse works as a spiritual care chaplain across two hospitals. Spiritual care includes offering support for patient and staff wellbeing by companionship people confronted with death, dying, loss of meaning and aloneness among other matters. Spiritual care in this setting seeks to be an expression of inclusive person-centred care and recognises that the spiritual dimensions of life make a difference to people's experiences of health and wellbeing (Koenig, 2014; World Health Organization, 2021). In Jesse's health network, spiritual care roles are funded by Christian churches. The spiritual care team works closely with diverse faith groups and calls on community faith representatives in order to respond to the diverse religious affiliations and spiritual needs of patients, staff and volunteers. Spirituality is an important aspect of Indigenous understandings of social and emotional health and wellbeing. This can include connections to body, mind and emotions; connections to ancestry, family and community; and connections to spirituality, land and culture (Gee et al., 2014). The health network Jesse belongs to seeks to provide a holistic healing journey and recognises that all patients have the right to access traditional medicines and healing practices as part of their care. Access to ngangkari¹ services is available through the Aboriginal and Torres Strait Islander Health and Wellbeing Team of the health network.

When Jesse meets with people, he often begins with a brief introduction to spiritual care as being about honouring the really important things in our lives: the things that might be sources of hope, meaning, comfort, strength, peace, love and connection. These initial conversations often include explorations of the place of religion and spirituality and any related practices in the person's life and consider ways any of these matters might affect medical care or end-of-life decisions (Anandarajah & Hight, 2001). Explorations of these matters are regularly rich in story and meaning and will be different for each person.

Sometimes spiritual care involves traditional religious care from a Christian perspective. Jesse is an ordained minister in the Uniting Church in Australia. Ministers pray with people. They offer end-of-life rituals. They share communion with patients and their families. Many of the people whom spiritual care chaplains² encounter in hospital settings, however, do not identify with Christian faith and may not identify with any other faith tradition. In many ways, a meaningful spiritual care presence is enriched and supported by decentred positioning that takes very seriously the person's knowledge, experiences and expertise, while also acknowledging the spiritual care practitioner's unique understandings and experiences of life, including in relation to their location in the world of gender, race, class and culture (Denborough, 2019).

Fire conversations: Moving from problem stories to re-authoring conversations

Aunty Katrina, a Kurna Elder, had been brought into hospital by family members who were concerned about her wellbeing. Aunty Katrina didn't like being in hospital, but she understood that bringing her there was an act of love. And she loved them for it.

Jesse received a request from nursing staff to visit a non-Christian First Nations patient. He met Aunty Katrina. Very early in their conversation, Jesse was quick to check in about whether he was the support she wanted at this time. This checking in was important in terms of acknowledging the political nature of therapeutic work and the power position of the practitioner. Some of the power, privilege and safety considerations that existed within this encounter included:

- Jesse's positions as a white, middle-class, educated, able-bodied, cisgender, ordained Christian man
- Jesse's location as part of an ancestral line that has benefited from and participated in the colonial project of the British government – a project that has involved invading, occupying and displacing the Kurna people, devastating connections to family, culture, language, spirituality and more
- Jesse's entanglement in larger stories of mainstream health, inpatient psychiatry, religion and church, which are layered with various kinds of power and privilege; these entanglements shape what is seen and looked for and mean all kinds of things to people depending on their own memberships and histories.

Aunty Katrina chose to meet with Jesse. An important context was the collective experience and political weight of the 2023 Referendum on a Voice to Parliament, which had taken place before we met. The Voice referendum proposed First Nations recognition in the Australian Constitution alongside processes by which Indigenous peoples would be able to make representations and provide advice to Parliament and the Executive on matters that affect Aboriginal and Torres Strait Islander peoples. The debate brought an increase in racism and discrimination towards First Nations people and was highly distressing for many.

The referendum did not pass (see Australian Associated Press, 2024; Basford Canales, 2023; Tingle, 2023; Wilkes et al., 2024).

When Aunty Katrina spoke about why she was in hospital, she said she had a problematic case of *Post-Referendum Trauma Disorder*.³ At another time in the conversation, Aunty spoke about the *Colonial Virus*. Aunty Katrina had come up with these names herself.

The language Aunty Katrina used offered us opportunities for externalising conversations. Drawing broadly on the four categories of inquiry from the statement of position map (White, 2007), we sought to chart Aunty Katrina's experience of Post-Referendum Trauma Disorder and the Colonial Virus. Here are some of the questions Jesse asked:

- Does Post-Referendum Trauma Disorder arise more in particular places or situations?
- Do any mental images or pictures come to mind about it?
- How would you describe the symptoms and effects of Post-Referendum Trauma Disorder?
- Does it impact how you see yourself?
- Does it affect your hopes and dreams?
- What other effects does it have?
- Where do you stand on the effects of Post-Referendum Trauma Disorder?
- Why is it not okay for you?
- What does Post-Referendum Trauma Disorder reveal about what is most important to you and what you hope for the world? For your own life?

Symptoms of the Colonial Virus included honest and sorrowful awareness of the ongoing impacts and pain of invasion and colonisation alongside an uncomfortable

and persistent feeling of hatred and suspicion towards white people (an "angry, hating heart"). As part of our conversations, Aunty Katrina said to Jesse, "I've never hated white people. But I feel a lot of that right now". This wasn't okay with Aunty Katrina. Love for all, irrespective of whatever differences exist between people, was really important to her. The larger effects of the Colonial Virus meant that at this time of her life, Aunty Katrina just "wanted to be swallowed up by the earth".

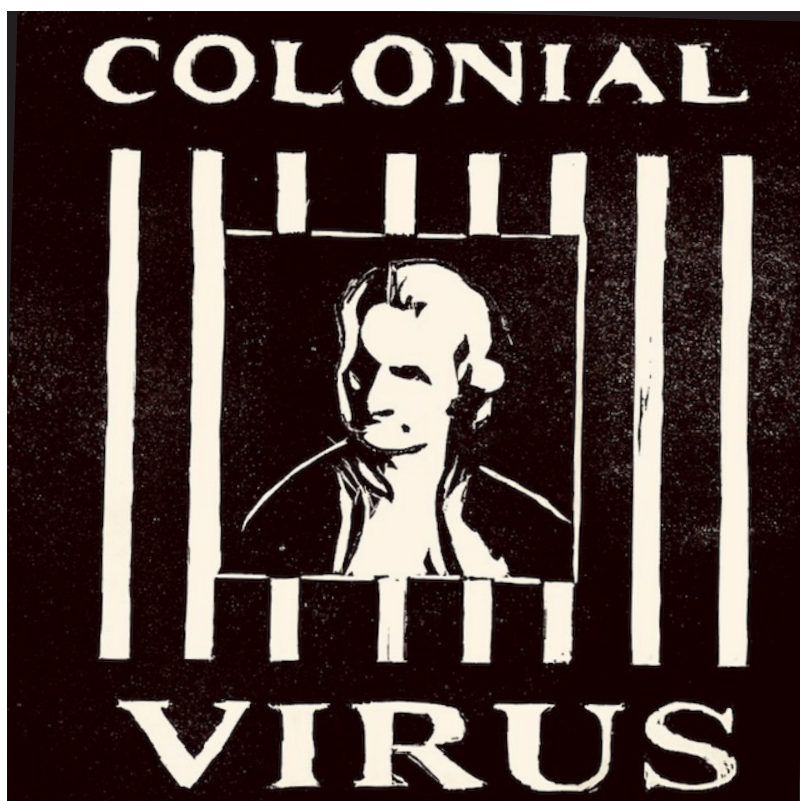


Figure 1: "Colonial Virus" – original lino cut art by Aunty Katrina Karlapina Power

Throughout this conversation, Aunty Katrina clearly articulated the causes and effects of the problem. This included acknowledging the “impact of racism and the intersections of oppression and disadvantage” and how they influence “the labels or diagnoses that Aboriginal people receive” (Drahm-Butler, 2015, p. 29). Aunty Katrina communicated this through considerations of the broader political context of her lifetime alongside her experiences during and after the Referendum on the Voice to Parliament:

I was the first in my family not born on a mission; the first generation not born in custody. I was born with no voice. The 1967 Referendum⁴ gave us voting rights and then 56 years later, the majority of Australians declared by virtue of this referendum that they do not want us to have a Voice. It's official. During and after the referendum, I felt gagged and silenced.

This was also communicated through stories grounded in recent experiences. In one story, Aunty Katrina spoke about a time that included the tender act of returning the ashes of her beloved brother Pete to the earth. During this significant moment, a non-Aboriginal couple interrupted asking for directions. Aunty Katrina, clearly upset, tried to explain what was taking place, imagining that the couple would apologise and respectfully give them the space they needed. Instead, they simply persisted in asking for directions, either ignorant or unmoved by the gravity of the situation. For Aunty Katrina, this story was an example of grief compounded, grief interrupted and desecrated – a sacrilegious act. Aunty expressed that “even within death we are invaded”. Aunty Katrina said that this was not an isolated story but rather the kind of experience that was emblematic of the pain that has come to Aboriginal families and communities because of the Colonial Virus. Aunty Katrina described the way the Colonial Virus is like a funeral carousel of tragic premature deaths:

Low life expectancy. Highest infant mortality.
Highest baby removal. Lowest education.
Highest incarceration in juvenile, women's and men's jails. Highest suicide rates. And we hunting for money for funerals and in between funerals, we're looking for money for the next funeral. The funeral carousel never ends.
We sit in so much Mob grief that we hardly know which fulla we're crying for. The carousel has been turning nonstop for us for 237 years.

In these ways, Aunty Katrina linked Post-Referendum Trauma Disorder and the Colonial Virus to broader social histories, practices and relations of power. The problem was political.

Stories like this one shaped Jesse's posture as a listener and receiver of Aunty Katrina's stories. Jesse did not want to be ignorant or unmoved. Jesse wanted to show deep respect for Aunty Katrina's experiences. This was especially important in a setting of inpatient psychiatry where determinations of wellbeing are assessed by professionals according to diagnostic criteria. Patients can often experience a sense of disqualification, stigma and marginalisation (White, 1997). It was important that Aunty Katrina's stories and her interpretations of the problem were taken seriously. This meant placing Aunty Katrina's expertise, knowledges and skills at the centre of the conversation.

During our conversation, Jesse asked Aunty Katrina about what Post-Referendum Trauma Disorder revealed about what was most important to her, what she hoped for the world and for her own life. This was a way of exploring the *absent but implicit* (Freedman, 2012). Throughout the conversation, Aunty Katrina spoke about the significance and gravity of love in her life. Aunty Katrina spoke about her name, Karlapina, which means fire, or lover of fire. Aunty Katrina shared ways she had brought her fire into all kinds of places – working as a journalist, working as an activist/truth-teller, working within social and emotional wellbeing and so on. The fire in Aunty Katrina's belly was clear when she spoke about her care for children, whether from her own family or a little one in Palestine. Jesse tried to pay attention to words that seemed to capture things that were precious to Aunty Katrina. Some of her statements included: “Love is everything.” “Love is as strong as death.” “Love is the umbilical cord.”

This image of an umbilical cord of love especially struck Jesse, and towards the end of their time together, Jesse invited Aunty Katrina to hold this image alongside her description of the hating, angry heart. While holding this image, Jesse also brought together two other stories from our conversations that struck him as unique outcomes. Aunty Katrina spoke about how identifying these unique outcomes, including feeding back the warmth and generosity Jesse himself experienced from Aunty Katrina during this conversation, were important reminders of her capacity to overcome parts of the problem story. Aunty Katrina was able to hold this umbilical cord, following it all the way back to Love. She had done it before; she would do it again.

When Aunty Katrina told Jesse this, he thought it would be important to capture and write down some of the words that Aunty Katrina had shared in a letter that he could give her after their conversation. Jesse wanted to do this for a few reasons:

- to acknowledge the difficult experiences that had contributed to her experience of Post-Referendum Trauma Disorder
- to honour Aunty Katrina as the primary author and expert of her life

- to include some questions drawing on the strong story of fire in her life as a way of allowing Aunty Katrina to reflect further on what is important to her and what might be helpful for her at this time.

Jesse included some re-remembering questions that might help develop or make more visible the strong story in Aunty Katrina's life.

Here is an abbreviated version of the letter Jesse wrote.

Dear Aunty,

Thanks for the opportunity to meet with you today. I found it incredibly rich to meet with you and I honour the way you brought both the hard and the beautiful stories from your life.

You shared about different ways you'd experienced grief interrupted, desecrated and compounded. You spoke about experiencing Post-Referendum Trauma Disorder. And you spoke about your heart and the way it feels hate and anger at this time.

You spoke about how it feels to carry this heart with hate and anger, about how it doesn't feel good. I wonder if you've got a name you could call this experience?

You said something like, "I've never hated white people. But I feel a lot of that right now". I wonder what other effects this heart with hate and anger are having at this time?

You spoke at other points about the significance and gravity of Love in your life. You said things like:

"Love is everything."

"Love is as strong as death."

"Love is the umbilical cord."

The image of an umbilical cord of love really struck me. It seemed like you were saying that you were always tethered to Love, even if you didn't always feel like you were right in the centre of it. You seemed to know there is always a way back to Love if you traced the umbilical cord.

I mentioned this during our time together, but you also expressed so much warmth towards me during our conversation. You seemed really connected to care towards me (a white fulla!) during our time together. Thank you for your warmth.

Speaking of warmth, you shared about the meaning of your name, Karlapina, which means "fire" or "lover of fire". You shared about how you've brought your fire into all kinds of places – in your work as a journalist, in your work as a truth-teller. I sensed the fire in your belly especially when you spoke about your care for children, whether from your own family or a little one in Palestine.

Here's some questions that came to mind⁵:

- Where did your fire (or love of fire) come from?
- Did some of it come from people who went before you?
- If so, what do you think it might mean to them to know you are carrying this fire?
- Who else wouldn't be surprised by the way you carry fire the way you do?
- Are there others that join you in tending the fire?



Figure 2. "I Mourn" artwork by Aunty Katrina Karlapina Power

Jesse printed this letter out and handed it to Aunty Katrina at the hospital a few hours after their conversation. Jesse didn't sit with Aunty Katrina and read it to her, which might have been helpful, but instead left it with her hoping the questions would be helpful for future conversations. At a later time, Aunty Katrina spoke about how she misplaced the letter and asked if Jesse could print out another copy. She spoke about how she wanted to be able to keep reflecting and journaling on the themes and questions over time. This became part of our spiritual care conversations. After each meeting, Jesse would write a brief letter with some questions that Aunty Katrina could either talk about with Jesse or use as part of her own reflection. This helped Jesse to maintain a decentred position – Aunty Katrina could choose what she shared but could also reflect without Jesse.

In our next conversation, we picked up some but not all of these themes, instead focusing more on Aunty Katrina's longing to be "swallowed up by the earth". Aunty Katrina spoke about how wanting to be swallowed up by the earth reflected a sense of being worn out by grief and sorrow. Having heard Aunty previously describe the land as mother, Jesse asked Aunty if some of her language spoke to a deeper longing, something like a desire to be embraced and held by a mother during a difficult time. Aunty said this was a really helpful connection and spoke about Country as a source of care, nourishment, comfort and strength. She recited a beautiful poem that she had written, a rewording of Psalm 23. Instead of speaking as the Lord as my shepherd, she spoke about "The Land is my mother..."

THE LAND IS MY MOTHER

The Land is my Mother
I shall not want.
She maketh me lie down
In Sacred soil, on Sacred ground.

She leadeth me to the hills and the
mountains and the rivers and the seas.
She restoreth my soul.

Yea, though I shall walk through the valley
of the shadow of Invasion,
I will fear no evil:
For my Mother is with me.
Her womb and her breast they comfort me.

She created a circle in the presence
of mine enemies
and she anointed my head with ochre
and with leaves.
My coolamon⁶ runneth over.

For her love and her kindness shall follow me
for all the days of my life:
and now I will dwell in her womb forever.
The wonderful, glorious land,
The Land that is my Mother.

I am not asleep.
I am not dead.
I am alive and awake in my Dreaming.

(Katrina Karlapina Power © 2010;
published in Amery & Power, 2019, p. 57)

Here was Aunty, sitting with a member of clergy, re-authoring a famous biblical text so that it spoke powerfully from her own knowledge, culture and spirituality – offering a response to the missionary story that has been part of the history the church and its role as an agent of colonisation.

All of this strengthened the double-story development about the longing to be swallowed up by the earth, words that helped name the pain and struggle in her life, but also pointed to where Aunty Katrina knows she can find strength and restoration. Aunty spoke about earth as a safe place, a place of sustenance:

land is about connection; land is medicine; to return to land is to return to love and life and hope. Aunty also spoke in beautiful ways about her strong story (Drahm-Butler, 2015), which, from our first conversation, included ways she had brought fire into all kinds of places throughout her life and the times in her life that she had found her way back to love. Jesse's double-listening to the themes of injustice and despair within these stories provided opportunities to explore Aunty Katrina's conceptions of the world, her hopes, dreams and visions for the future and for cherished values to become more richly described.

In later conversations, Aunty reflected back to Jesse her own gratitude for their meeting together:

Jesse, God and Ancestors are well and truly in alignment. I am so grateful our paths crossed cos you don't know how many "pastors" I rejected on first contact. I am at peace with you talking about "God" now.

You have captured our conversations in a most profound and beautiful way. I feel deeply heard; soothed. And respect reflected in your words. I feel the "psychiatric chasm" and the force of my sorrow alongside the depths of my empowerment in all of it. Old fullas told us "white fullas got no ears" and you, Jesse, have taken the words from my mouth and relayed them with your ears. You brought volume to my truth and tears of pride to my eyes. You have this grandmother, mother and holy daughter's blessing.

Aunty's warm feedback reiterated for Jesse the significance and importance of the narrative approaches used within this spiritual care relationship, especially in the way that Aunty articulated that she felt the acknowledgment of the difficult aspects of her experience ("psychiatric chasm", "force of sorrow") alongside her empowerment. In our conversations reflecting on these times together, Jesse and Aunty Katrina each appreciated the positioning of Aunty as the one who bestows blessing – an act Christians might expect from clergy, here enacted by Aunty with generosity and warmth. Both Aunty Katrina and Jesse would ultimately describe these conversations together as occasions of mutual respect and blessing.

In a letter written by Jesse to Aunty Katrina, he described what it had been like for him sitting with fire (Karlapina):

You've shared about the passion and purpose that lives deep in your being. I've felt the warmth, but I've also felt the gravity. It's like being on holy ground, sacred Country. Something that needs to be honoured, respected. You speak truth. You trace important histories. You share strong stories – stories of resistance, stories of survivance (Vizenor, 1991). With each word, you carry both your own fire and the fire of those who have gone before you. Thank you for sharing your warmth in strange places like hospitals, and of course with your Grand Fires⁷ and others. It has been an honour, Aunty, and I'm grateful there's more to come.

Part of the significance (and blessing) of these conversations for Jesse included the invitation to grapple with, among other things, a greater awareness of the effects of colonisation. Aunty Katrina shared significant reflections on what it meant for her (and others) to be in hospital: "We see hospitals as a cemetery. We don't expect people to come out or get better". As a result of these times of meeting together, Jesse was invited to consider more deeply matters of cultural safety for patients and what it means to honour and receive stories of grief. Jesse keeps thinking, as a non-Aboriginal person, about ways in which the Colonial Virus might keep him ignorant and unmoved and how he might find his way into greater love.

Conclusion: Intersections between narrative therapy and spiritual care in a hospital context

Spiritual care conversations seek to explore the things in people's lives that offer hope, meaning, comfort, strength, peace, love and connection. In this paper we have described ways in which a meaningful and inclusive spiritual care presence can be enriched and supported by narrative practice. In these conversations, narrative approaches allowed Aunty Katrina's expertise, knowledges and skills to be placed at the centre of the conversation. Generating experience-near descriptions of the problem and being able to locate these problems within broader social histories, practices and relations of power were important narrative approaches that supported Aunty Katrina to map out her experience. Re-authoring conversations that included exploring unique outcomes supported Aunty to find her way back to her cherished value of love. Double-story listening

and explorations of the absent but implicit provided opportunities to richly describe Aunty Katrina's sources of sustenance alongside her hopes and dreams for the future.

These conversations have been significant for Jesse. As a result of these narrative and spiritual care conversations, Jesse has become other than who he would have had he not been present to witness these expressions (see White, 2004, p. 50). Aunty gave language to a larger problem and helped Jesse to see the impacts of Post-Referendum Trauma Disorder and the Colonial Virus. Jesse keeps thinking about the effects of the Colonial Virus on his own life and how it continues to touch the lives of those he encounters in the hospital and beyond.

Notes

- ¹ Ngangkari is the name used by the Anangu people of Central Australia for traditional healers. Ngangkari address physical, psychological and spiritual problems (Poroch et al., 2009).
- ² Not all chaplains are ordained ministers.
- ³ A reviewer of this paper, Tileah Drahm, suggested that perhaps Jesse could or should have further negotiated this naming away from the concept of Post Referendum Trauma Disorder, which might imply an internalised problem, and instead towards something like Post Referendum Trauma Experience. We discussed this together and Aunty Katrina wishes to clarify a few things:

When we first met, I was robust in my terminology and Jesse had zero steering capacity to influence it. He knew on "first contact" that if he attempted to change this naming, I would have terminated the relationship and questioned his narrative competence in positioning himself as naming expert on this problem in my life. My dual intention in using "disorder" is to invite curiosity and shift invader descendant/white privilege comfort and thinking. In this naming of Post-Referendum Trauma Disorder, which was birthed during my hospital stay, I was using oppressor language to spear the DSM-5, which is pathology's label bible.

Language is power in anyone's language, and I've hunted and gathered a whole Coolamon [see note 6] full of white man words as a shield and vaccination against oppressor speak. The reviewer's suggestions brought good questions to me. Is there violence or evocation in my words? Is the strategic use of language an assault on my own ears? Is privileging "disorder" a sign that my Coolamon is only half full? Would privileging "experience" be "word" suicide to me? Why does changing one word feel to me like ceding sovereignty? At the same time, just looking at the word "disorder" is an assault on the eyes and an insult to the mind, while "experience" is inviting, inclusive and gentler on the eyes.

Good questions that we thought we would share with you, the reader!

⁴ The 1967 Referendum amended the Australian Constitution to allow Aboriginal and Torres Strait people to enrol to vote in all state and federal elections. Over 90% of Australian voters supported this change (see Attwood & Markus, 2017).

⁵ There were more questions than those listed here.

In hindsight, Jesse thinks there were too many questions, but Aunty found her own way of responding.

⁶ A Coolamon is an Australian Aboriginal carrying vessel or dish with curved sides. The word Coolamon is derived from the word guliman in the language of the Wiradjuri.

⁷ Aunty Katrina's name for her grandchildren.

References

- Amery, R., & Power, K. K. (2019). The Role of land, fire and water in the Kurna cultural and linguistic renaissance. In M. C. D. Adone & M. A. Brück (Eds.), *Fire, water and land in Indigenous Australia* (pp. 43–65). Centre for Australian Studies.
- Anandarajah, G., & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. *American Family Physician*, 63(1), 81–89.
- Attwood, B., & Markus, A. (2017). *The 1967 Referendum*. Aboriginal Studies Press.
- Australian Associated Press. (2024, October 13). "Mob are still grieving": Advocates reflect on failed Indigenous voice referendum a year on. *The Guardian*. <https://www.theguardian.com/australia-news/2024/oct/13/mob-are-still-grieving-advocates-reflect-on-failed-indigenous-voice-referendum-a-year-on>
- Basford Canales, S. (2023, October 22). Yes supporters say voice referendum "unleashed a tsunami of racism". *The Guardian*. <https://www.theguardian.com/australia-news/2023/oct/22/indigenous-groups-say-voice-referendum-unleashed-a-tsunami-of-racism>
- Denborough, D. (2019). *Political dictionary for the field of narrative practice*. Dulwich Centre Publications.
- Drahm-Butler, T. (2015). Decolonising identity stories: Narrative practice through Aboriginal eyes. In B. Wingard, C. Johnson, & T. Drahm-Butler (Eds.), *Aboriginal narrative practice: Honouring storylines of pride, strength and creativity* (pp. 25–46). Dulwich Centre Publications.
- Freedman, J. (2012). *Explorations of the absent but implicit*. *International Journal of Narrative Therapy and Community Work*, (4), 1–10.
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd edition) (pp. 55–68). Commonwealth of Australia.
- Koenig, H. G. (2014). The spiritual care team: Enabling the practice of whole person medicine. *Religions*, 5(4), 1161–1174. <https://doi.org/10.3390/rel5041161>
- Morgan, A. (2000). *What is narrative therapy? An easy-to-read introduction*. Dulwich Centre Publications.
- Poroch, N., Arabena, L., Tongs, J., Larkin, S., Fisher, J., & Henderson, G. (2009). *Spirituality and Aboriginal people's social and emotional wellbeing: A review* (Discussion Paper No. 11). Cooperative Research Centre for Aboriginal Health.
- Spiritual Health Association. (2023). *National Model for Spiritual Care in Health*. <https://spiritualhealth.org.au/national-model-for-spiritual-care-in-health/>
- Tingle, L. (2023, October 15). *The brutal truth of the referendum result was that Yes campaign couldn't cut through to a hesitant electorate*. ABC News. <https://www.abc.net.au/news/2023-10-15/referendum-result-yes-campaign-political-inferno/102977030>
- Vizenor, G. (1991). *Manifest manners: Narratives on Postindian survivance*. University of Nebraska Press.
- White, M. (1997). *Narratives of therapists' lives*. Dulwich Centre Publications.
- White, M. (2004). *Narrative practice and exotic lives: Resurrecting diversity in everyday life*. Dulwich Centre Publications.
- White, M. (2007). *Maps of Narrative Practice*. Norton.
- Wilkes, B., Hasan, M., Thandrayen, J., Colonna, E., Evans, O., McKay, C., M. T. H., Nguyen, M. T. H., Sedgwick, M., Thurber, K. A., & Lovett, R. (2024, March). *Research summary: Aboriginal and Torres Strait Islander mental health and wellbeing in the lead up to the Voice to Parliament Referendum*. National Centre for Aboriginal and Torres Strait Islander Research. https://nceph.anu.edu.au/files/Research%20Summary_Referendum%20mental%20health%20project_March2024.pdf
- World Health Organization. (2021). *The Geneva Charter for well-being*. www.who.int/publications/m/item/the-genevacharter-for-well-being