Identifying the main components of a counselling modality that is culturally appropriate for an Australian Indigenous community.

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The literature about culturally appropriate clinical practice when working with Aboriginal Australians focuses predominately on being culturally respectful and aware, particularly during assessments. What appears to happen after that, regardless of culturally appropriate methods, counselling therapies are still based on western individualistic models. In contrast, Aboriginal culture is based on a collective society that prioritises interdependence and a person's role within the larger group or community. Little research has been conducted within Australia that demonstrates the efficacy of current treatment models, other than highlighting the gap in the engagement of mental health services with Indigenous Australians. A counselling model of therapy for a collective society needs to be developed, which embeds Australian Indigenous views and perspectives.

Introduction

"Little recognition is given to Aboriginal and Torres Strait Islander worldviews, wisdom, knowledge and methods, which span more than 60,000 years and represent the resilience of the oldest living culture" (Dudgeon and Burgess, 2021).

The literature about counselling practice when working with Aboriginal Australians focuses predominately on being culturally competent and respectful, particularly during assessments (Purdie, Dudgeon and Walker, 2014). There is little literature available that describes what happens after the assessment phase and therapy has commenced. Regardless of culturally appropriate methods, the mental health system and counselling modalities are still based on western individualistic models (Dudgeon and Burgess, 2021). Overall, mainstream mental health services have poor engagement rates with the Aboriginal community (Dudgeon and Kelly, 2014). In contrast, Aboriginal culture is based on a collective society that prioritises interdependence and a person's role within the larger group or community. Little research has been conducted within Australia, demonstrating the efficacy of current treatment models, so a broader literature search on other collective societies will be included. Nagel et al. (2011) note the challenge of the unmet mental health needs in Indigenous communities and the need to change practice. Even so, they can also note that "evidence for effective treatment for depression or other mental illness in Indigenous peoples is difficult to find" (Nagel et al, 2011, p. 18).

It appears that a counselling model of therapy for a collective society that begins with and embeds Aboriginal views and perspectives is lacking and needs to be developed. The author's aim is to identify the main components of a counselling modality that does not superimpose western models of therapy and is culturally appropriate for an Australian Indigenous community.

Method

This review assesses the available literature regarding the historical and current barriers to a culturally appropriate model of therapy for Australian Indigenous people. The search strategy for research articles on this topic was conducted via the UNE Library website and Google Scholar. The primary phrases used in the searches were "counselling for Australian Aboriginal people"; "individualistic versus collective counselling therapy" and "mental health in Australian Indigenous communities". Due to the low number of articles directly relating to Australian Aboriginal collective society, searches were extended to include New Zealand Maori, American Indian and Indian societies as they are also collective communities. Further articles were located using the recommended list of articles to the right of the screen (in UNE library searches) and using the reference list of relevant articles. The selected research studies selected were published from 2010 until the present. Reports written on behalf of government

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agencies were also used as well as a recent newspaper article.

Results

Australian Indigenous people as a collective society

The primary feature of a collective society, including the Australian Indigenous people, are that the collective values of the community and family take priority over the individual; they also have a strong connection to land (McKivett, Paul and Hudson, 2019, p. 599). The kinship system within Indigenous communities are complex; they arrange their relationships so that each person knows their place within the community, their role and cultural responsibilities (Purdie, Dudgeon and Walker, 2014). The relationship also extends to the land of which Indigenous people have a strong spiritual connection; creation is told within Dreamtime stories and expresses a oneness with the land (Purdie, Dudgeon and Walker, 2014). An important aspect of being in a collective society is that they do not necessarily like to be alone but like to be left alone when they want privacy (Hagan, 2008, p. 32). There are also generalised differences in interaction in Australian Indigenous culture, for example - not asking direct questions (as in western cultures and, therefore mainstream services), and this may cause misunderstandings between cultures (Hagan, 2008).

International commonality between Indigenous communities

Chadda and Deb (2013, p S299) refer to Indian society as collective and define it as "the philosophic, economic, or social outlook that emphasizes the interdependence amongst human beings. It is the basic cultural element for cohesion within social groups, which stresses on the priority of group". Within the context of a collective community, Indian families can meet the physical, spiritual and emotional needs within the group including providing support and encouragement (Chadda and Deb, 2013).

Crozier and Pizzini (2019) refer to the Maori as a collective society where their identity is based on relationships within family and community but also extends to a connection and belonging that reaches into the past. Connor, Gremillion and Meima (2016, p. 242) highlight Māori concepts of "connectedness, interrelatedness, and relationality" as they do not view themselves as separate from spirituality or the environment. The Maori way of understanding the world around them, their beliefs and their cultural practices is often misinterpreted in a western-based psychiatric service (Crozier and Pizzini, 2019).

The colonisation of Canada and America has had a long-lasting negative impact of the North American Indigenous people as their culture is primarily grounded to a specific place and connection to the environment (Kirmayer et al., 2011, p. 84). The North American Indigenous people were historically displaced from their land and, still today, continue to experience oppression, western based control and a loss of community led governance (Kirmayer et al, 2011, p. 84). France (2020) is an Indigenous American and notes that there are strong similarities in spiritual concepts with Australian Indigenous people. Creative arts and traditional healing practices are important within the Indigenous American community (France, 2020).

Impact of colonisation resulting in poor mental health

In Australia, the term Social and Emotional Wellbeing is frequently used to broaden understanding of mental health in Indigenous communities. It is regarded as a holistic term that is culturally appropriate, as it reflects the holistic view that many Indigenous people have towards health and how traumatic experiences adversely affects an individual's wellbeing. (Day and Francisco, 2013). It is widely recognised that the poor mental health and associated issues within Aboriginal communities is a direct result of colonisation (Purdie, Dudgeon and Walker, 2014). This history includes the forced removal of Indigenous children and massacres of Indigenous communities, which has led to intergenerational trauma and entrenched disadvantage in health, education, work, financial and social areas (Dudgeon and Kelly, 2014). Trauma has been defined as "what happens to a person when there is either too much too soon, too much for too long, or not enough for too long (neglect)." (Duros and Crowley, 2014, p. 238). The overall trauma and disadvantage for Indigenous Australians includes structural oppression and discrimination, resulting in negative physical, social, and emotional outcomes for individuals, families, and communities (Redmond, Pedersen and Paradies, 2014). Many Indigenous Australians often find themselves feeling caught between two worlds — their Indigenous heritage and the white world; this confusion can lead to a sense of not belonging in either world, along with a feeling of isolation (Wallace, 2014). There is also a pervasive negative pattern of thinking regarding Australian Indigenous people that ignore the strengths of their familial, holistic and spiritual aspects in culture (Bourke, Humphreys, Wakerman and Taylor, 2010).

Impact of intergenerational and collective trauma

'Footprints in Time' was a study conducted with Aboriginal families over a ten-year period beginning in 2008 (Department of Social Services, 2020). The results showed for the parents that had experienced racism had poorer health and their children often had difficulties with social and emotional wellbeing (Calma, 2016). The Footprints in Time study also showed that child and their carers experience of racism were directly linked to increased rates of asthma, obesity, sleep disturbances and mental health issues (Shepherd et al., 2016). Adverse Childhood Events (ACEs) are known to increase the risk of poor health outcomes, including asthma, emotional, development and behavioural problems (Thompson et al., 2020). Bartley, Kelly and Sacker (2012) found in their prospective study of the National Child Development Study (NCDS) (1958–2004) a direct link between childhood financial adversity between birth and 11 years of age to lung function issues in midlife (ages 44–46 years) in men and women. The social conditions of early housing instability, social disadvantage and smoking were compared, and the results showed that the primary link (over two-thirds) to reduced lung function in adults was poor housing (Bartley, Kelly and Sacker, 2012). The poor housingthat related directly to poor educational outcomes, often leading to a lower social class and financial instability (Bartley, Kelly and Sacker, 2012).

Cultural awareness superimposed on existing therapies

Dudgeon and Kelly (2014, p. 9) warn against using "Western psychological concepts" as they may have the

unintended result of undermining the social and emotional well-being of Indigenous people as these models are not "culturally responsive" (Dudgeon and Kelly, 2014, p. 8). Bennett and Babbage (2014, p.19) attempted a study superimposing Indigenous cultural aspects into a CBT mode of therapy. They note that its effectiveness with ethnic minority groups is "less compelling" and incorporated Indigenous people in this category. It is interesting although they reference Dudgeon and Kelly's (2014) warning, their study went ahead with a Western model of therapy into an Indigenous cultural setting. Yeh, Hunter, Madan-Bahel, Chiang and Arora (2004) suggest that the mainstream primary method of counselling being based on talking theories may be inadequate but may also exclude Indigenous people as their values prioritise social connectedness and spiritual worldviews.

Western modalities that may be adapted to Indigenous needs

- **Polyvagal theory** provides a way of understanding the role and function of the autonomic nervous system in the human body's ability to connect with others and protect itself from danger (Dana, 2020, p. 26). The autonomic nervous system can self-regulate emotions and to socially engage with others; it is also capable of sensing threats whether that be within themselves or externally through social cues (Porges, 2021). Sociality, according to Polyvagal Theory, is the primary function which reduces possible danger reactions and supports mental and physical health (Portes, 2021).

  Dana (2020, p.26) outlines the three principles of Polyvagal Theory based on evolutionary neurological development –

1. Autonomic hierarchy – dorsal vagal system was developed first, and when activated, the body will become immobilised.
   - The sympathetic nervous system is used for the fight or flight response.
   - The latest part of the nervous system to develop is the ventral vagus system which gives the ability for safety through social connection.

   When a person perceives danger whether it be physically, psychologically, or emotionally, it is possible to ascertain whether the person is operating from a dorsal vagal dysregulation or a sympathetic state which a both different levels of survival states. When safety is established and the person is functioning for a ventral vagal state then the body and brain can work together again (Dana, 2020).

2. Neuroception – the body's nervous system operates without conscious awareness and is constantly assessing safety and danger within the body, in the environment and in relationship with others.

3. Co-regulation – is essential for survival as it is the way people connect with others and seek safety in relationship with others.

   As a result of trauma, people will often display "unpredictable, rapid, intense, and prolonged states of dysregulation. This autonomic imbalance and lack of flexibility leads to health problems" (Dana, 2020, p.34). When counselling people who have suffered trauma and their nervous system is dysregulated as a result, creating safety in the relationship is vitally important; "Without safety, there can be no progress." (Duros and Crowley, 2014, p. 240). A relationship between the Counsellor and client is an emotional and relational one where the Counsellor showing respect and unconditional positive regard can assist the client to feel safe (Duros and Crowley, 2014, p. 240).

- **Compassion-focused therapy** begins with creating safety and recognises the neurobiological impact trauma has on the nervous system. As the ventral vagus system is functioning, people can have an increased awareness of themselves and others; understand themselves and others holistically reaching a point of shared humanity that includes suffering (Steindl, 2020). Steindl (2020, p. 29) defines compassion as 'to suffer with' as the word is derived from Latin with 'com' meaning 'with, together' and pati 'to suffer'. Steindl highlights the importance of compassion flowing in three directions – compassion for others, compassion from others and self-compassion (Steidl, 2020, p. 30). Shame is a negative emotion that comes from how we view ourselves or are seen by others in a social context (Steidl, 2020, p. 113). Indigenous Australians have experienced and often continue to feel shame because of colonisation practices which may stop them from seeking assistance in times of need (Fiolet et al., 2019). Compassion-focused therapy can be used with clients experiencing shame as it may bring an understanding of the purpose of shame and have empathy with the hurt being felt as a result (Steidl, 2020).
  "Compassion is a sensitivity to suffering in self and others, and a motivation and commitment to try to alleviate and prevent it" (Steidl, 2020, p. 161).

- **Narrative Therapy** is primarily based in allowing the client to tell their story in their own constructed way but historically has not followed a strict theoretical approach (Meehan and Guilfoyle, 2015). As Solnit (2017, p. 19) states -
  "Liberation is always in part a storytelling process: breaking stories, breaking silences, making new stories. A free person tells her own story. A valued person lives in a society in which her story has a place."
  Narrative Therapy may be suitable to adapt for use with Indigenous Australians given their culture of yarning and storytelling with others with whom they have an established relationship rather than on a western model of question and answer (Lin, Green and Bessarab, 2016). Lin et al (2014) note that a significant barrier for Indigenous people to access healthcare that is responsive to their needs is communication. Lin, Green and Bessarab (2016) discuss clinical "yarning" that should be an important feature in medical and allied health sessions with Indigenous clients. They outline 3 features within clinical yarning – social, clinical and management. Lin et al (2014) also describe yarning as a two-way conversation, based on storytelling and is not confrontational. McKivett, Paul and Hudson (2019, p. 599) provide a framework for effective cultural communication in a medical sphere including five key steps to promote culturally effective communication; the five steps include "Initiating the session, gathering information, providing structure, building the relationship and explanation and planning". However, these concepts provide a good foundation for the introduction and foundation for therapy but do not address the actual dynamic within counselling therapy itself that may meet the needs of an Indigenous Australian person.

- **Emotion Focussed Therapy (EFT)** is based on four main principles – 1/ the empathetic and genuine relationship between client and Counsellor facilitates change; 2/ the identification and experiencing past events sustains change; 3/ therapy facilitates work on sources of trauma that have led to the current issues; and 4/ EFT can bring about self-agency and self-empathy (Murphy, Elliott, and

Carrick, 2019, p. 497; Harte, 2019, p. 43-44). Emotions are viewed as central to the understanding and experience of self and overall human functioning (Harte, 2019, p. 45) and if a client has had a traumatic experience resulting in painful emotions and unmet needs, EFT may assist in forming adaptive emotions (Timulak and Pascual-Leone, 2014, p. 619). "It is based on therapeutic methods designed to help people accept, express, regulate, make sense of; and, ultimately, transform difficult emotions" (Harte, 2019, p. 46). The Counsellor is supporting the client towards improving their emotional processing as well as more positive ways of relating to their experiences (Watson, Chekan, and McMullen, 2017, p. 122) with the aim of increasing emotional maturity and resilience (Timulak and Pascual-Leone, 2014, p. 627). When working with Indigenous Australians, EFT may be useful in the context of yarning which allows the client to tell their own story.

- **Problem solving therapy** aims to increase a client's resilience when working through how to approach problems as well as finding solutions to problems (Eskin, p. 1). It assumes that clients have lack the skill or knowledge to solve their problems on their own and this may lead to mental health issues (Eskin, p. 95). Hatcher, Coupe, Wikiriwhi, Durie and Pillai, (2016) conducted a study with Maori clients who had been admitted to hospital after self-harming. 95 people consented to the intervention group and 72 people consented to the control group. The intervention included four to six sessions of Problem Solving Therapy in the first four weeks after hospital admission. The Beck Hopelessness Scale was also used as a baseline then repeated after three months and twelve months. The results showed a significant improvement in the Hopelessness scale at three months with the intervention group compared to the control group, but this improvement was not evident at twelve months. The intervention group were less likely to represent at hospital for self-harm at three months but again this improvement was not evident at twelve months. Over the twelve months, the intervention group presented less often to hospital for non-self harm issues. The study shows that the Problem Solving Therapy was beneficial but as it was only offered in the first four weeks, the sustained benefit was not evident after twelve months. When considering Problem Solving Therapy with Indigenous Australians, a longer period using the modality may bring longer lasting results for the client.

- **Bowen Family Therapy** was developed from observations on the dynamics and emotional processes within families including the extended family (Chadda and Deb, 2013, p S299). It is in recognition that the family's culture, perspectives, beliefs including spiritual and religious are imprinted on everyone's life, which may be passed on to the following generation, and therefore must be taken into consideration in therapy (Bulut, 2020). The basic principles as outlined by Bulut, (2020, p. 67) are –
  - "The family is a whole that consists of systems that are interconnected or dependent on one another.
  - The path to understanding the individual is by understanding the family system within which the individual is found.
  - Each individual, being part of a system, is connected with the others.
  - The individuals in the system affect one another."

Bowen Family Therapy may give a basis for understanding the family as a whole and the individual's ability function within the unit or differentiate from it, it does not consider the power and gender issues that may result in abuse and trauma (MacKay, 2012). Bowen did observe, however, the forces of individuality versus togetherness in relationships and to adapt there needs to a some accommodating or sensitivity to maintain balance (MacKay, 2012). This may result in situations such as emotional or physical distancing and over functioning or over responsibility for another (MacKay, 2012). In a therapeutic context, the client may come to greater awareness of the patterns of conflict including avoidance strategies that impede the overall functioning of the family and therefore the individual; dissociation or self-harm may be the result if not addressed appropriately (MacKay 2012). As noted previously, the Australian Indigenous people have suffered trauma as individuals and as a community. The Bowen Family Therapy may support a client in a greater awareness of these impacts on their community as a collective not only as individuals. Westermann (2010) recommends that a discussion regarding genealogy is paramount to increase the personal connection with the client. She also warns of misdiagnosis when clients are assessed outside or aside of the family and community (Westerman, 2010).

Traditional healing practice / spirituality

The incorporation of traditional cultural practices in therapy may have positive benefits in supporting Australian Indigenous mental health. Munro, Allan, Shakeshaft and Breen (2017) conducted a study in a Drug and Alcohol residential rehabilitation setting interviewing twelve clients (91% Aboriginal) and nine staff (67% Aboriginal). The results show that it was not only the length of time in the program but also the culture, activities and relationships that also increased the likelihood of success. In many Aboriginal communities there are recognised 'Healers' believed to have special skills and timeless wisdom who may support mental health (Yeh, Hunter, Madan-Bahel, Chiang and Arora, 2004). The use of art in a therapeutic environment may also calm the ventral vagal response and shift the way clients think and feel (Dana, 2020, p. 112). The use of storytelling that is based in local Indigenous culture can support the regulation of emotions, increase the person's sense of cultural identity and agency; overall it may promote a person's resilience in social and emotional wellbeing (Kirmayer et al, 2011, p. 84).

Application to author's own counselling practice

The author has recently taken up a position as a Child and Family Counsellor in a remote Aboriginal community in Northern Territory. The barriers for Aboriginal people accessing appropriate care are well documented and there is now increased awareness in state and national government to fund the provision of mental health counselling. The author's aim is to identify components important when counselling Australian Indigenous people so that western models of therapy are not superimposed during therapy but instead a model of therapy is developed that meets the cultural needs for an Australian Indigenous community. As the literature shows Aboriginal communities do not engage well with western models of mental health care, it is

important that the author reflects on her own counselling practice as a Caucasian person with different values, philosophy and belief systems. As a Counsellor within an Indigenous community, the author seeks to develop connections with the leaders and healers in the community and be open to their practices and beliefs and, if possible, incorporate these into therapy. The author has already incorporated conducting therapy with clients 'on country' meaning for example, sitting near the river or a location not in the office. One area of challenge is spirituality as the author does not consider herself to spiritual; incorporating this area into practice will take deep reflection on how the client's view their own spirituality and the significance in their life and community. Another area of challenge for the author is that healing for Indigenous people may not necessarily be measurable or goal oriented (Yeh, Hunter, Madan-Bahel, Chiang and Arora, 2004). Funding from government sources requires regular reporting and key performance indicators are used to support future funding so this is an area that has not yet been explored as the role in the author's community and any other community is in its infancy. The author is fortunate, however, to work in a community that has a strong governance structure and has an Aboriginal Corporation Board that comprises of local leaders from seven tribes. The community has a local decision making agreement with the state government and support their community in many areas as they now have a forum where their voice is heard.

Elements that [in the Author's view] are required in a collective therapy model for Australian Indigenous people

The foundation for a collective therapy model is the understanding, recognition, and acceptance of the nine principles as outlined in the document – Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (Department of the Prime Minister and Cabinet, 2017-2023). The principles highlight the impact that colonisation has had on the Australian Indigenous people individually and as a collective. Not only is therapy important for individuals or families, but there is also the recognition that due to the disempowering of Aboriginal communities that continues to this day, there is healing that also needs to happen on a community basis as well. The empowerment and support for self-determination can be a protective factor against psychological distress (Dudgeon and Burgess, 2021). Strong Indigenous governance combined with a healthy partnership with government and agencies also support social and emotional and wellbeing (Dudgeon and Burgess, 2021).

A counselling modality in a minority culture needs to ensure that it does not become another form of colonisation assuming that human experiences are universal (Crozier and Pizzini, 2019). Instead, a modality that is centred on a biopsychosocial and compassionate basis that incorporates empathy and distress tolerance is best placed to work within another culture (Steidl, 2020). An important feature of working in a minority culture is that often, English is not the primary language for many community members. The Footprints in time study found that children who were supported to speak their primary language (other than English) were more likely to have reduced social and emotional issues (As cited in Department of Social Services, 2020, Page 44). All attempts, therefore, should be made to learn the community's primary language and conduct therapy in that language to allow for freedom of expression of feelings.

Combining counselling modalities may also be of benefit such as art and narrative therapy (Davis, 2017). Art provides a non-threatening but culturally appropriate engagement and therapy tool that may allow clients to talk about their lives in positive and negative aspects (Davis, 2017). Meeting on country that is special to the client is an important factor in developing a safe trusting relationship where respecting their culture is paramount (Davis, 2017). Recognising that Indigenous Australians are part of a collective society and have complex familial relationships, it is important to see them as a part of the whole extended family which is often beyond the usual scope of a western family. Often, due to the extent of the trauma experience individually and collectively, counselling may be a difficult process for Australian Indigenous clients. A problem-solving modality may be of short-term benefit if there is concern that the client will find it difficult to attend therapy on a regular basis due to their difficulty in emotional self-regulation. If the client feels that the relationship provides safety, EFT may then be a modality to try with the aim of increasing emotional regulation and positive expression of feelings.

Conclusion

Counselling therapy is based on westernised modalities that emphasise direct question and answer style talking therapy. This may be the reason that Australian Indigenous people have been reluctant to use mainstream mental health services. The Australian Indigenous culture offers a rich but different way of understanding the world around us and should be incorporated and set as the foundation for counselling. A clear understanding and recognition of the trauma inflicted by historical and current colonisation practices needs to be part of the foundation of treatment. Therapy should include cultural practices such as art, storytelling, spiritual beliefs and belonging to country as well as provide as a holistic social and emotional wellbeing approach.

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