

Ethnical Match Effect of Chinese Counsellor in working with Indigenous Australians in Australia

B. Fan

Abstract

Lack of engagement of Indigenous Australians in mental health services is the main difficulty faced by the practitioners, counsellors and psychologists in Australia. A number of authors published some work on how to engage Indigenous clients in mental health service. The fundamental difficulty does not lay only on the cultural barrier but also on the basic value difference between western individualism and collectivistic value of Indigenous Australians. This paper highlights how the ethical match effect of Chinese collectivistic values enables Chinese practitioners and counsellors to be more successful in engaging Indigenous Australians in mental health service.

Introduction

For the recent decades, there is a number of authors published some work on how to work with Indigenous Australians. The most significant landmark publication was in 1990s when Judy Atkinson (1997, 2002) published an important perspective illustrating the traumatic impact of colonisation on Indigenous Australians. Thereafter, increas and studies on Indigenous clients increased (Vicary & Andrews 2001, Westerman 2004). These writers introduced some intervention models and strategies for working with Indigenous people for non-Indigenous practitioners (Vicary & Andrews 2001, Westerman 2004, Armstrong 2002, McLennan & Khavarpour 2004, Blagg 2000, Fan 2007). However, the lack of engagement of Indigenous people in mental health services is still the main difficulty faced by the practitioners (Westerman 2004). Most authors attributed the lack of engagement of Indigenous clients in mental health service to the cultural differences of the non-Indigenous practitioners (Westerman 2004, Vicary & Andrews 2001, McLennan & Khavarpour 2004). Cultural competence is an important step towards a trustful relationship. However, it is surprising that Chinese practitioners or counsellors can work very well and are well received by the Indigenous Australians. It is speculated that there is an ethnical match effect between Chinese counsellors and Indigenous Australians. This ethnical match effect facilitates Chinese practitioners and counsellors in engaging Indigenous Australians in mental health service (Fan 2007). This paper will explore the cultural similarities between Indigenous Australians and the Chinese and this facilities an understanding of values, attitudes, empathy equipping Chinese practitioners and counsellors with the right and conclusive mindset to work with Indigenous Australians.

Kinship structure and collectivistic values of Indigenous Australians

Indigenous Australians have strong kinship ties. Members of an extended family tend to live in proximity with one another. This means that they have family and extended family commitments. As in traditional times Indigenous people feel great obligation to their kinship ties. The extended family unit will always come first over all other commitments if there is a crisis or even a slight problem (WACOSS, 2004). For example, an Indigenous woman may seek assistance with food vouchers because she currently has take care of a large number of her extended family as well as her immediate family. It is also common for multiple adults within the kinship system to participate in the rearing of the child. Such an arrangement also strengthens emotional ties between child and family. Many Indigenous communities function in this highly cooperative ways and therefore share all resources communally (WACOSS, 2004). Sharing and exchanging within the kinship structure permit not only families to survive but also to overcome odds and crisis against them. Therefore, family members play an important role in promoting one another's well-being and survival within the kinship (Pattel 2007). However, this can impede any upward social mobility by emphasizing the welfare of the extended family. This phenomenon of sharing among Aboriginal people today goes on to an extent virtually unknown to non-Aboriginal families who have a different attitude to possessions (WACOSS, 2004).

Indigenous Australians will present issues from the collective family perspective (Pattel 2007). Therapist and mental health professionals should be mindful and understand that they are assisting an individual who will speak of a collective experience. Therefore, it is necessary to understand Indigenous Australians which is difficult and beyond Western ideology and perception. Mainstream system is based on the principles of Western norms and ideology. These western principles are limited as they fail to recognize, acknowledge all aspects of Indigenous Australians (Pattel 2007). So it is necessary to try to take another culture to look at the complexity of their collectivist values.

Traditional Aboriginal social structures are based on non-industrialized societies. Indigenous Australians stress the importance of lineage and maintaining a bloodline. An Indigenous Australian family consists of immediate and extended members. The kinship structure and collectivistic values are contradictory to individualistic value of the Western world. The interpersonal relationships of Australian Aboriginals are strongly based on the kinship structure (Pattel 2007). The kinship structures are derived from biological kin (blood kin), affiliate kin (related through marriage) and classified kin (one who has earned a particular role within the family). Traditionally, a husband is respected as the head of home. This complex immediate and extended family systems give rise to lineage and clan structures. Aboriginal tribes are made up of clan groupings in which they are related and connected to each other. Each Aboriginal clan represents family groupings, which make up the collective. Each member will define the social status and role in accordance of kinship structure, which in turn is a guide for approved behaviour of each individual member. Consequently, everyone has a role and function within the clan. An Aboriginal person will represent from a collective reality and not that of the Western culture of individualistic reality (Pattel 2007). This complex kinship system explains how Indigenous Australians take the collectivistic perspectives. Therefore, an Indigenous Australian depends not on the individual value of western ideology but on collectivistic values of their traditional kinship system. The principles of kinship are still maintained today.

Nevertheless, it is also necessary for the non-Indigenous professionals to consider that an Indigenous Australians bear their traditional kinship system and collectivistic values that are contained by western system and ideology nowadays. The western world holds a dualistic view, that is self and others which is also a base of individualistic value (Pattel 2007). Moreover, the western health's approach to healing is a symptomatic. Counselling profession with its root in the western ideology promotes individual potential, interest, concerns and personal growth (Duan & Wang 2000). Thus, the fundamental individualism and self-centered perspective of western approach fail to recognize the concept of collectivistic value of Indigenous Australians.

Cultural barrier and Mutual distrust

There are other reasons which contribute barrier in engaging the Indigenous Australians by the white Australian professionals. Cultural barrier is the primary factor to disengage

Indigenous people in mental health service. It is speculated that mental health service failed to identify, acknowledge and recognize the central role of Indigenous culture (Vicary & Andrews 2001, Westerman 2004). Indigenous Australians would not regard hallucination as symptoms of mental problem but feel it as a holy spiritual experience (Armstrong T. 2002). To them, it is a shame to label them having mental illness. Moreover, Indigenous people prefer to term mental health issue as "Social and emotional Well-being rather than labelling as "mental health" issue. Therefore, it is important to provide cultural awareness training for staffs to be familiar with local environment, and knowing the different cultural and linguistic groups living in the local area, in order to assist staff in understanding the cultural practices of these groups. Gender rules within Indigenous cultures are important and must be respected whenever possible regarding intervention. Ideally women staff should work with women and male staff should work with men. As women may feel embarrassing to talk to male staff and men may feel ashame to be helped by female staff (Fan 2007).

The issue of cultural mistrust, that is a lack of trust by members of minority groups in members of a dominant group, should be considered (Garcia & Meyer 1993). The Indigenous Australians also suffered a long history of European colonization, forced assimilation and the acculturation to Australian mainstream with varied white policies of oppression and dispossession. Historically, there has been a long period of mistrust between Indigenous Australians and white Australians. Federal governments for much of the twentieth century developed paternalistic policies and practices that regarded the removal of children from Aboriginal families as essential for their welfare. Continuing statutory responsibilities for the protection of children have made many Aboriginal women fear approaching the Department of Family and Community Services for assistance. It is a fact that Aboriginal people have continue to experience being discriminated against by white Australians (Fan 2007). A large socio-economic gap exist between the Indigenous people and white Australians (Chambers 1990). It is not uncommon for some workers hesitate to introduce their service to the Aboriginal people as being funded by or connected in some way to the Department of Family and Community Services. They fear that their background may drive away Aboriginal people from using their services. Therefore, the barrier includes not only the mistrust among the Aboriginal people on white Australians but also the lack of confidence of white Australians being trusted by the Aboriginal people. It is this sort of distrust between the Aboriginal people and the service providers that discourage Aboriginal people from using the mental health service and the counselling service (Fan 2007).

Ethnical Match Effect between Chinese and Indigenous Australians

Cultural mistrust explained the high dropout rates for counselling white clinicians and lower expectations for the counselling process (Garcia & Meyer 1993). However, what factors facilitate the Indigenous Australians approaching the Chinese practitioners or counsellors. It lies on the similar experience and cultural value among them in Australia. This determines an ethnic match perspective effect of Chinese clinicians is preferable for Indigenous Australians.

In the hierarchical scale of Australia's society, White Anglo Saxons sits on the top of the hierarchy. Migrants, such as Asian, including Chinese, are in the middle while Aboriginal and Torres Strait Islanders are at the bottom of the hierarchy (Pattel 2007). Asians and Chinese in Australia also suffered a history of oppression and discrimination under the white policy in the early and mid twentieth Century. They were labeled as "Yellow Peril". This history and phenomenon of social hierarchy already bridged the gap between the Chinese and Indigenous Australians. The social hierarchy makes the two cultures less alienated against each other.

Besides the social hierarchy, the similarity of collectivistic value between Chinese and Indigenous Australians enables Chinese practitioners and counsellors to easier understand and accept the values of Indigenous Australians. The Chinese culture contains a singular focus of group loyal behaviours, such as sacrifice for collective good (Wilson 1970) or family harmony (King & Bond 1985). Collectivism is a powerful dimension of Chinese cultural context (Ho & Chiu 1994). Chinese collectivism has its origin in important philosophies, such as Confucianism (Duan & Wang 2000). In the Confucian tradition, stability of society is based on mutual and complementary obligations. Family is the protype of all social organizations. Reputation or "saving face" is very important (Hofstede 1991). These collectivistic value have shaped the Chinese to sacrifice the self for one's in-group, placing group interests over individual interests, maintaining harmony in relationships, preceding duties over rights, obeying orders and conforming to norms and fulfilling obligations (Triandis 1995; Uba 1994; Duan & Wang 2000). This kind of collectivistic value is contradictory to the western individualism which merely focuses on the individual's rights and satisfaction but very close and similar to the collectivistic value of Indigenous Australians.

In the late twenty century and early twenty first century, China is undergoing enormous economic development. Traditional Chinese collective value has faced the challenge of western individualism. The Chinese, compelled by the drive for economic prosperity and the competition, have been forced to adjust themselves to individualistic values (Duan & Wang 2000). However, it does not mean that modernization and individualism only bring conflict with tradition and collectivism. With the value of caring the welfare of the immediate family, extended family, and villages they live, Chinese are willing to share their individual success with society. It is common for Chinese all over the world to donate money to help their home country whenever there is natural disaster happened. Moreover, individual success also brings reputation and "face" to themselves, their

relatives and village. Therefore, instead of challenge and conflict, the Chinese have successfully integrated the advantage of individualism into their tradition collectivism.

The situation is similar to the Indigenous Australians who are surrounded by modern Individualistic values presently. However, Indigenous Australians lack a developed philosophy of their traditional value like Confucian of the Chinese. Forced assimilation, acculturation to Australian mainstream under European colonization further disrupted their traditional value and left them in a vacuum spirit. The conflicts between individualistic needs and collectivistic demands make the Indigenous Australians feel confused and lost.

As individualism and collectivism affect person's view and understanding of others, it is good to measure whether their personality traits are more prone to collectivistic "prosocial personality trait" or individualistic competitiveness (Bong & Forgas 1984). The possible answer is individual counselling may not be the best way to communicate with Indigenous Australian.

Conclusion

The similarity of collectivistic value between Chinese and Indigenous Australians lay the ground of ethnic match effect which facilitate the Chinese practitioners to work with Indigenous Australians. Understanding client's culture is a key to counselling success (Pope-Davis & Coleman 1997). However, cultivate a culturally sensitive perspective is also important for the clinicians (Thomas 1992). This commitment moves well beyond mere good intention to deliver culturally sensitive care. It involves a willingness on the part of clinicians to explore their own cultural background, to recognize how it influences their view of the world, and to able to take the perspectives of others who come from different cultural backgrounds (Garcia & Meyer 1993). Counselling of a non-western cultural client needs to focus on their life and social practice so as to achieve harmony and balance between individuals, in-group, society and the universe. Therefore, an indigenous counselling is necessary to provide culturally relevant therapy. Simply applying Western theories to help indigenous clients will dangerously suppress their philosophy and forms of thinking. Therefore, it is better to initiate new systematic counselling models on the grounds of their cultural heritage (Chong & Liu 2002).

References

Anthea Chambers. "Responding to Domestic Violence: Spouse Abuse. Guidelines to Practice." Department for Community Services, Western Australia, September 1990

Blagg H. (2000) Crisis Intervention in Aboriginal Family Violence, Summary report. Crime Research Centre, University of Western Australia.

Bond , M.H., & Forgas, J.P. (1984). Linking person perception to behaviour intention across cultures: The role of cultural collectivism. Journal of Cross-Cultural Psychology, 115, 337-352.

Chong, F. H.H. & Liu H.Y. (2002) Indigenous Counselling in the Chinese Cultural Context: Experience Transformed Model. *Asian Journal of Counselling*, 9(1), 49-68

Duan C. & Wang L. (2000) Counselling in the Chinese Cultural Context: Accommodating both individualistic and collectivistic values. *Asian Journal of Counselling*, 7(1), 1-21

Fan B. (2007) Intervention Model with Indigenous Australians for non-Indigenous Counsellors. *Counselling, Psychotherapy and Health*, 3 (2), Indigenous Special Issue, 13-20.

Garcia C. & Meyer E. (1993) The Sociocultural Context of Infant Development", Chapter 4, pp.56-69 in Zeanah C (editor) *Handbook of Infant Mental Health*, The Guildford Press.

Ho, D. Y. F. & Chiu C. Y. (1994) Component ideas of Individualism, collectivitism, and social organization: An application in the study of Chinese culture. In U. Kim, H.C. Triandis, C.Kagitchibasi, S.C. Choi, & G. Yoon (Eds.), *Individualism and collectivism: Theory, method and applications* (pp.137-156). Thousand Oaks, CA:Sage.

Hofstede, G. (1991). Cultures and organizations: Software of the mind. London: McGraw-Hill.

King, A.Y.C., & Bond, M.H. (1985) The Confucian paradigm of man: A sociological view. In W.S. Tseng, & D.Y.Wu (Eds), Chinese culture and mental health (pp.29-45). NY: Academic Press, INC.

McLennan V. & Khavarpour F. (2004) Culturally appropriate health promotion: its meaning and application in Aboriginal communities. *Health Promotion Journal of Australia*. 15(3), 237-239

National Aboriginal Health Strategy Working Party. A National Aboriginal Health Strategy. March 1989

Pattel N. (2007) Aboriginal families, cultural context and therapy, *Counselling*, *Psychotherapy and Health*, 3(1), 1-24, May 2007

Pope-Davis, D.B., & Coleman, H.L.K. (Eds.) (1997). *Multicultural counselling competencies: Assessment, education and training, and supervision.* Thousand Oaks, CA: Sage Publicatons.

Thomas D. D. (1992) Cultural diversity: Understanding the variability within. Paper presented at the Eight National Conference of Parent Care, Inc. New Orleans.

Triandis, H.C. (1995). *Individualism and collectivism*. Boulder, Colorador: Westview Press.

Uba, L. (1994). Asian Americans: Personality patterns, identity, and mental health. New York: Guildford Press.

Vicary D. & Andrews H. (2001) A model of therapeutic intervention with Indigenous Australians. *Australian and New Zealand Journal of Public Health*, 25(4), 349-351

Vicary D. (2002) Engagement and Intervention for Non-Indigenous Therapists Working with Western Australian Indigenous People. Perth: Curtin University, Department of Psychology.

West Australian Council of Social Services (2004). *Tools of the trade. A training toolkit for emergency relief agencies.* Emergency Relief Volunteer Learning and Development Project. Perth: West Australian Council of Social Service (WACOSS).

West Australian Council of Social Services (2004a). *Emergency Relief Best Practice Manual*. Emergency Relief Sector Support Project. Perth: West Australian Council of Social Service (WACOSS).

Westerman T. (2002) Kimberley Regional Indigenous Mental Health Plan. Broome, WA: KAMHS.

Westerman T. (2004) Engagement of Indigenous clients in mental health services: What role do cultural differences play? *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, 3(3), 1-7

Wilson, R. W. (1970) Learning to be Chinese. Cambridge, MA: MIT Press.