Conversations about Indigenous Counselling and Psychotherapy

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Abstract
This article, written collaboratively by counsellors and counsellor educators who have worked in the South Pacific, explores some of the key issues in working with indigenous cultural traditions:

  Ethical assumptions

  Counselling and traditional healing

  Seeking and accepting help

  Individual and collective world views

Using a personal narrative form, based on professional experience in working within a counselling context, the authors integrate some of the literature and other ways of knowing that have been influential in their work.

Introduction
Jeannie: As the white 'Pakeha' or 'Other' in New Zealand terms, originator of the 'conversation' represented below, the word 'indigenous' in this special issue of CPH made me nervous. I looked up United Nations and World Health Organization definitions, thought about colonialism and power (Smith, 1999) and the impact of such concepts on counselling (Lago, 2006, Lang, 2005). Deciding to contact my former colleagues at the University of the South Pacific (USP) in Fiji, Mary Montu and Lai Wainikesa and ask them to talk with me via email using the four themes outlined in the abstract above was a first step. Mary emailed back to say that, 'we indigenous folk don't write!' an irony that picked up on the traditionally oral cultures of the Pacific and my

discomfort with the connotations of 'indigenous' and 'colonial powers'. Sue Webb, a current colleague at Massey University, New Zealand, later joined the 'conversation' to add her reflections on working in Kiribati.

This paper draws on our individual stories. Personal narratives emphasize the value of the autobiographical and personal to connect with the social and cultural (Ellis and Bochner, 2003) and enrich the more traditionally derived research paradigms that dominate the counselling and psychotherapy field. Our purpose in this written exchange, or 'dance' of experience between practitioners who come from different races, genders, ages and other multiples of diversity (Diamond and Gillis, 2006) is to share examples of practice in indigenous counselling and psychotherapy. Together, we highlight the need for flexibility in that counselling and training practice, demonstrating, to use Ramirez's term, 'cultural flex' (Ramirez, 1991).

How did we arrive here?
The narratives of how we came to be working in our various settings and what our immediate dilemmas were provide an important framework within which our present conceptual positions have developed.

Jeannie: I was asked a question recently in an interview: 'What has been the most significant professional learning in your career?' The time I spent at the University of the South Pacific (USP)', without any hesitation. It was also a period of immense and exciting personal learning, and I would not seek to separate the two with any rigidity.

In 1997 when I left the UK to take up a counselling post at USP in Suva, Fiji, 'multicultural' counselling was an area characterised by a very thin research profile, with most of the literature focussed on a US context (Pedersen, 1995). I had been practising and teaching in a city noted for its diversity and in colleges where a high proportion of the students were immigrants, challenging the counselling team's cultural encapsulation (McLeod, 2004). I had spent a year on a Fulbright exchange in the USA where the literature on cross-cultural work was much more developed than in the UK at that time (Sue and Sue, 1990) but still tending towards the culturally specific model of cross cultural practice.

All this said, my naivety when I arrived in Suva was breath-taking. Perhaps that was for the good. I had very few preconceptions about working in the Pacific region and was open, even eager to learn. I did not even know what I did not know. Some of the books relevant to practice, for example (Katz, 1993) on traditional healing in Fiji, which were not available to me then, would only have led to inhibition and paralysis. I immersed myself in the fiction of the region and have written about the value of that elsewhere (Wright, 1999).

My counsellor colleagues were local people who had been educated to Masters level outside Fiji. They were very open to discussions about the differences between themselves, the state of counselling in Fiji and the extreme challenge of meeting the needs of the student/staff community at USP. They had, in very different ways, acted

upon the need to 'do something'. One had established a peer tutoring system, funded externally, which was highly rated by students from various strands of the multiple groups represented at USP. The other had been active in health education, including work around HIV/AIDS prevention. Gradually I appreciated the courage both of these initiatives had taken, attracting outright hostility from some quarters.

The view from my office window was stunning, like a Rogers and Hammerstein set, my colleagues were welcoming, but I felt that discomfort known to those who have stepped outside their cultural comfort zone. What was my role here?

Mary: Having gone through the school system in Fiji where the school culture did not encourage children to question/correct the teacher but listen and obey them, it was a real eye-opener for me when I went to America. Having the opportunity to study at university and teach school in the USA exposed me to the levels and learning pace of children and the support given to help them achieve; also, the teaching styles that were needed to meet the special needs of children. In addition to learning, a special service was provided called "counselling", which dealt with problems that children faced that interfered with the learning processes. This was an important area that was missing in Fiji. The problem was getting across the concept of counselling. One of the ways to do this according to Sue and Sue (1990) was by establishing one's credentials.

In accepting the job as counsellor at USP, I knew that I would face a number of challenges i.e. the idea of counselling would be foreign in a higher educational, or any educational setting, because any kind of problem that did not have a direct bearing on the course was taken care of at home or elsewhere, like the Social Welfare or church. A medical centre, however, was acceptable because there were medical clinics located in the suburbs for minor ailments and healthcare.

 I knew counselling had to be integrated into the university system if I was going to make it work, so I provided a year-long course in "Orientation for All Foundation Science/Social Science students". I knew most of the students coming from the regional countries and outer islands of Fiji wouldn't have a clue about university work, majors/career choices, academic expectations, managing time/social life/finances/study skills, and the problems associated with poor management skills. So by providing them with the relevant information through guest speakers from the various schools and relevant agencies in the community, the Counselling Centre became a focal point for information and assistance. Also, by forming a working relationship with the government sponsors, the Counselling Centre became a hub for assistance to both sponsors and their students at USP. It strengthened the image of counselling with stakeholders as well. Thus the Counselling Centre was seen as being well informed, able to assist students with academic, financial, social and personal things that mattered to students and with the necessary backup services available to it.

Another challenge I expected was the problem of being a woman. This was overcome through personal association with most students in the year-long sessions, and their need for help if they were to succeed. Some though held to their strong belief that only

men/ministers could understand men and help them. It was for such students that I decided to press the University for a male counsellor, which would also provide the female students with another option.

Lai: I sometimes feel discomfort too as a counsellor and as a person from this region. I am expected as a man from the village to look after everyone, that is the expected cultural role of me as an elder, an older person – to tell the other person not to do this and not to do that. As a counsellor here I have to be very flexible, but 'not having the answers' is key to how I see the difference between the counselling role and others I have played (such as a church pastor) and other responsibilities I have held and still hold. It is an easily misunderstood role and potentially a very stressful one. I was thinking that it's a bit like being a rubber band, very stretched at times.

My professional background is a combination of pastoral care, education and health, especially in Human Sexuality/HIV AIDS, focusing on health wholeness and healing. Being a University Counsellor means being responsive, reactive and proactive in all areas of students' development, to help students manage and cope with University life.

Sue: As a New Zealand counsellor educator, my experience of Kiribati (a group of coral atolls in the Pacific situated across the Equator and largely made up of islands formerly known as the Gilberts) has both similarities and differences to Jeannie's in Fiji. I have never been resident in Kiribati but have worked as a visiting trainer to a certificate in counselling offered by the Kiribati Counsellors Association (KCA) for the last five years, spending about two weeks there each year. For four of those five visits I had a 'cultural mediator' – a Marist Brother, who though a New Zealander had spent more than 25 years working there and who speaks the language fluently. I was originally invited because of my interests in family counselling, school counselling and work with sexual abuse survivors. My aim from the beginning was not to be a 'Cooks Tour' trainer – not to arrive, do my New Zealand thing and depart again with only the merest glimpse of how people lived, thought and felt (Webb, in press).

Also, entering Kiribati as a visiting counsellor trainer, the task has actually been bigger than just providing training workshops. I have operated as a consultant and advocate, offering outside assistance with organising the counselling association, lobbying for funding and enhancing the understanding and reputation of counselling in the community.

Coming from a history of 'talking past each other' (Metge and Kinloch, 1978) familiar to Pakeha (NZ European) and Maori in New Zealand, and with a vivid consciousness of the various subtle, out-of-awareness and on-going ways that cultural oppression enacts itself (Durie, 1998) that I had acquired in the 80s and 90s in New Zealand, my expectation at the outset was that the knowledge I brought would be treated with great wariness, challenged regularly and that I would need to justify my relevancy and appropriateness at every turn. My position, based on having been invited, was to offer what I had and to encourage local people to take what was of value, alter it to suit their own needs and, if nothing else, use its 'wrongness' as a stimulus for articulating their own knowledge.

The acceptance I have experienced both relieves and worries me. Is it not in the nature of I-Kiribati people to react with the level of challenge I expected? Are they comfortable with what I bring or has their traditional politeness (Grimble, 1952) ruled out any opportunity for challenge? Are they exhibiting that flexibility and openness to new opportunities that have enabled them to survive in one of the poorest and harshest environments in the Pacific? Has my careful and respectful approach paid off? Or have the forces of colonisation and post-colonialism so quashed any sense of autonomous thinking that any alternatives to what I bring are out of the question? I suspect all of these are true to some extent.

Ethical assumptions: Confidentiality – 'a public asset'
Confidentiality tends to be one of the sacred tenets of Western counselling but has increasingly been questioned and challenged in non-Western contexts (Durie, 1998). Based on the notion of the self-actualising autonomous individual, it is firmly embedded in a particular cultural context. Each of us, therefore, has needed to re-examine our positions in relation to confidentiality.

Jeannie: I was naïve, also, about how different counselling ethics would be in the USP context. Now with the wisdom of hindsight, I recognise how uncomfortable I was in applying the Eurocentric Ethical Guidelines (Bond, 2000) that had been appropriate in the British context. As an example, some students would be 'counselled' sitting on the bench outside the Counselling Centre, over-looked and over-heard by passers-by; there seemed to be no Ethical Framework or even an agreed Code of Practice to work to. Confidentiality derived from practice in 'Western' Eurocentric settings in which counselling was born and brought up did not apply.

Mary: Confidentiality really depends on the nature of the problem and the individual. For instance, I had a female married student come to see me about her husband who was cheating on her. She brought along two other female friends in whom she had already confided everything. She stated that she knew I would keep things "confidential" and that she just wanted a University staff member to know what a rough time she was going through and to ask what other help she could get from me. In another case a group of students brought along a female friend who was suffering from depression. She wanted them to be in on the counselling session to offer support as well as to help fill in the gaps.

According to some theories (Matsumoto and Juang, 2004), the familiarity and intimacy in self-ingroup relations provide safety and comfort to express emotions freely. The support group, unlike the counsellor, can always be there for the counsellee. The counsellor, I believe, in such instances is regarded as a "professional" and is expected to maintain professional standards, such as keeping what is said in the office restricted to the office.

Those that are raised in a nuclear family in a town or city, however, and who have little connection with extended families are used to being independent and will expect what is told in private to be remain private or confidential. They will invariably seek help on their own, and from someone of their own choosing.

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Sue: My stance has been that confidentiality relates to where clients themselves want to draw the boundaries. The need for some privacy and for a sense of control over personal information seems trans-cultural; where the limits of privacy are drawn and who is included in ownership seems culturally derived. Like Mary, however, I have found each client makes their own decision and also that rules may change over the course of the counselling relationship. Depending on the nature of the problem different sources of support and assistance may be relevant and included in the work.

Also, as a Western counsellor educator, there is a need for me to be congruent with my own cultural and professional self, while remaining sensitively flexible in relation to others' needs. European-style management of time, the privacy of the counselling relationship and a style of responding that avoids advice or instruction are basic starting points. Those who have been colonised are intimate with the culture of their colonisers and knowledgeable about the nature of introduced professions. The choice to work with me is likely to include an expectation of the qualities, beliefs and strategies I bring to the relationship. Where clients have no other counselling option available, we need to negotiate a good fit between their needs and expectations and what I can provide.

Lai: Some people I've counselled are very clear. They say: 'I don't want you to tell anybody else. It would be my life at stake if you do.' The collective approach does not provide for this. Everything is a public matter – even confidentiality is a public asset! The collective way of life is sometimes repressive. It has a function too of course in terms of support, sharing the burden, but the deeper issues sometimes have to be hidden – you are not your real self. You are conscious that there are people talking, the gossip and the news get around faster than the fastest plane on earth.

Individualism v. collectivism
The relationship between the individual and the group is construed differently in many cultures from the ways in which Western cultures expect this to be organised. Obligations one to another and the intricate interweaving of multiple roles mean that different counselling strategies need to be employed.

Lai: It's like an experience I went through last year when I was acting Provost. A Fijian student had some disciplinary problems and, because of this record, I had to decide to kick him out of the Halls of Residence. He had no place to stay until the exams. In this position as Provost, I kick you out of the Halls; as a Fijian, you are welcome to stay at my house until the exams are over. He never took up the opportunity, the invitation, but he sat the exams and graduated. It's a crucial point – a real dilemma.

Mary: One never knows what to expect when working in small island communities with people from Western, Asian and Pacific Island backgrounds, and that is what we have at USP. Unlike Westerners, religion and culture are part and parcel of the Muslim, Hindu and Christian communities in Fiji. In this respect, both religion and culture teach and encourages people to work together in harmony for the good of all in the community.

Therefore, in certain situations in order to get closure on a problem, it may have to involve significant others in the extended family, religious group and others in the community. Again, however, there are those who prefer to work things out on their own without involving any one else.

Jeannie: Everything and anything I understood about 'self', especially coming from a broadly humanistic orientation in theory and practice (Rogers, 1980) was challenged during the time I worked at USP. I had been critical of humanistic practice from a feminist perspective (Proctor, 2002) but had not understood the complexity of the concept of individualism from a radically different and collectivist perspective as at USP. I had read about the individualistic and the collectivist view (Pedersen, 1997) and the potential conflict between them but had not lived it. The people I worked with in counselling and teaching had a worldview that put the family, village, community first. However, the Counselling Centre had been set up along Western lines, following a broadly similar model to the settings I had experienced in the UK and in the USA. Adapting this model to the multicultural and especially to the indigenous community at USP meant shifting the very foundations of my practice and not just the way I expected appointments to work, or not work according to the famous 'Island time'. A clear difference arose over how students and staff from the indigenous groups tended to look for support.

Sue: An important issue in Kiribati is the significant role of the extended family and the community (Geddes et al, 1982). This has three aspects. While much counselling work goes on 'one to one' or with couples, the needs and influence of the larger family can never be far away. Secondly, privacy is very precious and not easy. Many people comment that family members and neighbours knowing too much and interfering in what is happening have exacerbated their problems. Third, counselling clients are often anxious about whether the counsellor will take sides or already has connections to someone who is part of the problem. Being aware of family needs and influences, while working with individuals and couples; keeping confidences, until information is ready to be shared by the client or clients with the wider family; and being impartial are therefore really important and not easy to manage in the 'village' context.

Seeking and Accepting Help
Recognising that outside help is needed, deciding where to seek it and then making an approach are complex processes, which will inevitably be underpinned by taken-for-granted cultural expectations. Our experiences illustrate some of these complexities.

Mary: At USP, not seeking help for one group of people could be seen as fear of showing weakness or pride in not admitting there is a problem. In either case nobody wins. In many cases when help is finally sought and the problem sorted out, they wish they had come earlier.

For the independent and self-confident types, counselling is seen as an advantage to gain extra assistance or have things sorted out immediately. They are not too concerned about what others think; only that goals have to be reached. Eventually, students learn that in

the academic culture one has to do things for one's self and use the resources/support services available to them in order to achieve one's goal.

Lai: Culturally, men are perceived to be strong and never back out and admit defeat or weakness in performing their "male roles" in providing for women and children in the community on matters of survival, security and wellbeing of their families. This perception is reinforced in the families and community. Thus, young men who come to University would rather suffer silently in areas of personal life and study, only to look for counselling when it is already too late. Women, on the other hand, tend to be different. They are perceived to be the weaker gender and are usually honest with their feelings and vulnerability. They seek counselling early and are better able to cope with University life.

Self-esteem and denying help represent success for men, when they are able to deny their need for help while fulfilling their expected role in the community. Counselling helps male students to recognize and appreciate their cultural perceptions and at the same time raise awareness that it is part of their strength to admit "weakness" - to look for help in a counselling context.

Sue: With the village atmosphere, relatively flat distribution of power and apparent ease with self-disclosure, Kiribati people seem to me to find help-seeking reasonably easy, although I would reflect Mary and Lai's points about gender. (Men often seem to be seeking help in changing their wives, rather than themselves!) It seems natural for people to receive help from others, whether that be family, church, friends or workmates. In fact the problem may be rather too much help at times from a range of interested and involved participants. Counselling can seem to include helping clients to peel off assistance that is not proving useful. As a result local people often want help from those who are not part of their normal social network, which can be difficult to achieve.

Jeannie: It's very complex and maybe relates to other kinds of difference, as well as gender. The 'multiple lens' view (Mirkin et al., 2005) is now more central in counselling and psychotherapy but was not known to me in the late nineties. According to that concept, the 'intersections' between ethnicity, gender, class and other fields of individual identity are essentially about socially constructed power variables that are strong but constantly changing. For example, I can certainly see how working class men in Britain from the community I grew up in would not be socialised in the 1950's and 60's into admitting they had the kind of problems, especially emotional ones, that might be appropriate to bring to counselling. And the idea of talking to a stranger, someone outside the family about yourself – impossible! There seems to be some commonality in how the stigma associated with seeking help from counselling exists in cultures other than the indigenous, although – again – I'm nervous about the 'universality' model of cross-cultural practice (Pedersen, 1997).

Interestingly, technology came into play more when I was working in Suva in a so-called 'developing' society than in the UK. At USP I was asked if I could offer 'online help' to some students and some members of staff who didn't want to be seen coming into the Counselling Centre; the risk of 'news getting back to my family' would be overcome by

using email, was how one person put it.

Counselling and Traditional Healing
In cultures recently exposed to the concept of counselling, pre-European forms of help often include healing that did not differentiate between physical, spiritual and emotional distress. Counselling needs to acknowledge these other ways of working.

Mary: Anyone who is deeply involved in his or her religion and culture will automatically resort to these for solutions before seeking help from anything outside of it. I have found that belief is powerful. I had a student who was suffering from depression for a long time and had been on medication. The doctor finally suggested that the student see me. The student felt that she had to see an elder in their clan to deal with some unresolved issues and take part in certain rituals, which would help restore her health. When she came back she continued with counselling and was able to continue with her studies. I found that involving students in the healing process helps them take positive steps towards recovery while offering support all the way.

For Christians and other religious groups, some form of dependency is placed on spiritual teaching and prayer, which is also taken into consideration and respected when counselling.

Lai: Two weeks ago a student came (he came again yesterday) and talked about how he thought his room was being haunted. We spoke for a while and I gave him an article on fear and mentioned about going to see the doctor maybe – the doctor might be able to help. He was angry that I had suggested that he was mad. I wanted him to see the alternatives, yes, the traditional ways, but the medical ways as well.

Jeannie: That overlap with, and resistance to 'being pathologised', to using the 'science' associated with the Medical Centre is familiar to me in other contexts too. Students and staff came to the USP Counselling Centre with the same sorts of problems as in the UK and the USA: anxiety, depression, suicide attempts, drug and alcohol abuse, relationship conflicts and so on. Traditional healing was new to me however. From time to time when students spoke about being prescribed anti-depressants and in addition had decided to go back to their village in the Solomon Islands or in Vanuatu, for example, to seek help from a local healer because they thought they were bewitched, I was poorly prepared. Nothing I had come across at that time in multicultural practice in the UK or the USA raised the issue. Recent publications (Matsumoto and Juang, 2004; Moodley and West, 2005) would have helped introduce me to the possible integration of counselling and traditional healing. A friend who was working at the local mental hospital gave me one article (Patel et al., 1995) that had been written by another ex-patriot, a psychiatrist who looked for empirical evidence of the success of traditional healing. All I had to go on other than that was the colonial literature I'd studied at school (for example, Grimble, 1952)!

Sue: In Kiribati the Churches did a lot to discredit and undermine traditional practices, including healing (McDonald, 1982). As a result people seem embarrassed to admit to

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their continuing use of the old ways. My sense is however that they are often employed, particularly when Western approaches seems to be failing or create conflict with other cultural values. People's Christian beliefs often play a central part in their counselling work. Since solutions to a problem should emerge from within a client's frame of reference, it is essential that the frame include a client's beliefs – both about religion and about traditional ways of healing, even if these beliefs seem at odds with one another to a Western ear.

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Conclusion

A key point for indigenous counselling and psychotherapy emerging from these narratives is for counsellors to take nothing for granted; not expectations about how Western models might or might not fit, nor how traditional helping methods can be addressed, nor how clients themselves might want the relationship to function.

Pacific Islands groups, and indeed islands within groups, differ markedly from one another. A tendency to class them together in textbooks on multi-cultural practice renders invisible the significant differences amongst their cultures and risks creating the impression that simple models, based on adapted Western counsellor behaviour, can be developed.

Each Pacific culture is also struggling to find its own 'third ways' that can bring together the Western ideas is has absorbed through colonial and post-colonial intervention (Geddes et al, 1982; Young, 2003) with its traditional ways, whether these relate to politics, waste disposal, diet, family relations or community responsibility. Counselling, where it is becoming available in the Pacific (Athanasou and Torrance, 2002), is also undergoing this process and there is value in making available the expertise and knowledge of those who are engaged in the on-going negotiation, as we have tried to do here.

We began by defining our own interchanges as a dance of ideas. Similarly each counselling relationship develops its particular dance, perceived and developed through the multiple cultural lenses that each brings to the interchange. Counsellors need to be consciously aware of the givens in their own cultures, in order to respond sensitively, flexibly and constructively when working amongst other lenses. With the increasingly mobile nature of the 'global village', those multiple lenses will include those brought by the professional and cultural contexts in which counsellors, indigenous and Western, have developed their working identities.

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