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ETHICAL ISSUES IN COUNSELLING AND PSYCHOTHERAPY WITH PEOPLE WITH INTELLECTUAL DISABILITY

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Abstract

The purpose of this article is to raise awareness of the lack of appropriate counselling and psychotherapy for people with intellectual disability. There has been limited research on the topic due to clinicians' bias, lack of knowledge about disability issues, and the failure of the counselling and psychotherapy profession to train new graduates in their understanding of disability issues as part of cultural competence and diversity. As a result mental health services for this population have been limited to behaviour modification, reflecting the predominance of medical model of disability. In contrast, the less emphasised social model of disability, reflecting the notion that people with intellectual disability are a minority group is discussed. The literature on the benefits of providing counselling and psychotherapy for people with intellectual disability is reviewed. With a case study, I have demonstrated the benefits of using an integrated approach to counselling and psychotherapy with people with intellectual disabilities using a combination of person-centred and behaviour therapies.

Introduction

As a Social Worker with extensive experience in the Disability Sector, Community Mental Health, Child Welfare, and more recently in Trauma Counselling, and as a mother of an early teenage daughter with intellectual disability, I am very aware of the need to provide counselling and psychotherapy for people with intellectual disability (ID) in trauma and loss and grief issues. However, I have only experienced a few counsellors with knowledge of disability and who can provide adequate service for this population. I have become increasingly aware of the difficulty people with intellectual disability face when accessing counselling to help deal with their traumatic issues.

This paper will present two real life stories and a case study of people with ID in need of counselling, and discuss the ethical issues that arise from the stories and study. It will explore what can be done about them, and discuss the way forward for the field. The two case narratives illustrate the problems resulting from the use of inappropriate therapy and the lack of knowledge of ID by the therapist. The case study demonstrates the benefits of using an integrated approach to therapy and supports the need for the counsellor to have knowledge of the issues faced by people with ID.

Narrative 1

I was the co-ordinator of a community organisation that provided in-home support for people with mental health issues and people with disabilities. One of my clients with ID, a 35 years old woman who I will name Sally lived in a group home. She was supported by the organization with meal preparation. A neighbour's son sexually assaulted Sally when she was visiting her aged mother. She was so traumatised by the ordeal that she was afraid to visit her mother, and then got distressed and became aggressive towards staff. The house manager sent Sally to a Counselling Psychologist for therapy. To my disappointment, after the initial assessment the counsellor prescribed strategies for behaviour modification for Sally.

Narrative 2

Another example of the difficulties in accessing counselling for people with intellectual disability occurred with Joe, a 40 years old man with Down syndrome and consequent ID. Joe's aged mother who was his sole carer suffered a 'stroke' and was admitted into a nursing home. Joe went to live with his sister and her family. Sadly he could not cope with the loss of his mother and his home, and took out his frustration on his young nephews. Joe's sister sent him to a counsellor who only gave her strategies to help modify Joe's behaviour. When the counsellor was told that Joe needed loss and grief counselling he said he had no skills in counselling people with intellectual disabilities.

As a counsellor or psychotherapist, what do you think is the problem in each story? Are you able to help Sally or Joe? If so what therapeutic approach and technique would you use? Are there any ethical concerns about the attitudes of the counsellors in the stories? If so why and why not?

Both Sally and Joe experienced some symptoms of depression and anxiety such as anger, fear, sadness, confusion, sleep disturbance, overeating, crying spells, headache, shortness of breath, shaking and vomiting. However the counsellors were only concerned about the clients' aggressive behaviour. This overlooked the cause of their behaviour and thus did not assist Sally to work through her traumatic stress after the rape, and Joe to grieve the loss of his mother.

The Issue of Medical Model Versus Social Model

Conceptualisation and perspectives of intellectual disability

Intellectual Disability (ID) is defined by the American Association on Mental Retardation (AAMR), as a disability that originates before the age of 18 years, and is characterised by significant limitations both in intellectual functioning and adaptive behaviour, as expressed in conceptual, social and practical adaptive skills (Luckasson et al, 2002). This definition reflects the World Health Organisation (WHO) and United Nations recommendation and endorsement of the International Classification of Functioning, Disability and Health (ICF) as a framework for conceptualising disability (AIHW, 2003). It should be noted that the use of the term 'mental retardation' for intellectual disability is inappropriate and reflects the medical model, which will be discussed later on.

The AAMR classification system uses Intelligent Quotient (IQ) tests to measure intellectual functioning and categorised the scores into levels such as: mild (55-70), moderate (40-55), severe (25-40) and profound (below 25 points). Impaired adaptive behaviour is also classified into levels of mild, moderate, severe and profound. However, adaptive behaviour is difficult to classify so the AAMR manual provided a broad description of skills for each of the four areas of functioning (independent functioning, physical skills, communication skills and social skills) according to age.

There have been two models used to describe intellectual disability: medical or clinical, and social models (WHO, 2002; Cocks, 1998). The perspective of the medical model is that the disability is a condition or disease within the person. In contrast the social model locates the disablement in the environment and in society that fails to appropriately accommodate and include people with disabilities (Olkin, 2002). The medical model has been used to described people with intellectual disabilities since the 19th century and the emphasis was on curing them. Thus the historical link between health and mental health service, and people with intellectual disabilities that has contributed to thousands of people with intellectual disabilities locked up in large hospital-like institutions in Australia where their social needs were not addressed (Cocks, 1998).

Due to the Rights Movement of the early 1980s, the paradigm shifted from the medical model to the social model whereby people with ID have the right to live in the community, be included and participate in social activities, and have access to information and services like any other minority group (Olkin, 2002).

Review of the literature on the benefits of providing counselling and psychotherapy for people with intellectual disability

As with the general population, people with intellectual disability are referred for and seek out counselling and psychotherapy for various reasons. Some of these reasons are for grief and loss issues, interpersonal traumatic experiences as a result of exposure to the 'freedoms and dangers of society' (Lynch, 2004), issues with transition to community living, and mental health disorders like depression and anxiety. However mental health clinicians by and large continue to neglect this area of practice (Lynch, 2004) as in the past mental health services to this population has been limited to cognitive appraisal and behaviour modification (Baroff, 1986).

There is not much literature on the provision of counselling and psychotherapy to people with an intellectual disability. I conducted a literature search from Medline, CSA Illumina, CINAHL, PsychINFO, and EBSCOhost and found few articles on the topic, but most of which were published in the America Journal on Mental Retardation, Mental Retardation, Research in Developmental Studies and Journal of Intellectual Disability Research, and only few in Psychology or Counselling and Psychotherapy journals.

Although the idea that counselling and psychotherapy can be effective for people with intellectual disability has been increasingly accepted, concerns have been expressed regarding the lack of empirically sound research (Butz, Bowling and Bliss, 2000; and Lynch, 2003). Butz, Bowling and Bliss (2000), asserted that most clinicians avoid addressing the mental health needs of people with ID because of lack of research and clinical study of the topic. Nezu and Nezu (1994 p.34) refer to the available literature

addressing counselling and psychotherapy with people with ID as "sorely lacking". A recent study conducted by McCabe, McGilivray and Newton (2006) on a small sample concluded that intervention programs are effective for the treatment of depression among people with ID. Baroff (1986) conducted a research on the topic and found out that both individual and group psychotherapy are undoubtly therapeutic for people with ID. He asserted that through therapy clients are able to 'discharge troublesome impulses verbally rather than behaviourally (pp.92-93).

Hurley, Pfadt, Tomasulo and Gardner (1996, p.371) also reviewed the literature on the topic and indicated that "few controlled studies have been performed, but results of those have been positive". However they pointed out that results were effective because psychotherapy was 'adapted for each individual's cognitive level.

A large systematic review of effectiveness studies has recently been conducted by Prout and Nowak-Drabik (2003). These authors looked at 92 studies covering 30 years period (1968-1998) in which researcher examined the effectiveness of psychotherapy with people with ID. They concluded that psychotherapy is moderately effective for people with ID, and yields a moderate amount of change for this population.

The Ethical Issues involved in counselling and Psychotherapy for people with ID

Reasons for the lack of research and clinical study on the topic

The main reason for the lack of research on the topic could be due to lack of knowledge about disability issues among clinicians. Olkin (1999) conducted a survey among psychologists in America and discovered that majority are not familiar with the commonalities of the disability experience. Olkin and Pledger 2003, p. 297) argue that psychology has embraced the concepts of cultural competence and diversity, but students in clinical psychology are not being trained to be competent in their understanding of disability issues. These authors' argument has been echoed by a recent study conducted by the United Kingdom Royal College of Psychiatrists (2004). The College discovered that the barrier to accessing counselling and psychotherapy for people with intellectual disability is lack of appropriate training and supervision of clinicians in disability issues.

A study of a large graduate psychology curriculum in the USA (Bluestone, Stokes and Kuba, 1996 cited by Butz et al 2000), found that disability received the lowest amount of coverage among seven diversity issues. In a similar study Kemp and Mallinckrodt (1996 cited Olkin, 2002 p.132) concluded that most professional programs do not include disability issues in their curricula, and they pointed out that 'even a small amount of training on issues of disability may be associated with significantly less bias in case conceptualisation and treatment planning.

Olkin (2002) also pointed out that the social model of disability incorporated the ideas of people with ID as a minority group similar to ethnicity or sexual orientation. In a recent discussion paper by William and Heslop (2005), these authors argued that the medical model of disability has predominated in discussions of mental health support for people with ID and that the social model approach could have much to offer. The argument then is why has the counselling and psychotherapy, and psychology professions made

provision for minority groups like ethnicity and sexual orientation in their training programs but have ignore disability?

Does it mean that the profession has neglected its ethical responsibility and legal obligation of service to the people with intellectual disabilities? It should be noted that based on the International Bill of Rights (hrea.org, 2003), the UNO developed the first disability policy on the Rights of Disabled Persons in 1971 - "Declaration on the Rights of Mentally Retarded Persons", then in 1975 the "Declaration on the Rights of Disabled Persons" which stated that "*Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities, and skills to the maximum and will hasten the processes of their social integration or reintegration"* (Resolution 3447, item no. 6, United Nation Enable, 2004).

Another ethical issue is the term 'mental retardation' use by the AAMR that has a negative connotation to it. After 35 years since the "Declaration on the Rights of Mentally Retarded Persons" was proclaimed the AAMR has finally changed its name. The announcement was made in July 2006 after majority of members voted to change the name of the association to the 'American Association on Intellectual and Developmental Disability (AAMR FYI, July 2006). The new name will be effective from 1st January 2007 the report stated. Ironically the AAMR has updated the definition of mental retardation ten times since 1908, but all attempts to change its name failed till now. So what happened to the AAMR's ethical responsibility all these years?

After reviewing the literature in 2000, Butz and his colleagues concluded that research on the topic has been inconclusive due to the following reasons. Firstly many mental health professionals perceive that intellectual deficits account for other occurring emotional disturbances and symptoms in the lives of people with ID. Reiss, Levitan and Szysko (1982) coined the term "diagnostic overshadowing" which referred to the phenomenon in which the presence of intellectual disability takes diagnostic precedence over diagnosing coexisting emotional disorders. Secondly some clinicians assume that people with ID are immune from mental illness.

Thirdly many therapists are biased and view the person with ID as lacking the verbal ability to discuss cognitive or psychodynamic concepts, or consider over dependence among people with ID as evidence of an inability to productively resolve transference issues. Finally the dichotomisation of intellectual disability and mental health has also inhibited professional interest. However, there is an emerging literature on the importance of recognising the impact of mental illness on this population over and above the diagnosis of ID, as recent claims made about the efficacy of psychotherapy with people with ID have been promising (Lynch, 2004).

What Can Be Done About Some of The Issues
Case Study – Mary's Story

Mary is a 35 years old woman with severe intellectual disability. She suffers from epilepsy and lives with her aged mother. Mary has a 10-year-old daughter who has been adopted by her extended family member. She has not seen her daughter for the last fours years because the family moved interstate. Mary has been in an abusive relationship for the past three years but some-how managed to escape from her abusive boyfriend. She reported that he raped her and threatened to kill her if she tells anyone that he was a drug dealer. She now lives with her mother, but has not left the house the last six months for fear he would attack her. Apparently her boyfriend left town when her mother reported to the police six months ago, but Mary still thinks he is around and would harm her so has withdrawn from society. Mary is depressed and not sleeping well at night but sleeps during the day. She has not been to work for the past twelve months at the local Salvation Army family store where she is a volunteer. She is sad and talks about the loss of her daughter and over-eats. Mary blames and abuses her mother for forcing her to adopt out her daughter.

Creating a therapeutic relationship with Mary

Conducting therapy with people with ID should reflect the social model of disability by recognising that people with ID have the right to receive services that are designed to meet their needs and personal goals in the least restrictive way (ACT Disability Services Act, 1991). In addition, people with ID have the right to have their privacy respected. Olkin (2002) asserted that the social model places emphasis on access and inclusion, and promotes health and resilience.

The therapeutic perspective that meets the characteristics of the social model in my experience is the integration of person-centred approach and behaviour therapy techniques. Pfadt (1991 cited by Butz et al, 2001 p.46) suggested that combining psychodynamic understanding with an application of behaviour intervention is the best way to do therapy with people with ID. Hurley et al (1996) also suggested that therapy with people with ID needed some modification of the traditional approaches such as simplification of language used by clinician, and the structuring of the session. I used some of the Therapeutic Guidelines Limited's (2005) communication guidelines for working with people with ID to develop a therapeutic relationship with Mary.

First, I talked to Mary (my client with ID) in a respectfully manner, and established rapport by spending a longer time with her than the usual one-hour session. I explain what was happening to Mary by use of simple words, sentences and concepts, and allow enough time to listen to her response as she has some speech impairment.
Secondly, I focus on Mary's abilities not disabilities, and utilise her strengths not weaknesses, and involve her in what she could do. And thirdly I communicate with Mary who has complex communication needs, by using repetition, signs, gestures, facial expressions, models, photographs, objects, drawings and art therapy. According to Kuczaj (1990), giving the person the time and the place to draw or to do art work has the potential for self-expression at his/her own pace, creative involvement, and for the development of new skills and awareness towards resilience.

Use of Integrative Approach - Combination of person-centred therapy and behaviour therapy techniques for counselling 'Mary'

Using person-centred approach to build rapport and trust with Mary.

The person-centred approach is based on a humanistic perspective, and was devised by Rogers (1959) who emphasised the provision of a supportive emotional environment for the client to express his or her feelings. Humanism is a philosophy that emphasises the dignity and worth of people and their capacity in ways that enhance them (Zastrow, 1999). I developed a therapeutic relationship with Mary by creating an atmosphere where I encouraged her to play a major role in determining the pace and the direction of her counselling. Rogers (1986) stated that the growth potential of any individual will tend to be released in a relationship, in which the helping person is experiencing and communicating realness, caring, and a deeply sensitive non-judgmental understanding. Person-centred therapy places the emphasis on non-directiveness of the therapist who is intensely mindful to respect and protect the autonomy and self-direction of the client (Brodley, 1986).

My role as a client-centred therapist

Rogers identified three qualities: 'congruence or genuineness', 'empathy', and 'unconditional positive regard' that the counsellor must possess for effective counselling to occur. I was real, genuine, congruent and authentic in my interactions with Mary by self-disclosing I am the mother of a child with ID. Rogers (1986, pp.375-377) stated that "Congruence in the therapist's own inner self is his sensing of and reporting his own felt experiencing as he interacts in the relationship."

Empathy is experiencing *Mary's* world as if I were Mary. Ivey and Ivey (1999) referred to empathy as moving into the client's frame of reference, and being able to convey to the client that you are sensing what he or she is feeling. By unconditional positive regard, I show and communicate respect, warmth, acceptance, liking, and caring for Mary despite her behaviour. Unconditional positive regards according to Ivey and Ivey (1999) is the counsellor having a non-judgemental attitude and suspending his/her opinions and attitudes and assuming value neutrality with regards to his/her clients. This creates a comfortable atmosphere for the person to express their feelings.

People with ID have been oppressed and discriminated against over the years, so being empathic, non-judgemental and genuine to them would boost their self-worth and dignity as human beings. For example Joe, Sally and Mary all wanted their counsellors to sense their pain, respect and accept who they are and listen to their feeling before trying to modify their behaviours. Natalie Rogers (1997, cited by James and Gilliland, 2003) recommends person-centred therapy as a premier method for providing "a rare quality to be heard and a spiritual awakening" in children, adolescents, adults, addicts and people with ID.

Limitations of person-centred approach: While working with Mary, I found out some limitations to the person-centred approach, which could affect the benefits in providing counselling and psychotherapy to people with ID. The first limitation is its non-directiveness, as some people with ID may need directions to help them make decisions due to their impaired intellectual functioning (Corey, 2005).

Another limitation of the person-centred therapy is that being an insight approach, it seeks to increase the client's awareness and understanding of the problem without focusing on ways to resolve the problem (Zastrow, 1999). For example after explaining to Mary the causes of her behaviour (which are around post-traumatic stress, and loss and grief issues), it would have been very sad if I left her with no solutions.

Due to these limitations of person-centred therapy, it is therefore useful and appropriate to integrate person-centred therapy with behaviour therapy when providing counselling and psychotherapy to people with ID.

Using Behaviour approach to help Mary change her reactions to crisis.

The history and practice of the behaviour approach can be divided into two components. The first is *classical or respondent conditioning* based on the work of Pavlov (1960) and Hull (1943) (James and Gililand, 2003). In practice, respondent conditioning is called behaviour therapy that is used to treat a variety of disorders such as affective, (depression), anxiety, substance use, and eating disorders (Corey, 2005).

The second component is *operant conditioning* based on the work of Skinner (1953) and in practise called behaviour modification (James and Gilliland, 2003). Operant conditioning involves a type of learning in which behaviours are influenced mainly by the consequences that follow them. Behaviour modification is an approach to assessment, evaluation and behaviour change that focuses on the development of adaptive, prosocial behaviours and decrease of maladaptive behaviour in daily living (Kazdin, 2001). History reveals that counselling and psychotherapy for people with ID over the years has been limited to assessment and behaviour modification, which reflected the medical model of disability (Baroff, 1986).

However with the social model of disability, there is the need for both behaviour therapy and behaviour modification. For example Joe, Sally and Mary need help to cope with their loss, anxiety and depression, as well as techniques to change their maladaptive behaviours. Behaviour therapy is an action-oriented approach and learning is viewed as being at the core of therapy. The goals of therapy are to acquire new coping skills and create new conditions for learning (Corey, 2005).

My role as a behaviour therapist

The behaviour therapist tends to be active and directive and functions as a consultant and problem solver (Miltenberger, 2004). I conducted a thorough functional assessment to identify the maintaining conditions of Mary's problem behaviour, which were no social activity but total isolation for six months, and the use of food for comfort.

I formulated initial treatment goals, which were arousal reduction techniques, stress management skills, coping skills, return to work, and building a social network. I then designed and implemented a treatment plan of weekly session of counselling, coaching, modelling and structured practice and activities to accomplish these goals. The main strategies and techniques I employed to promote generalization and maintenance of behaviour change were relaxation training, assertion training, artwork, loss and grief counselling and systematic desensitisation.

I evaluated the success of the change plan by measuring progress towards the goals throughout the duration of treatment and conducted follow-up assessments. After six months of hard work and perseverance, Mary is able to deal with some of her losses and is coping better, sleeps well and had since return to work and has started making friends.

Therapeutic Techniques
Behaviour rehearsal is used in connection with modelling, coaching and structured practice with clients, and the role of the counsellor is to help the client practice and perfect the goal behaviours that are similar to the situations that occur in the clients environment (Wilson, 2005).

Assertion training: Assertive training originally developed by Wolpe (1958) and Alberti and Emmons (1970) has come to be the most frequently used method in modifying unadaptive interpersonal behaviour (Zastrow, 1999). The goals of assertion training is to empower clients actively to initiate and carry out desired choices and behaviours that do not harm other people physically or emotionally, and to teach client alternatives to passive, helpless, dependent, and stifled ways of dealing with life situations (James and Gilliland, 2003).

Relaxation Training: Relaxation training targets rapid breathing and muscle tightening which are the two major physiological components of excessive tension and anger, through deep breathing and muscle relaxing exercises (Hepworth, Rooney and Larsen, 1997). Numerous studies have reported that relaxation training has been used successfully to assist clients with problems related to anxiety disorders and moderate depression (Hepworth et al, 1997).

Systematic Desensitisation, a procedure also developed by Wolpe (1958) based on the principle of respondent conditioning is a form of exposure therapy, although time consuming, is effective and efficient treatment for anxiety-related disorders and phobias (Cormier and Nurius, 2003). Clients engage in a behaviour that competes with anxiety, and systematically become less sensitive to the anxiety-arousal situation (Corey, 2005).

Limitation of behaviour therapy to people with ID: Like the client-centred approach, there are some aspects of behaviour therapy, which could negatively affect the benefits of providing counselling and psychotherapy to people with ID. Behaviour therapy may change behaviours, but it does not change feeling (Corey, 2005) and that is why I initially focused on Mary's feeling and then worked on her behaviour.
Secondly behaviour therapy treats symptoms rather than causes (Corey 2005, p.261). Treating symptom reflects the medical model of disability that oppressed people with ID, so the best approach is to treat both causes and symptoms.

Thirdly I realised that I controlled and manipulated Mary through the structured practices and activities I used to change her behaviour. Kazdin (2001) argues that there are no issues of control and manipulation associated with behaviour strategies that are not raised by other therapeutic approaches. However in my experience people with ID could be vulnerable to the directive approach of behaviour therapy and therapists have to be aware of this. As a result of the shortcomings of behaviour therapy, combining the techniques with person-centred therapy is essential as the two approaches compliment each other and provide a positive outcome for people with disabilities.

Conclusion

This article has discussed some of the ethical issues associated with counselling and psychotherapy for people with intellectual disability. This article also looked at what is available for people with intellectual disability and echoed the results of previous studies as therapists are poorly trained in dealing with intellectual disability issues, therapy mainly restricted to behaviour modification which focuses on behaviour and neglects feelings and as a result not suitable for trauma and loss and grief issues. Using a case study approach, I have demonstrated in this article the benefits of using an integrated approach for counselling of a person with intellectual disability with loss and grief, and trauma issues. However more research is needed using the case study approach with a larger and more widely represented population of clients with intellectual disabilities using different integrated approaches to determine which approach yields best results.

The way forward for the field

As counsellors and psychotherapists, do we meet our ethical obligations when working with people with intellectual disability? If the answer is 'NO', then we are failing this population group. As such the main issue is the need for us (counsellors and therapists) to be trained in disability issues in order to provide effective services for this population. The training would provide awareness and assist us determine what we are doing wrong and how we can become more professionally responsible by learning to manage the therapeutic relationship, structure of the session and decide on the duration of therapy for this population group.

Another issue this article raised is the lack of literature on the topic, although the situation is improving, there is the need for more research to be conducted on the benefits of counselling and psychotherapy with this population using different techniques other than behaviour modification.

The way forward for the field (particularly in Australia) is to respect the rights of people with intellectual disability, to include them as a minority group when emphasising diversity and cultural differences, and to incorporate the disability discipline into the core of curricula and research programs. By doing this the profession will meet its ethical requirements as proclaimed in the 'Declaration on the Rights of Disabled Persons' 1975.

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

Intervention model with Indigenous Australians for non-Indigenous counsellors

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Abstract
A number of papers have introduced some intervention models and strategies for working with Indigenous people for non-Indigenous practitioners. The lack of engagement of Indigenous people in mental health services, however, is still the main difficulty faced by the practitioners, including both Indigenous and non-Indigenous counsellors. It is speculated that there is more than cultural factors involved in getting Aboriginal clients to engage in mental health services. This paper proposes an intervention model that considers cultural competence, trust and practical assistance in working with Indigenous Australian clients.

Introduction

Over the past few decades, too few papers have been published on the subject of an intervention model involving Aboriginal people. It was only during the 1990s that papers began to be published on an important perspective on the therapeutic approach to work with Indigenous Australians. The prominent example of this has been the work of Judy Atkinson (1997, 2002).

Since then the number of studies on Aboriginal clients has increased and their common feature has been to illustrate the traumatic impact that colonisation has had on them. Many non-Aboriginal mental health practitioners are still confronted by the lack of practical information on therapeutic interventions with Aboriginal people (Vicary & Andrews 2001; Waterman 2004). A number of papers have introduced some intervention models and strategies for non-Indigenous practitioners to work with Indigenous people (Vicary & Andrews 2001; Waterman 2004; Armstrong 2002; McLennan & Khavarpour

2004; Blagg 2000). Their models of intervention have developed significant insights into how counselling professionals should work with Indigenous people. However, the major difficulty that practitioners face is the lack of engagement of Indigenous people in mental health services (Westerman 2004). Most authors have attributed the lack of engagement of Aboriginal clients in mental health service to the cultural differences and experiences of the non-Indigenous practitioners (Westerman 2004; Vicary & Andrews 2001; McLennan & Khavarpour 2004). However, it has been proposed that Aboriginal workers have also expressed much difficulty in getting their Aboriginal clients to participate in the service. Therefore, it is speculated that there more than cultural factors are needed in getting Aboriginal clients to use the mental health service. Therefore the challenge presented by this situation is to develop an intervention model that is suitable for Aboriginal clientele and is practical in improving their sense of engagement with the mental health service.

Barriers to engagement of Aboriginal people

Most research indicates that cultural barriers are the major reason why Aboriginal people are discouraged or dissuaded from using the mental health service. Writers who have come to this conclusion have speculated that the mental health service has failed to identify, acknowledge and recognise the central role of Indigenous culture (Vicary & Andrews 2001; Westerman 2004). For example, it is not suitable to refer to a dead person by name and Aboriginal people view hallucination or delusion as spiritual experience (Armstrong 2002), not necessarily as symptoms of mental illness. These instances illustrate some of the great differences between Aboriginal and Western cultures. Positive results in getting Aboriginal clients to use the mental health services will be achieved by developing programs of cultural competence. The use of cultural consultants can help to increase cultural competence.

Historically, there has been a long period of mistrust among the Aboriginal people 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, especially in domestic violence and child abuse issues. It is a fact that Aboriginal people have and continue to experience being discriminated against by white Australians. A large socio-economic gap exists between white Australians and Aboriginal people (Chambers 1990). It is not uncommon for some workers to hesitate in introducing 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 service. Therefore, the barrier includes not only the mistrust among the Aboriginal people on white Australians but also the distrust of white Australians being trusted by the Aboriginal people. It is precisely this sort of alienation or distrust between the Aboriginal people and the service providers that is creating problems, namely discouraging Aboriginal people from using the mental health service. Working with Aboriginal workers can be a useful bridge to link with the Aboriginal community. Aboriginal Liaison Officers, if utilized properly, have the potential to help build alliances

or significant relationships between non-Indigenous counsellors and Indigenous clients (Vicary 2002; Westerman 2004). Despite there having been recorded experiences of both Aboriginal counsellors and non-Aboriginal counsellors attempting to keep Aboriginal client engaged in the mental health service, it is evident that some Aboriginal clients may only turn up for one or two sessions but drop out of the system. The possible factors behind their lack of motivation to keep engaging in counselling service lie in the means of assistance they are looking for.

The problems of engaging Aboriginal clients in service exist mainly because mainstream services have not provided relevant responses to their crisis situation. Aboriginal clients would first seek practical assistance such as refugee accommodation and food, and they would also seek assistance from their families, extended families or their own communities. Despite the ravages of over two centuries of displacement caused by colonisation, Aboriginal people have retained strong kinship ties and extended family commitments. As in traditional times, Aboriginal people feel a great obligation to their kinship ties. The extended family will always be first in helping if there is a crisis or even a slight problem. For example, an Aboriginal woman may seek assistance with food vouchers because she currently needs to look after a large number of her extended family as well as her own immediate family (WACOSS, 2004). Only when they cannot get enough or suitable help from their extended family or their own community, will they turn to outside welfare or service provided by the Department of Family and Community Services (Chambers 1990).

This helps to explain why Aboriginal people find it difficult to engage in mental health or counselling services. Their first priority is to stay alive and such services only become important when Aboriginal or non-Aboriginal healthcare workers need can provide practical assistance to Aboriginal clients. Once the Aboriginal clients find the services do not provide what they needed, it is very difficult for Aboriginal workers to keep Aboriginal clients engaged in their service. Aboriginal clients may resort to turning to other agencies for assistance. The barriers to engagement of Aboriginal people in the mental health service are illustrated in Diagram 1 overleaf. Having clarified the reasons why problems exist in getting Aboriginal people to make any use of the mental health service, then is it possible to propose a plan that bridges the gap between representatives of the service and Aboriginal people.

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

Diagram 1: Barriers of engagement of Aboriginal people in mental health services

A model of intervention

The proposed model focuses on the bridge between the service and Aboriginal people, as shown in Diagram 2. Once the needs of the Aboriginal people have been met, it can build a relationship with the Aboriginal people and improve their participation in and acceptance of the mental health service. Furthermore, this model applies both to Aboriginal and non-Aboriginal workers who are required to intervene with Aboriginal people. This model consists of three key aspects that need to be considered before workers can intervene in Indigenous people's core psychological problems and mental health issues. They are: cultural competence, trust and practical assistance and these three components are the key factors to removing the barriers surrounding Aboriginal communities and resolving serious crisis issues.

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

Diagram 2: Model of Intervention

Cultural Competence

It is also important to provide cultural awareness training for staff by being 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 Aboriginal 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. Women may feel embarrassed talking to male staff and men may feel shame if helped by female staff.

Trust

In building a trust with Aboriginal people, most Aboriginal people would prefer to work with an Aboriginal worker regarding their problems. However situations may arise where clients may know or be related to an Aboriginal worker. They may feel shame or be restricted through kinship rules in discussing personal problems with them. Fear that the worker will breach confidentiality with the local community may be another concern. Where possible, clients should be given the choice of both Aboriginal and non-Aboriginal workers.

Nevertheless, it is important for workers and counsellors to work together with an Aboriginal worker in their community. Counsellors or practitioners can work with the C.D.E.P. or the Aboriginal Liaison Officer (ALO) employed by either the police or Community Health Service. The ALO is usually a principle stakeholder in the Aboriginal community and receives first-hand information about the Aboriginal community. The ALO is often the first point of call for Aboriginal clients in that the ALO can refer and introduce clients to the agency. The ALO can assist the client "feel at ease" at the agency. A number of published papers have highlighted the need for the major services to operate an outreach capacity (Dudgeon et al. 1993; Westerman 2002). Aboriginal people are more likely to engage with practitioners who are highly visible in their communities (Vicary 2002). Moreover, working with ALOs who undertake home visits can help workers develop strong and sustained networks with the Aboriginal community. Once Aboriginal people know the workers and how they go about their business, they will know who they can ask for help. They will take the initiative in approaching the service for helping concerning their children and family problems.

Practical assistance

Aboriginal clients usually take the initiative in seeking assistance when a crisis emerges, such as domestic violence or electricity services being disconnected, or having no money to buy food and other essentials for their children. As stated previously, Aboriginal people would first consider practical forms of assistance, such as legal advocacy, crisis care, transport arrangements, financial assistance, medical services, accommodation, food vouchers, and even making a few calls at their office when a domestic problem arises. This sort of assistance is what they really want, not just "talk therapy". Before they can sort out their basic living problems, they may not have the capacity or attention to deal with other psychological issues.

Exploration and Treatment

Once Aboriginal clients have settled down and taken a calmer approach to their predicament, it still does not guarantee they will stay with the service. It is not uncommon that once they have solved a problem, they will feel it not necessary to remain a part of the service but may come back a few months later for help when another issue arises. If mental health service workers, for example, have patiently developed a good relationship or rapport with them, workers can take advantage of this by reminding their clients of the good they can do when relationships or domestic situations are at risk. The ability of workers to invite clients to talk about their problems may make it possible to explore other problems. Aboriginal clients' particular issues or crises may be linked to other problems, such as child abuse, alcoholism, mental health, unemployment and parenting problems.

Interagency Cooperation

At the point of crisis, workers must be aware of the special needs of clients. Clients' problems may be beyond the capacity of the sole service or worker to manage, let alone resolve. Workers are advised to develop a good network and cooperate with other services, such as family and children's services, community health services, mental health services, legal aid consultancies, women's shelters and refuges, police officers, doctors and representatives of the church. Clients may need to be referred to other support services in order to handle their complex problems. This may help to think about the deep-rooted problems and ensure that healing and preventive work has long-term benefits, rather than just obtaining help that works in the short-term.

Conclusion

It is crucial for the workers to build a trusting relationship with the Aboriginal community. Cultural competence and working with Aboriginal Liaison Officers is an important step towards building a mutually trusting relationship. A relationship that is simply based on "talk therapy" will not work for Aboriginal clients. Furthermore, workers need to know where to get practical assistance for Aboriginal clients. Otherwise, Aboriginal clients may only turn to those services that can really assist them. Services of this kind become a meaningful referral point within their community.

Before our service has tried the new model of intervention, the Aboriginal people made up less than 8 percent of the total clientele each year in the past few years. Since 2005, the percentage of Aboriginal clients has soared to 58 percent of the total caseload. The proportion of Aboriginal people seeking counselling services has risen alarmingly compared to the past few years. There may be other reasons contributing to the success or otherwise of engaging Indigenous clients, including having a Chinese culture counsellor working in the service which has an ethical match effect in attracting Aboriginal clients. It is therefore necessary to have more research-oriented studies that explore the influence of cultural background on the facilitation of working with Aboriginal communities.

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'Just another white-ology': Psychology as a case study

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Abstract
This paper explores the role of one of the helping professions, psychology, in the lives of Indigenous Australians in the past and present, and suggests ways forward for the future. In the past psychology has been implicated in the marginalisation, oppression and dispossession of Indigenous Australians, and this continues at the present time since psychology as currently practised is an agent of the dominant culture. In order to have a positive influence in Indigenous lives, psychology and psychological practice will need to change radically. The paper draws upon current work by the authors in developing curriculum guidelines for teaching cultural competence to psychology students and is informed by recent developments in developing ethical standards. Psychology, and other helping professions, can have a positive role, but more as allies and advocates rather than 'experts' that solve clients' 'problems'.

"Psychology was seen as, at best, "just another white –ology" and at worst a major agency for scrutinizing and labelling Indigenous people."

As one of the helping professions, psychology should have a useful role in improving the mental health and social and emotional well-being of Indigenous Australians. On every social and health indicator, Indigenous Australians are among the most disadvantaged people in the world, in contrast to the majority of non-Indigenous people, who enjoy unprecedented good health and prosperity. Yet psychology and the other western helping professions have not only been ineffective in redressing Indigenous disadvantage, they have been implicated in contributing to its creation and perpetuation.

It is important to note from the outset that there are many positive developments in Indigenous affairs. One of the most important is Indigenous self-determination: Indigenous voices are increasingly speaking up and initiatives to improve Indigenous well-being are increasingly being driven by Indigenous people. Some examples include the development of the Cultural Respect Framework for Aboriginal health in South Australia (Australian Health Ministers' Advisory Council, 2004) and the development of curriculum guidelines for medical schools, a process initiated by Indigenous doctors (Phillips, 2004b). While there are many problem areas, it is important to avoid continuing to portray Indigenous people as victims, which can result in disempowerment (Hunter, 2006). Indigenous people are taking a leading role in developing partnerships with non-Indigenous allies (Angeles, 2005; Australian Psychological Society, 2003; Hunter, 2003; Hunter, 2006; Sanson-Fisher, Campbell, Perkins, Blunden, & Davis, 2006; Vicary & Westerman, 2004). This is one of the main points of this paper. Psychology can have a useful role but there is a danger that it will be left behind if it does not change its world-view, attitudes, and behaviours. This paper discusses the role of the profession of psychology in Indigenous lives in the past and present, and suggests ways forward for the future.

In the context of this paper, the term 'Indigenous' will be taken to refer to Indigenous Australians unless otherwise specified. The Indigenous people of Australia include Aboriginal people, whose country is on the mainland, and Torres Strait Islander people, who belong to a group of islands in the Torres Strait between the top of Queensland and Papua New Guinea. It is also important to note that there is great diversity among Indigenous peoples. For instance, it is estimated there were some 270 distinct language groups across Australia before the arrival of the Europeans (the word 'tribe' is not commonly used in the Australian context), almost half of the Indigenous population lives in large cities or country towns, and very few follow a classical traditional hunter-gatherer lifestyle to any extent. Finally, the term 'psychology' will be taken to refer to Western psychology unless otherwise specified, with 'Western' referring to the dominant model developed primarily in the United States, the United Kingdom and Western Europe.

The past

The relationship between Western psychology and Indigenous Australians in the past has not been a happy one. Psychology has been implicated in the marginalisation, oppression and dispossession of Indigenous Australians (Riggs, 2004). From its earliest beginnings in the 19th Century through to the middle of the 20th Century, psychology as an academic discipline has served to portray Indigenous Australians as inferior. Psychology in its early forms helped to promote Social Darwinism, by which Indigenous Australians were considered to be a primitive race which would inevitably die out through competition with the superior white colonisers. When it became clear that they were not dying out, psychology helped to maintain Indigenous Australians in an inferior position relative to the rest of society through 'scientific' research that claimed to show that their cognitive and other abilities were below those of white people. Psychology has tended to focus on "the 'deficits' and 'problems' of minority group members, rather than their competencies. Some psychologists have engaged in the 'race-IQ debate', propounding biological

deterministic views which support racism and victim-blaming…." (Australian Psychological Society, 1997, p. 5)

Western psychology tends to be focused on the individual, often in a decontextualised way which may overlook the role of culture, family and social structures, and economic factors. "By focusing on individualistic explanations for problems, the contributions of structural and systemic inequities are ignored" (Australian Psychological Society, 1997, p. 5)

Over the past fifteen years there have been a number of important publications outlining the sorry history of psychology in relation to Indigenous people (Collard, 2000; Dudgeon, 2003; Dudgeon, Garvey, & Pickett, 2000; Garvey, Dudgeon, & Kearins, 2000). A notable feature of this emerging literature is that much of it is written by Indigenous people themselves. This in itself is interesting, since it illustrates the ignorance that Western psychologists have possessed about their negative role in the past and their lack of a positive role in the present. One explanation for this relates to the nature and world-view of Western helping professions, a point which will be discussed later.

Indigenous Voices

One example of what Indigenous people say about psychology comes from Keri Lawson-Te Aho, a Maori psychologist in Aotearoa (New Zealand): "the relationship between Maori people and Pakeha [white] psychologists has been one of inequality in which Maori, often positioned as client or student, have been abnormalised through the wholesale application of foreign psychological models and theories….. Pakeha psychology may be understood as part of the mechanics of colonisation and neo colonialism" (Lawson-Te Aho, 1994).

Another example comes from Pat Dudgeon (Dudgeon, 2003) an Aboriginal psychologist and Director of the Centre for Aboriginal Studies at Curtin University in Perth Western Australia: "Indigenous people have been, at best, invisible or, at worst, oppressed by the practice of psychology……. Psychological involvements with Indigenous people of the past reflected the social views of the time and were discriminatory. Firstly, Indigenous people were treated as objects. Secondly, while it may be undeniable that such (early) research, which sought to categorise Indigenous people, used methods and instruments that were appropriate for the time, we now see those methods and events in a different light. Indeed, if we apply contemporary standards to those endeavours, we might conclude that they were less than conciliatory for the Indigenous subject. Furthermore, if we include Indigenous perspectives, we might conclude that the consideration, treatment and reference to Indigenous people would today be considered unethical and inappropriate" (p. 41)

Later in the same article she refers to the present and future: "A change has come about where the relationship between psychology and Indigenous people needs to firmly prioritise what Indigenous peoples themselves want from the relationship. To work towards reconciliation, psychology needs to acknowledge that this discipline is immersed within a culturally specific world view. Further, psychology as an institution is part of a

broader dominant discourse, so there needs to be recognition that there is a political dimension to psychology by virtue of the history it is embedded in. *The current status quo maintains inequality and oppression*" (p. 43 – emphasis added).

A number of important points flow from these extracts. First, the thought that a helping profession would oppress another group of people, even if unintentional, is an uncomfortable and unpleasant one. Discomfort is a good thing if it acts as a motivator to avoid the mistakes of the past. Second, the move to change the relationship between psychology and Indigenous Australians has largely come from Indigenous people, which sends a significant message to non-Indigenous people and presents a substantial, important, and exciting challenge. Thirdly, it is not enough just to acknowledge the mistakes of the past since (as Dudgeon reminds us) "the current status quo [of psychology as well as the other powerful institutions of Australian society] maintains inequality and oppression." This challenges us to understand how psychology as a profession is an agent of oppression and to work out ways to help in the process of liberation and social justice.

Developing curriculum guidelines for cultural competence – reflections of a focus group

A process to introduce culturally appropriate Indigenous content into the psychology program has been underway at the University of South Australia for two years (Ranzijn, McConnochie, Day, & Nolan, 2006). Near the start of the process (November 2004) a reference group of ten mainly Indigenous professionals was convened to inform and guide course development. The group was conducted in a conversational manner and built around a few key questions. Among other issues, we asked them to speak about their perceptions of the profession of psychology as practised at the present time, on the basis of their experiences of interacting with psychologists in the course of their work. A semi-structured format was used, which allowed for free-ranging discussion of important issues raised in the course of conversation. The proceedings were not audiorecorded but comprehensive notes were taken by all the team members working on course development. At the conclusion of the focus group, which lasted about three hours, the team members reached an initial agreement about the main points that had been made. Each team member then wrote their own comprehensive account of the conversation and shared it with the others. A few weeks later the team met again and came to an agreement about what had occurred. A common account was then circulated among the focus group members for their comments and endorsement. After some more minor alterations the final report was endorsed by all the participants. The findings relevant to this paper are described in the following sections and later parts of the paper.

The group identified a number of serious limitations in the way psychology interacts with Indigenous Australia, which have impacted on Indigenous perceptions about the discipline. Psychology was seen as, at best, "just another white –ology" and at worst a major agency for scrutinizing and labelling Indigenous people. Apart from the power of labelling to adversely affect the way psychologists interact with Indigenous people, one of the dangers noted was the extent to which Indigenous clients may end up internalizing these labels, believing them, and eventually acting them out.

Psychology was seen as one of the important agencies for controlling Indigenous peoples' lives, and individual psychologists were likely to be viewed with suspicion and fear, based (not unreasonably) on both historical and current experiences of the profession. It was noted that Indigenous people will usually only come into contact with psychologists during periods of personal crisis – and so the profession is more likely to be seen negatively.

Although non-Indigenous psychologists play a major and increasing role in the lives of many Aboriginal people, they were seen to be limited in their ability to fulfil these roles effectively by

A lack of appropriate cultural knowledge and a tendency to stereotype Indigenous clients,
Limited understanding of, or skills in, the development and application of appropriate communication strategies and protocols for working with Indigenous clients or for accessing the resources of Indigenous communities,
Difficulties in communication between psychologists and Indigenous clients,
A reluctance on the part of many Indigenous clients to trust and engage with psychological services, and
A perceived inability to understand and address the social issues that impact upon psychological functioning of Indigenous clients.

Psychologists become involved with Indigenous clients both in a range of counselling, policy and advisory contexts and through the preparation and provision of assessments or reports. These contexts include, for example:

Criminal Justice and the Court system. Psychologists' reports are used widely as part of sentencing and parole submissions. Psychologist's reports are taken very seriously by judges and parole boards. Psychologists are also involved in a wide range of other activities including, for example, anger management programs and diversionary programs.

Education and Schools. Psychologists are involved with Indigenous students in a range of educational contexts, including various forms of cognitive skills testing, reports on behavioural issues, vocational counselling, and implementing counselling and behavioural programs

Social welfare contexts. Psychologists are also involved in child placement processes, custody orders, case study conferences, and client counselling.

Psychology from the perspective of an Indigenous therapist.
One of the authors of this paper (Colleen Clarke) has worked extensively with Indigenous clients in a psychotherapeutic context, and the above observations accord with her experiences. As many Aboriginal people see it, psychologists are "White people" who have a lot of power over Aboriginal people. The Western biomedical model of mental

illness followed by most psychologists is a barrier in itself, since Indigenous people (and others) perceive that a stigma is attached to the terms "mental health" and "mental illness." Increasingly, Indigenous people prefer to use the term "Social and Emotional Wellbeing", which accords more closely with the Indigenous model of health: a holistic, healing, and spiritually-based approach. Indicators show that Indigenous people prefer to use counselling and alternative forms of psychotherapy rather than Western psychological methods like cognitive-behaviour therapy.

Western psychological theories of mental disorders tend to be individually-focused, and try to ascribe the cause to a discrete factor if possible (such as a biochemical imbalance, genetics, or a traumatic life event), and treatment follows from the diagnosis. However, most Indigenous clients have many co-morbidities and multiple issues, including addictions: drugs, alcohol, gambling; domestic violence; depression; anxiety; stress; self harm; work related issues; and trying to deal with grief and loss (deriving from processes such as the Stolen Generations, dispossession of land, destruction of culture, and loss of identity). There are numerous additional social factors impacting upon Indigenous mental health, including high levels of poverty; very high unemployment rates; the small percentage of students completing high school education; lack of skills, experience and training; inadequate housing; and lack of services – particularly Indigenous.

Another reason for the hesitation that Indigenous people have about psychologists concerns the stigma attached to seeing a psychologist. Since many Indigenous people come into contact with psychologists only at times of crisis, when referred by health agencies, they think that if you are seeing a psychologist then you must be *buntha / woorangi* ("mad", "silly", "going off your head", "losing it"). Psychology is seen as scary and unknown: 'if I see a psychologist they might find something wrong with me, and then they might take me away/ might put me in hospital/ I might not see my family and kids again'. Given the history of psychologists as agents of the state, enforcing government policies such as the removal of children from their families, these fears seem very reasonable.

Clearly, psychology has a lot of work to do to establish its credibility as a useful profession and to overcome generations of mistrust and fear. If psychologists are to work effectively with Indigenous people they need to become culturally competent (see below), part of which involves developing a deep understanding of the roots and consequences of Indigenous disadvantage.

The whiteness of psychology

The focus group commented that communication between psychologists and other workers (both Indigenous and non-Indigenous) was considered difficult – partly because of the extensive use of complex language and terms by psychologists (professional jargon) and partly because of the dominance of individualistic, measurement-based approaches within psychology.

Damien Riggs has recently criticised psychology, as practised in Australia and the US, because of its basis in 'whiteness', that is, it is grounded in (often unconscious and

unexamined) assumptions held by the dominant culture that white cultural values are 'normal' and that other world views are inferior. Furthermore, the practice of psychology is influenced non-consciously by this world view. Damien challenges what he calls the 'monoculturalism' of psychology (Riggs, 2004).

Reflecting the views of Gergen, Gulerce, Lock, and Misra (1996), Damien says:

> *"Psychology itself is a cultural practice [it is a part of culture, not outside it]. From this perspective psychology does possess not any particular warrant to truth claims based on a form of a priori knowledge about the processes of subjectification, but rather gains its epistemic authority [the authority to say what is true] from the ways in which psychological understandings are taken up within society more generally…. In this way psychology as a cultural practice informs the ways in which people understand themselves through the reification of particular concepts such as "identity", "self", and "subjectivity" (Riggs, 2004, p. 120)*

The concept of reification is of particular importance to psychological thinking. Reification means assuming that something which only exists as a result of common agreement is actually 'real', that is, has an existence outside of common agreement that it does exist. Psychology has a particular tendency to reify psychological constructs (such as self-esteem, particular forms of intelligence, etc). Psychological reification (for instance, saying what self-esteem or depression 'are') is commonly the result of

- deriving culturally specific definitions of the construct,
- developing psychometric tests following from the definition,
- testing specific samples, and then
- making pronouncements about the 'reality' of self-esteem, depression etc on the basis of these results

Indigenous voices portray a different approach to health and well-being:

> *"It is generally accepted that Indigenous culture is holistically based (Clarke & Fewquandie, 1997). In definitional terms, this means that concepts of mental ill health for Indigenous people will always need to take into account the entirety of one's experiences, including physical, mental, emotional, spiritual and obviously, cultural states of being. In more practical terms, this means that health may not be recognised in terms of a mind/body dichotomy (Slattery, 1994). This effectively makes the western model of ascribing illness to disease inappropriate or irrelevant to the beliefs of most Indigenous people" (Westerman, 2004, p. 3).*

In other words, psychology's world-view, in which the Western way is the 'best' (most advanced, since it follows the 'superior' Western scientific method), has led to a method of practice which may be effective and acceptable to Western clients but may be totally foreign, irrelevant and ineffective for people who do not share that world-view. Indigenous Australians have their own highly sophisticated world-view, encompassing models of health and ways of knowing evolved over at least 60,000 years of living in the

Australian continent. Part of the current Indigenous cultural renaissance concerns the recognition of the value of traditional approaches to mental health and traditional ways of healing (Pollitt, 1997; Westerman, 2004). The challenge for psychology is to respond by engaging with this process, not continuing doggedly with a way of operating that has failed Indigenous people in the past and continues to do so. It is the dogged continuation of practices which are irrelevant and harmful to Indigenous people that contributes to the maintenance of the status quo referred to by Pat Dudgeon above. Psychology as currently practised is an agent of the dominant culture rather than an agent of liberation and social justice.

However, through self-criticism and self-awareness it is possible for psychology to change: "By acknowledging the ways in which psychology is something that we *do*, rather than something that *is* (in an a priori sense), it may be possible to make visible the ways in which psychological practices can be oppressive to a broad range of people" (Riggs, 2004, p. 120).

Psychology is a backward profession

Although some people may claim that psychology has come a long way in its short history (just over 100 years), others point out that in many respects psychology is lagging behind other disciplines which are also concerned with human and social behaviour. Gergen et al. (1996, p. 497) refer to the way that psychology is lagging behind other disciplines in its approach to research and practice:

> *"In the expression of such doubts [about the 'reality' of their worldview], the profession of psychology is relatively conservative. As a contrast, in cultural anthropology, there is enormous concern over the tendency of Western anthropology to construct other cultures in terms saturated with Western ideals and preconceptions; to exploit other cultures by using them for ends that are solely tied to local Western interests; and to colonize other cultures through the exportation of Western ideas, values, and practices."*

Cultural competence: What is it, and why is it important?

Over the past decade, there has been increasing interest world-wide in the concept of cultural competence (also called cultural competency), and this interest seems to be accelerating. A number of health and human service professions have addressed the issues and have developed programs in their professional and post-professional training, for instance medicine, dentistry, nursing, and social work. With a few notable exceptions (Sue, 2003; Tyler, 2002; Yali & Revenson, 2004), psychology has been lagging behind, and this needs to change. Why? Because, regardless of how cultural competence is defined, without it psychological treatment of Indigenous people and those from other diverse cultures is likely to be ineffective at best and destructive at worst.

Arguably, one cannot be a competent practitioner in any field without being culturally competent, particularly practitioners interested in working towards social justice and overcoming Indigenous disadvantage (Sutton, 2000). Current theory in cultural

competence proposes that cultural competence is an important factor in eliminating disparities in health care (Betancourt, Green, Carrillo, & Park, 2005).

Since people are so diverse with regards to their gender, sexuality, and ethnic and cultural orientations, cultural competence is not a skill that is only required when dealing with certain specified 'exotic other' groups of people. Rather, it is a vital skill when working with people no matter what their cultural or other context may be. Cultural competence is now regarded by leading thinkers as mainstream medicine (Betancourt, 2004; Cole, 2004) and should also be recognised as mainstream psychology.

There are many possible definitions of cultural competence. Sutton (2000) defines cultural competence as: "a set of congruent behaviours, attitudes and policies that come together as a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations. The word competence is used because it implies having a capacity to function effectively."

Tracy Westerman is an Indigenous psychologist from Western Australia, a leading figure in raising awareness about the need to be culturally competent when working with Indigenous Australians. She says, "cultural competence is about the ability of practitioners to identify, intervene and treat mental health complaints in ways that recognise the central role that culture plays in mental illness" (Westerman, 2004, p. 4)

How can white psychologists achieve cultural competence in relation to Indigenous Australians?

There are numerous resources and guidelines available to help people to become more culturally competent (for instance, Administration on Aging, 2001; Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Hamill & Dickey, 2005; Ranzijn, McConnochie, Day, & Nolan, under revision; Rapp, 2006; Wells, 2000; Westerman, 2004). A full discussion of cultural competence is beyond the scope of this paper, but there are three key areas of importance: knowledge, skills, and values. Culturally competent practitioners need: a good general knowledge of Indigenous cultures and an understanding of the effects of colonisation and successive oppressive government policies, transgenerational trauma, and the socioeconomic influences on Indigenous disadvantage; skills for developing trust and communication, including an understanding of culturally appropriate protocols; and a genuine commitment to social justice and addressing inequality. According to (Tyler, 2002, p. 9), "a kind of *decentering* (of seeing oneself as other than in the centre of the universe) is essential." In order to overcome the often unconscious influences of whiteness, developing cultural competence also includes ongoing reflective questioning of one's values and motives for wanting to work with Indigenous people.

Cultural competence is about respect – if we respect our clients and the people we are dealing with we need to understand them and understand the most appropriate ways of working with them. Developing cultural competence demonstrates that we are serious about redressing social disadvantage and inequality

National Practice Standards for the Mental Health Workforce

Increasingly, accrediting organisations are looking for evidence that mental health practitioners possess skills in cultural competence, among others. The Australian Commonwealth Government has developed a set of twelve National Practice Standards for the Mental Health Workforce, which will be rolled out over the next decade (Commonwealth Department of Health and Ageing, 2003). The criteria for Standard 3 ('Awareness of diversity') are: "Mental health professionals practise in an appropriate manner through actively responding to the social, cultural, linguistic, spiritual and gender diversity of consumers and carers, incorporating those differences in their practice."

There are three attributes comprising Standard 3: Knowledge, Skills, and Attitudes, each of which is defined in some detail. Among other aspects, knowledge includes an understanding of culturally appropriate assessment instruments and techniques and knowledge of the availability and role of local Aboriginal and Torres Strait Islander health or mental health workers who work in partnership with non-Indigenous professionals. Skills include the ability to work collaboratively with other professionals and workers, communicate with the broader family and other networks of the clients and client groups, and utilise the services of traditional and other healers. The required attitudes involve a preparedness to acknowledge the crucial role of culture and diversity, acknowledge their professional limitations, and constantly evaluate their practice with regards to cultural appropriateness.

Psychologists: Experts or Allies?

Participants in the focus group generally agreed that one of their major frustrations was the inability of services to address the broader social issues, including poverty, housing, and health. These unresolved contextual problems routinely lead to high levels of recidivism – the 'revolving door' syndrome ("we'll see you in three months") - because they were regularly sending clients back to situations which generated the problems in the first place. There was a strongly expressed appeal for psychology as a professional body, and psychologists as individuals, to become advocates for resolving these broader issues, rather than limiting themselves to specific, narrowly defined professional responsibilities.

Many of the issues identified by the group focused on negative aspects of the profession, but there was also agreement that there were many positive contributions that the profession could and should be making in Indigenous affairs. Indigenous communities across Australia are struggling with a complex set of interacting issues surrounding questions of identity, mental health and well-being, substance abuse, violence and the effects of racism. The group recognized that these are all issues which psychology should be able to assist Indigenous communities in alleviating or resolving. That is, there was agreement that there was an important positive contribution which Psychology could and should make within Indigenous communities.

One of the clearest messages in the cultural competence literature is that psychologists and other professionals need to let go of the idea that they are the experts who know what is best for their clients (Australian Psychological Society, 2003; Brideson, 2004; Brideson & Kanowski, 2004; Riggs, 2004). Current developments in policy concerning Indigenous health and well-being emphasise the importance of partnerships between service providers, policy makers, professionals and allied workers, cultural consultants and liaison officers, and consumers and their families and communities (Australian Health Ministers' Advisory Council, 2004; Australian Psychological Society, 1997, 2003; Burchill, 2006; Hunter, 2003; Hunter, 2006; National Health and Medical Research Council, 2003; Phillips, 2004a, 2004b; Sonn, 2004; Vicary & Westerman, 2004; Westerman, 2004). Psychologists can have a useful role, since they possess specific expert knowledge of mental health issues. However, they need to be willing to work as equals with all the other groups and at times to switch roles altogether, to learn from the 'expert' client and other people with an interest in the matter at hand.

A final point on this topic is a note of caution. While Indigenous people at the present time welcome a genuine collaboration with psychologists (which is a welcome development given the history of the relationship in the past), it is important for Indigenous stakeholders to take the lead in guiding the development of this relationship. In a recent paper, Ernest Hunter (2006) discusses what he calls the 'intervention paradox': the unanticipated negative outcomes of good intentions. Many interventions and policies in the past (and present) have been motivated by desires by non-Indigenous (and Indigenous) people to 'help' Indigenous people. However, the imposition of 'helpful' policies and practices have had the effect of undermining Indigenous self-determination, leading to powerlessness, reduced self-esteem, and the perpetuation of the cycles of violence, depression, and poverty which result in continuing disadvantage and inequities. To avoid making this mistake yet again may involve "unpacking and challenging paternalistic principles of responsibility and right action" (Hunter, 2006, p. 30). Hunter goes on to say that "as effective approaches must necessarily reflect Indigenous agency and support Indigenous continuity and control, non-Indigenous players should be placed in support roles rather than broadly directing social change" (p. 30). These comments are primarily aimed at policy makers but are just as applicable to practitioners working with clients and communities. Value your expertise and be willing to provide it when asked.

It's all too hard!

Sometimes it may feel like it's all too hard to become culturally competent, and the checklists of guidelines seem so elaborate it seems like you'll never learn all the rules, especially if you want to get to know a specific community of Indigenous people. However, there is a very simple first step which can make all the subsequent steps much easier:

> *"Don Pope-Davis, PhD, a multicultural psychologist at the University of Maryland, College Park, has a much simpler formula for becoming an effective therapist with people of different ethnic backgrounds. He believes clinicians must ask their clients for help in understanding the value systems from which they come.*

> *And they should make sure their clients feel that any cultural differences they may have with the clinician are respected and acknowledged during the therapy process." (Sleek, 1998, p. 7)*

The thought of trying to learn all that we need to work with Indigenous Australians, and not only that, of trying to work out what it is that we need to know, what questions we need to ask, and how to ask them, can be overwhelming. However, when meeting people from a different culture, the main requirement is a willingness to engage in conversation. Another key to developing Indigenous cultural competence is: Don't hurry. This means being able to wait, to not rush to understand or enter into a relationship. Perhaps it also means that we can relax a bit and not try too hard to 'get it right.' If we wait until we are sure we've got it right we'll never begin.

It's OK (and probably essential) to make mistakes and to be able to say 'I don't know', since your Indigenous partners are very likely to be willing to help you as long as you have goodwill and 'a good heart' (Vicary & Westerman, 2004, p. 9).

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RACE AND RACISM: 20th CENTURY MANAGEMENT OF ABORIGINAL PEOPLE

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Introduction

From the time of first contact and the resulting colonization of Australia, the dominant Anglo-European culture has not been able to leave Aboriginal people alone. They [Aborigines] have been subjected to systems of control and rule imposed upon them through social and political policies based on conceptions of racial inferiority and inequality. Many of these were established on beliefs of the 18th and 19th centuries especially that of Social Darwinism (Jones,1980). Though subsequently refuted these are still effective in modern society.

In this treatise contemporary race relations in Australia will be examined through looking at what racism is, how it is demonstrated and how it has been used to manage the destiny of Aboriginal people throughout the 20th and into the 21st centuries.

What's It All About Alfie?

What is meant by racism? One definition states that it is 'a belief that racial differences produce an inherent superiority of a particular race.' (Longmans,1985.1138). An expanded and more flexible interpretation is given by Peter Jackson.

"Racism involves the attempt by a dominant group to exclude a subordinate group from the material and symbolic rewards of status and power. It differs from other modes of exclusion in terms of the distinguishing features by which groups are identified for exclusion. However, racism need not have recourse to purely physical distinctions but can rest on the recognition of certain 'cultural' traits where these are thought to be an inherent and inviolable characteristic of particular social groups (Jackson,1987.cited Hollinsworth,1998.3."

Using this understanding of racism we will assess the racist levels of Australian society through the following examples of prejudicial disadvantage perpetrated against Aborigines.

THE STOLEN GENERATION issue is one of primary focus in the current social and political arenas with a lot of media attention. The actual occurrence of this traumatic activity continued through two centuries and its impact is still resounding through the Aboriginal communities nationally. Children became the tool(s) for governments, churches, missionary groups and educational organizations to control the Indigenous population. Forced removal of children, notably those who were identified as being only 'part-Aborigine', was deemed not only necessary to 'save' their non-Aboriginal heritage but to promote assimilation and through that process lead to the breeding extinction of the race.

With traditional culture and life seen as primitive, degenerate and even depraved, Aboriginal children were taken from their families, their traditional lands, their clans and kinship groups to rehabilitate or reform their development into a more acceptable and respectable outcome. They could then blend into the dominant white society. All this was precipitated under the auspices of the current child welfare laws and the Aboriginal Protection Board established in 1883 by the New South Wales government. The Board had no official power until 1909 when the Aborigines Protection Act was legislated. Children could then be legally taken without parental consent, on the basis of 'neglect' as the main reason. Placed in residential institutions such as the Cootamundra Home for Orphaned and Neglected Aboriginal Children (est.1912) and the Kinchela Boys Home (est.1924), children were subjected to a program of immersion in an attempt to remove all vestiges of their aboriginality so that they could be assimilated into the broader community and cease to be a burden on the State (Linkup and Wilson,1997.61). Here the system of separation by blood quantum and physical appearance was used to it full extent. Fair-skinned children were deemed to have advantage over dark-skinned inmates including siblings. Thus guilt and shame were instilled through psychological conditioning to establish an identity different from their now severed cultural and familial ties. Training in domestic skills, base labour and station work was provided and seen as the only skills capable of being achieved (Read,1981). Identity was fragmented or lost. Self-esteem and a sense of worth were destroyed, not only to those who had been taken but also to the parents and families who were left behind. (HEROC,1997.198.217). Marriage to persons of fair skin or from white society was encouraged, even promoted, and thus breeding extinction would become inevitable. But what of the 'real' Aborigines and their dilemma, what was happening to them?

THE SEGREGATED RESERVE made its appearance. All those persons identified as Aborigines were now subject to laws of repression and protection. Families, even whole communities were forced to leave their lands and they had to be put someplace, so the Reserves were established. And many were already working Missions and Stations. Legislated against, these families and individuals now found themselves confined to these places and exposed to further oppression. Even for those who had fled, escaping police

and other authorities, life did not improve as they lived under the constant threat of detention or removal. This affected almost every Aboriginal family and the Reserve became another tool of control. They were subjected to rules and regulations of managers, strict even violent discipline, plus their loss of privacy and autonomy. Members of different groups were put together which created more stress and internal conflict as well. Their traditional way of being was gone, their ceremonies repressed or forbidden and language undermined by the imposition of the Anglo-European ways. It created a whole new communality, but also great frustrations that continue until today (Hollinsworth,1998.115-118).

THE URBANIZATION OF ABORIGINES is a notable example of where previous events and legislation has led. While many people [Aboriginal] still live on Reserves or in remote communities, the greater number has moved into urban life within Australian cities and towns. Here they are still marginal in social and economic structures. Most live below the poverty level and feel that this has been an imposition of the dominant system. This in turn has led to what are still perceived to be socio-cultural disabilities, such as domestic violence, substance abuse, poor health, abandonment of children or spouses, lack of employment, minimal education and high incidence of crime. This seems to support those refuted theories of inferiority and inequality still. Stereotypical images like who is or is not a 'real' Aborigine and what that means in a cultural and traditional sense persist. People continue to be referred to as being 'part-Aboriginal'. This is simply another imposed term of legal and social status with application to cultural insignificance. Insensitivity from workers in government and social services and the denial of those services are still evidence of marginality in communities (Langton,1981.16-21).

Conclusion

Global colonization and the development of a capitalist society led to the ideology of racism as a concept to define characteristics of inferiority and superiority. The arrogance of Europeans in assuming a cultural theocracy as a result of physical and biological differences led them to conquer or at least subdue the world as they chose. With this came the dispossession of First Nations people, their cultures, religions, social structure, languages and identities, worldwide. Everything was done for the benefit of the dominant powers and racism arose in the extreme form of denial of human rights to non-Europeans which eventually lead to the death of millions of Indigenous people(Hollinsworth,1998.29-43).

Australia still denies the underlying causes of Aboriginal disadvantage and inequality being maintained by previously implemented ideals and legislation based upon racial superiority. Governments refuse to consider the potential creativity that has been suppressed in Aboriginal life while encouraging it in the mainstream. Progress has been made through the social and political movements of Aborigines themselves, with support from public sectors and even some politicians, in changing legislation. However, the Australian government still refuses to negotiate fully regarding the control of Aboriginal destiny and granting [Aborigines] their inherent rights as the First Nations of this land. Now in the first six years of this new millennium we have seen the abolishment of

ATSIC, the federal representation and national voice of Aboriginal people within the government. We have witnessed the disclaimers of Aboriginal history in Australia by pseudo scholastic works of historians like Keith Windschuttle. We have witnessed constructed and fabricated media reporting to suit a political agenda to gain unrestricted access to Aboriginal lands and communities (ABC, Lateline 2006). And most recently a public statement by the current Prime Minister John Howard, who was quoted as saying that the "black armband view of history was a threat through its portrayal of Australian history as a litany of racism, sexism and class warfare." (Courier Mail, Madigan, M. October 4, 2006.

Is this still management in the 21st century? You bet it is.

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RIGHTS OF PASSAGE – THE COMING OF THE 'WILD WEST': CONSTRUCTS OF IDENTITY AND THEIR EFFECTS UPON INDIGENOUS PEOPLE ©

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Introduction

"We did not think of the great open plains, the beautiful rolling hills, and winding streams with tangled growth, as 'wild.' Only to the white man was nature a 'wilderness' and only to him was the land 'infested' with 'wild' animals and 'savage' people. To us it was tame. Earth was bountiful and we were surrounded with the blessings of the Great Mystery. Not until the hairy man from the east came and with brutal frenzy heaped injustices upon us and the families we loved was it 'wild' for us. When the very animals of the forest began fleeing from his approach, then it was that for us the 'Wild West' began." - Luther Standing Bear, Lakota, 1933.

It was the decade of the 1860s, the time of birth of one of my ancestors Luther Standing Bear who grew to manhood during years of crisis for the Lakota and other nations of the Great Plains. At last the process of colonisation begun in 1492, when we were labeled 'Indian', had reached the West. While he was still a young boy the traditional way of life of the Lakota was undergoing dramatic change. Already we had been renamed by the French fur traders and were called the Sioux. The controversial Fort Laramie Treaty of 1868 had been legislated and the great Sioux Reservation had been firmly incorporated. In the years that followed virtually every important aspect and institution of Lakota life was subject to change. The annihilation of the buffalo and other natural food sources, plus confinement to the reservation caused the erosion of old traditions and forced our people to depend upon the government for the necessities of life. Our societies of

autonomy were weakened and normal avenues of social and political advancement were closed. Opposition to government programs by traditional leaders caused dramatic confrontations which led to efforts to destroy positions of leadership and to create rival headmen more sympathetic to the will of agents and Washington officials. Agency police were recruited through coercion and made responsible to the already entrenched Bureau of Indian Affairs. This provided another onslaught upon Lakota traditions and further strengthened the position of the appointed Indian Agent. Government support of missionaries and their efforts to convert the 'heathen' undermined our religion and spiritual beliefs and practices. The prohibition of sacred ceremonies including the Sun Dance, our most important annual religious and social event, was devastating. Last but not least, education programs were developed to hasten acculturation and prepare the Lakota and other Indigenous Americans for assimilation into the dominant white society (Ellis, 1975).

For tens of thousands of years we had known who we were and our place in the great Cycle of Life. Now that was being taken away. Native Americans were to become strangers in our own land. We would be deprived of all dignity, reconstructed, reclassified and made to carry the burdens of assigned identities. Through social and political discourse we would be objectified and become 'other'. It was not a new story to divergent peoples of the Earth, but it was new to us. How little we realised just where it would take us both externally in the outside realm and internally within our own communities.

Through this dissertation I will endeavor to present a picture of the world that continues to exist for Indigenous people, one controlled by a dominant society that persists in grinding out old injustices under new guises. There will be a review of some of the complex actions created via political ontology and social influences that offend morality and common sense; actions explained away routinely by a system of administration relying upon obscurity and intricacy to insulate itself from scrutiny and criticism (Cahn and Hearne, 1969). A comparison of Native American and Australian Aboriginal experiences will be used examining some of the issues that brought conflict into Indigenous communities and centering on constructs of identity. This will include imposed caste systems and blood-quantum measurements used to determine and define a person as being 'real' in a culture. How these separate and divide individuals, families and whole communities will be of primary concern.

To better understand the effects of re-identifying people we must step back in historical time to see how the theory and system of 'other' came into being. In 15th century Europe use of the term race generally referred to differences between groups within a community based upon rank or social station. When countries such as England and Spain began full-scale colonisation during the 16th and 17th centuries the vanquished became regarded as being of a different race because they were unlike their vanquishers. Then the mass movement of people came around the globe by the colonisers and their subjects, especially through the slave trade. The shift in the meaning of race then became crucial as capitalism and nationalism in Europe arose, with the success of these systems

dependent upon the accumulation of new resources and military power. These factors and the use of subdued non-European labour led to the belief that Europeans were both culturally and racially superior. By the 18th century racial hierarchies were fixed based on physical differences and a modus operandi for the classification of all natural life as objects, including human beings was established (Hollinsworth, 1998. 35-43). A new worldview had emerged and was readily adopted by most European nations, especially those embroiled in the race for colonial riches to advance their needs for economic and social dominance. By having 'scientific proof' through the theory of evolution espoused by Darwin, the dialogue for the identification of humans seen to be inferior and the labeling of them as savages, heathens, deviants or sub-humans became an acceptable tool for exploitation. All non-whites were now categorised as 'colored' and put into a place of being 'other' to the rest of the world (Blumenbach, 1806). It became legal terminology and thus justified the dehumanisation of all Indigenous people and treatment of them, most notably the Africans, the Native Americans and the Australian Aborigines.

While the issues faced by the Africans are not a focus of this paper, mention must be made of the circumstances and hardships they experienced, for this is pertinent to what follows. The slave trade, or 'black-birding' as it came to be known, played a vital role in the colonisation of the Americas and Australia. It was the foundation of the labour force that was to change the face of those continents forever. All attributions of worth, racial attitudes, and violence enforced upon the Africans were transported globally by the economic powers that supported this heinous trade. These were to become firmly entrenched in the policies of governments, social institutions and the psyches of the colonists. That they were enforced against the first Americans was made evident in the assignment of a lesser identity to Native Americans using the terminology and methodology perpetrated upon the Africans (Forbes, 1993. Ch.9). This format was also employed with the Aborigines of Australia. Invasion, warfare, destruction, deceit, slavery and suppression all led to the same conclusion – the ultimate success of the invaders at enormous cost to the people whose lands and way of life were taken.

So what was this cost to the Indigenous Americans and Australians? Humankind needs a worldview to survive and all cultures have a solid basis of ontology. Elimination of this ontology can destroy a nation or its individuals and fracturing of identities occurs when two world ideas overlap with the dominant one effectively changing the other. The beliefs and existence of Aboriginal people are aligned to and inherent with the land. When their traditional lands and resources are taken away the structure of kinship and relationship to all things in creation is disrupted. Social chaos occurs and disintegration of the culture ensues with its members falling victim to manipulation through removal and new constructs of identity by their oppressors to promote assimilation.

Removal was one of the deciding factors in the disenfranchisement of indigenous people and had a dual role to play. The first was the establishment of reserves or missions to restrain and control them under the authority of appointed government officials or missionaries from various church groups. This led to further corruption on all levels and miscegenation occurred. Incidences of miscegenation were already in evidence as it was part and parcel of contact with outsiders, be it consensual or forced. However, it seemed

to escalate with reservation life and more children of mixed ancestry were born into these communities, which led to the second role of removal. Taking children from families and placing them in specially created residential institutions provided the means to civilize, acculturate and assimilate them into the dominant society. It was here that one of the most insidious elements of fragmentation was to occur, the division of nations by blood-quantum and a caste system of identification. Children were separated and identified according to physical appearance and complexion. Those of fairer skin were seen to be less savage, more worthy of saving and easier to blend into white society, while those of darker skin were labeled as less desirable. Already alienated from parents, families, land and cultural knowledge, they were now alienated from each other (Read, 1981). It mattered not if it was the Kinchela Girls Home in New South Wales or the Carlisle Residential School in Pennsylvania; the story was the same and the attitudes of the caretakers similar. Richard Pratt, the Superintendent at Carlisle stated "*I am a Baptist, because I believe in immersing the Indians in our civilisation and when we get them under holding them there until they are thoroughly soaked."* All evidence of ancestral culture was to be eliminated and replaced through the processes already legislated (Utley, 1964). Yet another construct of identity and one that has served governments well right into contemporary times.

By the first half of the 20th century most Native Americans and Australian Aborigines had experienced a deprivation of autonomy through aggression, suppression and institutionalisation. However, it was the caste barrier of color prejudice and discrimination that separated them from mainstream society and made them outcasts in their own lands. Already there was demarcation of identity using terms such as, fullblood, half-breed or half-caste, quarter-blood or just plain 'breed', all measured on appearance. Kinship and membership in nations, tribes or clan groups, cultural knowledge and rights to them had been disregarded. Only those seen as full-blooded were acknowledged as being the 'real' Indians or Aborigines. This was based on the 'Rule of Recognition' established by the British and adapted in the Americas in 1825, which holds that only a person whose non-white ancestry is visible is of that ancestry. While originally formatted to refer to persons of African heritage, this was also applied to Native Americans (Gotanda, 1995. 258). It is also evident in Australia where Aborigines no longer controlled by reserve conditions were controlled by a color bar and caste system that created two distinct social environments of black and white. In this system people can be either assigned or denied opportunities depending on provisos outside their control, regardless of any abilities they might have. One extreme and officially sanctioned example of this existed until 1949 whereby the Education Department of New South Wales could exclude identifiable Aboriginal children from state schools if Anglo/European parents objected to their presence. Racism was entrenched and prejudice rampant. Identity was used as a political tool to enact power over others by putting them in a place of being 'other' and this process goes through all the cognitive structures of society. Economically and socially this created a multi-faceted cycle of impoverishment that entrapped Aboriginal communities on every level. Then they were blamed for it, while the real cause of economic deprivation and political powerlessness was overt and covert racial discrimination (Broome, 1994. Ch.9).

For many Aborigines there was a total collapse of morale and self-hate developed from myriad probable sources. After being told for generations that they were inferior many came to believe it. Others, who could, tried to escape by assimilating into the European-based society. This resulted in some denying their ancestry and constructing new identities for themselves leading to further alienation and self-destruction. It also fostered a new dichotomy within a number of communities based on jealousy, mistrust and the perceived status of individuals or groups.

In the United States the government allows Native American nations to assess and determine the status of a member using the pre-determined method of blood-quantum. Once the quantum has satisfied the minimum requirements of the nation (usually $1/8^{th}$ percentage) and this has been verified by a birth certificate or other documents of proof, an applicant receives a blood certificate from the Bureau of Indian Affairs. The individual then is given a numbered enrollment card to prove that they are officially part of that nation. Michael Jennings, head of the Native Studies Department, University of Alaska, pointed out that only four times in world history has blood-quantum identification been required; 'Black' Koreans in Japan, Jewish people in Nazi Germany, South African Blacks and Native Americans including Alaska (Williams, 1999). This construct of classified identities within the Native American community at large has been causative of animosity between half-breed, full-blooded, light-skinned and dark-skinned members. The government has practiced for decades its divisiveness of Native American communities by instilling and perpetuating these 'Indian vs. Indian' tactics. In the old way of traditional life kinship was acknowledged not on appearance, blood measurement, or even in some instances by birthright, but on the commitment to the family, the band, the nation, its beliefs and practices. You followed the culture and it had nothing to do with status or an official piece of paper.

Re-evaluation by a system not unlike that used to determine a purebred animal, and persons of lighter skin seen to be advantaged as more acceptable, allowed envy, hostility and suspicion to creep in like a thief. This became very apparent during the interactions of the American Indian Movement and the U.S. government after the standoff at Wounded Knee, South Dakota in 1975. Members of the Lakota Nation at Pine Ridge were pitched against each other in violent conflict with the 'Traditionals' (full bloods) versus the 'Breeds' (mixed bloods). Most of this was caused by the politically motivated and corrupt Dick Wilson, head of the Tribal Police and his so-called 'Goon Squad' through their cooperation with State and Federal authorities using terrorist tactics against their own people. Wilson was not unlike any other petty dictator propped up with weapons supplied by the U.S. government. Most of the men employed by Wilson were of mixed ancestry from his own generation, who had grown up during the time the missions were most influential and traditional ways most despised (Mathieson, 1991. Ch.3. Individuals and families who had been friends were now aggressive towards or fearful of each other. Envy had already entrenched itself at Pine Ridge. This was caused by the policies of government bodies like the Bureau of Indian Affairs and social institutions to hire only those individuals of mixed blood for the few jobs available on the Reservation even if there were others who were equally qualified. Abject poverty,

disenfranchisement, despair and now self-fragmentation of a nation based on constructed methods of identification: add guns and violence and the 'Wild West' rises again.

While violence and the conflict experienced by Indigenous people share many features with the broader community, it also has a face of its own that we need to recognise in searching for an understanding of causes and to identify solutions. It is distinct in that it has invaded whole communities and cannot be considered a problem of a singular family or individual. It can be traced in many cases to interventions of the state deliberately induced to disrupt or displace. The conflict within Indigenous communities is fostered and sustained by a racist social environment that promulgates demeaning stereotypes of its members and seeks to diminish their value as human beings and their right to be treated with dignity.

"When you are talking about oppression, there is a process that goes on. First there is a process that demeans us and makes us believe that we are not worthy, and the oppressed begin to develop what they call cultural self-shame and cultural self-hate, which results in a lot of frustration and anger. At the same time this is going on, because our ways are put down as Native people, because our cultural values and things are put down, we begin to adopt the values of our oppressors and, in a way, we become oppressors ourselves. Because of the resulting self-hate and self-shame we begin to start hurting our own people." - Roy Fabian, Dene, 1993.

Conclusion

Steady interactions with non-indigenous society especially in the modern urban environment poses particular challenges to cultural identity. Both Native Americans and Australian Aborigines desire to achieve an adequate standard of living and to participate in the general life of the dominant society while honoring and protecting their own heritage, values and worldview. Sustaining a positive identity is of extreme importance because of the negative impacts of the dominant institutions. Maintaining a cultural identity for the majority of Native Americans and Aborigines is often difficult because many sources of their traditional culture such as contact with Elders, homeland, language and spiritual ceremonies are not easily accessible. Elders are essential to cultural identity as they are seen as forces in the lives of their people to endure beyond the pain and turmoil experienced in their communities, families or within themselves in regard to their identity. Identification with ancestral land is important because of the ceremonies and traditions associated with it, the sense of belonging it engenders, and the bond to family, community or Elders who remain there as custodians of place and knowledge. Land is one of the major keys to the renewal of cultural identity. Relationship with the land, occupation of it and use of its resources are all essential components of original identity.

Honor, respect, integrity, responsibility, sharing, strength and kindness are all values associated with cultural identity. These were values practiced in traditional communities reinforced by oral traditions, legends, cultural teachings, rituals and ceremonies. Children were instructed in the importance of maintaining these values in their relationship with all of creation. For most Indigenous people these values are as

important to their cultural identity today as they were in the past. Only we can re-institute them into our way of being.

Cultural identity is not any one element. It is a complex of lineaments that together determine how a person thinks about himself or herself as a person. It is a contemporary knowing about oneself, a state of emotional and spiritual wellbeing, founded in experiences. Only we, as Indigenous people, can construct our own true identity and see ourselves as real.

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A bibliography on Aboriginal and minority concerns: Identity, prejudice, marginalisation, and healing in relation to race, gender, sexuality, and the ecology of place

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This bibliography was initiated during late February 2007, following an invitation of the Mi'Kmaq Resource Centre at Cape Breton University in Nova Scotia, Canada, to donate my work to the archive. These works will be housed under the 'Dr Randolph Bowers Collection' and this bibliography provides a summary of resources accessed during the time specified below.

Terms of reference:
The terms of reference for this collection are listed in no particular order. Certain terms are listed under the Australian/Canadian spelling *and* American spelling. The terms are listed as:

Aboriginal, Indigenous, Mi'Kmaq, Micmac, Eastern Tribes, Northeast, First Nations, NA Indian, Disability, Gender, Sexuality, Homophobia, Two-spirit, Berdache, Medicine Men/ Women, Shaman, Healer /Healing, Gay, Lesbian, Bisexual, Transgender, Racism, Prejudice, Identity, Minority, Marginalisation, Marginalization, Healing, Education, Counselling, Counseling, Health, Sociology, Traditional Medicine, Wholistic, Holistic, Spiritual, Spirituality, Culture, Cultural Medicine /Practice /Belief; Research Methods, Qualitative, Grounded Theory, Phenomenology, Epistemology, Ontology, Feminist, Queer, Gay and Lesbian, Standpoint Theory, Critical Theory.

Bowers, R. (2007). A bibliography on Aboriginal and minority concerns: Identity, prejudice, marginalisation, and healing in relation to gender, sexuality, and the ecology of place, *Counselling, Psychotherapy, and Health*, 3(2), Indigenous Special Issue, 46-88.

Searching perimeters:
The bulk of this material was gathered between 1995 and 2007, with the most recent searches focusing on Mi'Kmaq and wider Aboriginal concerns related to identity, prejudice, and healing. After the new year of 1999, subsequent searches were conducted while at the University of New England in Australia. Search engines utilized during the late 1990s and subsequently have included ProQuest, Expanded Academic, Medline, Psychinfo, Sociofile, JSTOR, Google Scholar, and have overall focused on gathering full text articles published in peer reviewed journals. Where abstracts only were found that were quite relevant the articles were obtained through interlibrary access systems. The list also includes many books, book chapters, and some media and 'world wide web' sources.

Time frames and scope of study:
To provide a historical and more personal view of the development of ideas contributing to the collection that follows, Table 1:1 charts the development of study.

Table 1:1 Scope of study

Pre-Masters/Bachelor study – 1987-1989	spirituality, religious studies, theology, philosophy, feminism, sociology of religion
Independent reading – 1990-1994	GLBT issues
Pre-PhD/Masters study – 1994-1998	Counselling, psychotherapy, NLP, Ericksonian hypnotherapy, spirituality, cosmology, healing, sexuality, gay and bisexual men's healing from homophobia in religion, theology, cosmology, historiography, postmodernism
PhD study – 1998-2003	GLBT homophobia, healing, marginalisation in counselling and health care, sociology of health, counsellor education, religious-based homophobia, spirituality, theology, critical theory, post and neo-feminism, poststructuralism, social constructionism, empiricism, grounded theory methodology, poststructural interpretivism
Post-PhD study, 2004-2006	Sociology, humanities, arts, art-therapy, Indigenous family violence, substance abuse, Indigenous socio-historical issues, identity and healing

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Post-PhD study, 2007-2008	Indigenous issues, Mi'Kmaq First Nations research, Australian and Canadian Aboriginal, Two-spirit, identity, race, racism, homophobia, cultural ways of knowing, healing from prejudice, colonial history in Canada and Australia, decolonisation, deconstructing colonialism, Indigenous language, humanities, arts, and sociopolitical values steeped in spiritual and cultural ontologies and epistemologies

Intentions behind this compilation:
The intention in pulling together this list of resources is to give back to my community what learning and insight have been given to me on my path in life. The recent invitation of the Mi'Kmaq Resource Centre to donate my work to the archive touched me deeply, and immediately helped me to realise that my purpose over these years of dedication to study is to give hard earned knowledge back to my community. My heart has always been in community based work, and over the past several years this focus was sidetracked by university and institutional concerns. I am grateful for the Resource Centre in their bringing me back to my heart.

As an educator, spiritual healer and two-spirit counsellor, I prefer to work from wholistic Indigenous approaches and to engage spiritual medicine. While saying this, my work is also strong in social and political levels. Critical social theory, feminism, Indigenous standpoint theory, queer theory, and other strategic tools for analysis of cultural, historical, and social issues are at the heart of my teaching and learning approach.

After almost nine years of living in Australia, from an international perspective of holding dear to my heart my Native Land, I see my community as the Mi'Kmaq First Nations of the Maritime Provinces as a whole. I also hold great affection for Bear River First Nation and feel a deep affinity with the inner woodlands of the South Shore near Greenfield First Nation. These connections and reconnections combine with Australian Aboriginal affiliations, including my supportive companionship with Dwayne Wannamarra Wyndier Kennedy, and have inspired and challenged me over the past few years to reorient my work by reclaiming, revising, and rewriting from the standpoint of personal and social Indigenous perspectives. This work of decolonising and envisioning new ways of thinking and writing, and of decolonising and revising the fields of education, counselling, health, and related areas is an ongoing and important goal.

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Utility of this list

The list that follows draws together the better part of twenty years of study. As such its scope is wide ranging and interdisciplinary. Its usefulness for students and scholars may come from picking out groupings of related articles of interest while at the same time allowing the scope and eclectic nature of ideas to encourage new insights and connections. A comprehensive and interdisciplinary study of any issue requires looking outside the restrictions of academic domains, disciplines, and faculties. The approach of study that guided this collection is based in the humanities and arts. The disciplinary emphasis is on social and cultural studies, sociology, history, religious studies, philosophy, theology, and professional studies in counselling, psychology, and health. The topical areas are covered in the list of terms above, and these can be understood within the various disciplinary and interdisciplinary emphasis of this scholarship.

This list is not and could never be exhaustive. It is a selected compilation based on prior study and research. As a tool for discursive and creative thinking, the list can accompany an Indigenous humanities emphasis from several disciplinary basis to assist in tracing the nature of sociohistorical issues of prejudice and a wholistic analysis of healing.

The list was not generated over the years with a focus on Indigenous authorship or on Aboriginal issues. These have only recently become a focus of study, with emphasis on identity, prejudice, and healing. Therefore the resources in these areas are largely limited to post 2002, as recent collections focused on the past four years up to the end of 2006. Therefore the list may be useful in terms of currency and focus in the early years of this decade.

Future work is intended to develop a more focused base of resources in Indigenous studies with a similar interdisciplinary emphasis. As a scholar I would see this development expanding and filling in the picture that is already forming in the current list – and the results may be a list ranging up to one hundred pages that provides a more comprehensive treatment of these areas of study. As the current list stands at around 40 pages with a great deal of relevant and complementary literature, this overall picture makes sense in terms of scope and emphasis.

It ought to be mentioned that many articles are chosen because of their discursive value in contrasting as well as complementing views taken by the scholar. Many articles reveal spurious claims, are based in racist or homophobic constructs, and are based in empirical and humanist European traditions that need to be deconstructed, decolonised, and demoted from their position of authority. In the study of prejudice, as in cultural studies generally, it is important to examine carefully a wide range of literature. By references being included in this list by no means suggests agreement with the author's points of view. Indeed, the scholarship I have learned from mentors over time is about critique and critical analysis of literature. This list ought to be understood in this light, and students are encouraged to develop their own analytical abilities accordingly.

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I believe this bibliography will assist us in linking what might appear to be separate areas of knowledge. Brought together, these differences form a coherent body of knowledge on issues of identity, marginalisation, prejudice, and healing in relation to Aboriginality, race, gender, sexuality, and the ecology of place. These issues centre around identity and marginalisation – and as such speak to many global concerns in how prejudice is commonly experienced as based in racism, sexism, homophobia, ageism, and in other forms of discrimination and violence. I have been most interested in the intersections of identity that convey the complexities and interdisciplinary problems that people face in the everyday world. For example, where gay or lesbian Aboriginals, or two-spirit Aboriginal people experience dual layers of marginalisation. It seems to me that these intersections provide the best and most profound insights regarding the nature of prejudice and the sorts of healing strategies that can be developed in future.

Dwayne Wannamarra Kennedy is warmly acknowledged for his support and kindness as well as his generous contributions of references related to his study of Australian Aboriginal issues in education and disability.

With great respect and affection,
Dr Randolph Bowers
Armidale, NSW, Australia, 27 February 2007.

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Clinical suggestions for honouring Indigenous identity for helpers, counsellors, and healers: The case of 'Marsha'

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Abstract
As a discussion of clinical issues in counselling in an Indigenous and/or multicultural setting, this paper explores issues associated with the healing and integration of race, identity, and empowerment. The issues are highlighted by a case study of a 36 year old, female, lesbian, Indigenous Canadian, immigrant to Australia. A process of values clarification and identity-reframing is discussed through an exercise called 'Opening a Sacred Circle'. This process may be used in creating space for personal and social acknowledgment, healing, and transformation during a time when issues of reconciliation, social justice, and mobilisation of Indigenous peoples requires practical, culturally appropriate, flexible, and sensitive responses to issues faced in a 'post-colonial' environment.

Introduction

Issues associated with the healing and integration of race, identity, and empowerment, along with related problems of prejudice, negative attitudes, and bias are covered extensively in the literature (Atkinson 2003, Brown 1997, Giddens 1991, James and Shadd 1994, MacDonald 1995, Pack-Brown 1999, Robinson 1999, Sarup 1996). The purpose in this clinical discussion paper is not to review the literature. Rather, this paper foregrounds clinical analysis to suggest practical strategies for understanding and working with emotional and social well being in therapy within the contexts where issues of race, identity, and personal empowerment are a large part of the story.

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Like many case studies, the one that follows is a montage brought together from various clinical experiences. We prefer to front up about this fact from the beginning, to allow the reader a sense of the flexibility of case details in illustrating various parts of the picture. Using a montage allows greater flexibility in discussion and illustration, maintains higher levels of confidentiality through the ability to mask personal details, and affords a greater degree of respect, reverence and protection of cultural artefacts and signifiers that could be unintendedly exploited through traditional clinical and anthropological methods.

The approach taken here is therefore constructive and contingent. We resist making general claims to truth that might presume to speak for a wide section of people. Where such claims appear to be made, the reader is asked to immediately become aware that these statements are based on limited clinical observations. Rather than form the basis of future therapy, such observations can be creatively used to make tentative observations. The purpose of this reflexive approach is to facilitate greater flexibility of perception, increased empathic understanding (should the reader ever encounter parallel cases), and deepening spirals of questioning and insight. In psychotherapy we have a small but important window for exploring contingent clinical observations and understandings that are not often afforded space within mainstream discourses. This paper reflects this rather sacred and clinical space of exploration, observation, and tentative formulations.

Based on clinical experience, we have found that the process of growth in identity is crystallised through an analysis of emerging identity over time. In client's stories, the formation of identity appears somewhat fragmented overall, with emerging points of awareness that shape and change self-perception in varying degrees of significance. In the realm of race, culture, and colonisation of Aboriginal Australian and First Nations Canadian people, while awareness of racial origins and cultural identity can often be a pervasive part of one's identity, it remains in many ways problematic. Internalised racism and other forms of prejudicial attitudes play an important part in the fracturing and re-kindling of identity over time (Atkinson 2003).

Identity re-member-ing

These changes can be observed through the individual's recounting of their personal story. Though sometimes this level of analysis does not appear easily, and may only come to light through the therapist's being sensitised to the themes that are related to post-colonial post-trauma recovery. In such cases, it is a sensitive and often difficult process of making careful clinical judgements related to if, how and when to highlight wider socio-historical and political factors that help to explain a client's experience. Nonetheless, such edu-caring interventions appear to be a vital part of assisting disempowered and marginalised client groups to become aware of wider issues that impact on their personal story. In many cases edu-caring interventions appear to relieve the pressure of internalised shame and guilt, and can begin a process of peeling back layers of inter-generational trauma that cover up people's integral and vital spiritual core (Atkinson 2003).

In other rather common 'post-colonial' circumstances (read: negative aspects of colonisation continue in many forms), particularly where the individual is of second or

third generation mixed racial origins, their primary identity may (or may not) be primarily Indigenous. In many cases, the individual's sense of being Indigenous shifts, changes, and deepens over time, at least in part due to their association and interactions with Indigenous community. The foregrounding, suppression, and/or unintended ignorance and/or lack of conscious awareness of Indigenous identity can each, respectively, have many outcomes and significant meanings for individuals over time.

In other cases, particularly though by no means exclusively with younger client groups, the distance between one's immediate sense of self verses what could be a connected to Indigenous culture and racial identity can cause rifts of self-esteem and crisis of identity. These experiences appear to parallel the narratives of other minority groups (Bowers 2002).

Accessing states of wellness

The clients seen in my practice have described a space like a void, vacuum, black hole, and a wasteland. The common theme in these metaphors is a spiritual energy of disconnection from the core of the self and from the environment. These types of identity crisis may be common to youthful exploration, but overtime, and without the important developmental input of cultural influences such as mentors, teachers, and a resolution found through a sense of belonging, clients who experience chronic disconnection describe a state of alienation and despair. These experiences appear to compromise health and well being over time.

Many writers suggest this space of alienation institutes many of the social problems facing youth and adults in the post-colonial era linked to meaning and crisis in identity (Bandler and Grinder 1982, Baume and Clinton 1997, Green 1996, Laidlaw and Malmo 1990, Plummer 2000, Remafedi 1994, Watt, 1999). These problems are not unique to Indigenous or marginalised contexts. This spiritual disconnection and alienation has infected the whole of Western civilisation, a fact long recognised by secular and religious authorities, certainly since the industrial revolution.

In other cases observed during recent times, clients may have little awareness of their cultural and racial origins. They often feel the need to search out their histories, and we have found ourselves referring people to genealogical sources. Genealogical societies have seen a massive increase in popularity over the past decade. People appear to be seeking a sense of their past during uncertain times, and this energy of unconsciously seeking the 'vision quest' permeates modern social life. I understand the vision quest as a metaphor of youthful initiation where an individual risks independence to seek an inner awareness that will guide future actions, and provide a sort of vision for one's life, and thus have both meaning and purpose.

The aspects of vision quest that Indigenous clients are seeking today relate to a sense of spiritual transcendence or insight that gives resilience and strength to face the troubles of life. This vision quest also seeks a practical and earthed sense of purpose that addresses

the personal and social problems of the day. In many cases, my approach is to give clients an experiential awareness of creating their own state of connectedness, spiritual awareness, and personal empowerment. Once they have these skills, they are able to generate these states of resourcefulness in their everyday lives. It appears to be important to teach clients how to become grounded in a resourceful personal state of being facilitated through accessing a state of centeredness that is less related to the vastitudes of exterior circumstances.

Integration and identity

Increased adaptability and resilience in the face of uncertainty appears to be related to the formation of integral identity. In marginal contexts where aspects of racism, homophobia, and other forms of prejudicial attitudes play a predominant role personal empowerment parallels a growing awareness of acknowledgement and pride in racial and cultural origins. For many, this process of changing awareness runs in tandem with learning within secular mainstream educational and social systems instituted by colonial powers. This growth in identity and personal awareness involves deconstructing values internalised personally, as well as, over time, forming a means to resist dominant discourses by articulating a different point of view.

Growth in personhood is therefore paradoxical. We grow in relation to the forms of hardship we have faced. Unacknowledged systemic trauma is one important part of the wider picture. These circumstances make up the wider trans-generational contexts of our lives, and form the basis of our soulful quest for relationships rooted in integrity, freedom, and justice.

The case study of 'Marsha'

To illustrate these points let us consider a case study of 'Marsha'. Marsha is Indigenous to Eastern Canada, an area of the continent long impacted by colonial invasion. She is female, aged 36, lesbian, and is living in partnership with an Aboriginal Australian female of 32 years of age. She accepted her lesbian identity at a young age, and her family was and remains extremely supportive of her and her partnership with 'Silvia'. Marsha met Silvia during a dance party in Toronto when she was 26 years old. They fell deeply in love with each other, and each stayed for extended periods of time in either country until Marsha decided to move to Australia permanently.

Marsha is a senior social worker and researcher, and immigrated to Australia at the age of 32 on an employer sponsored visa. She is a driven career woman, highly motivated and insightful about intellectual and social issues. However, she has been plagued by sleepless nights and an indescribable longing for connection that inspired her to seek therapy. She was referred by a university colleague at a partner research institution, and has travelled several hours each two week period for an extended two hour session. She has attended six sessions, and the outcomes of the therapy appear to be a tentative but increasing resolve to acknowledge, enact, and support her emerging sense of identity.

Marsha reports being of Micmac First Nations, French and Irish heritage. She grew up in a small town in New Brunswick, Canada. Her parents were average middle class

Canadians, one a secretary with the government, and the other a computer developer. She grew up in a largely non-Indigenous cultural environment influenced by different experiences of church, mainstream schooling, and higher education. Her Indigenous heritage came through her grandparents via her mother. This aspect of their family identity had mostly been silent, not discussed, and appeared from her description to be covered over in shame.

English was the language of the family, even through they had lived only sixty miles away from a French Acadian village, and it was common knowledge that many of the French families had intermarried with First Nations families over the years. Through coming to Australia and living with her Indigenous partner and her extended family, Marsha found herself constantly inwardly challenged to acknowledge her own heritage and felt the need to consciously explore her identity for the first time during her life.

Opening a sacred circle

As Marsha's sense of identity appeared to be somewhat multilayered, an idea surfaced during session three to chart or map her current sense of identity in a 'pie diagram'. The symbolism of the exercise became more apparent as we progressed, and related to the deeper spiritual need Marsha felt for connection that suggested that opening a sacred circle may assist her process.

A sacred circle is an ancient and modern ritual that creates spiritual and psychic boundaries for safety in doing personal and spiritual healing, learning, and change work. I have used this approach in psychotherapy with many different clients, and have found the exercise to be most useful with clients recovering from trauma and abuse of various kinds (Bowers 2003). The approach can be adapted to many cultural and religious contexts, as long as the therapist is able to sensitively address client's differences of beliefs and language associated with ritual space, theology, philosophy, and cultural signifiers.

Opening a sacred circle allowed Marsha a place in which she could acknowledge her identity across time and space. She was able to acknowledge her history, to look back at the past, and to view into the future. She felt it important to acknowledge her ancestors, and from this she deepened a sense of the trans-generational issues facing her family and in her own lifetime. In this ritual space clients often feel a sense of personal empowerment and healing by bringing the different parts of self and life together through acknowledgement, honouring, and respecting the truth of their lives in ways that go beyond resistance and self-defeating beliefs. This is not always an easy process, as facing resistance and unresourceful beliefs is hard work. In Marsha's case, even though she claimed a rich cultural and spiritual tradition, during her education she had taken on the secular materialistic values of the academe. Over the years these values formed deep beliefs within her psyche that told her that spiritual exploration and awareness was false and misleading, even dangerous and superstitious. It took time and sensitive, direct discussion of the issues to sort through these conflicts of meaning and identity that were in many ways at the heart of her struggles. Underneath these incongruent beliefs she felt a deep abiding need to acknowledge the integrity and importance of her Native heritage,

and to find a way to integrate this rich tradition and spiritual teaching into her everyday life.

How to open the circle

Initially, because Marsha came from a highly intellectual and secular frame of mind with strong resistance to anything that appeared highly ritualistic, we began the process of exploring a sacred circle on paper. This externalised the process in a way that felt more under her control. In other cases, even where Indigenous client may have a deep personal awareness of spiritual spaces, starting with a safe approach like drawing on paper may be helpful and appropriate.

In other situations, I have found that clients are ready and prefer to enact ritual space in a more participatory way. In these situations, I will have the client symbolically 'draw' a circle in the room or place where we are working, and then go into that circle to do the exploring and personal work therein with my supportive presence and assistance throughout the process. These approaches in my work integrate an Indigenous sense of symbol work, play therapy, psycho-educational work, Neuro-linguistic Programming, and Ericksonian suggestion that assists in facilitating greater self-awareness across conscious and unconscious parts of self.

With the present client, we drew a circle into which Marsha placed the different parts of herself she wished to highlight and explore. The process was then to slowly discuss the meanings associated with her sense of self, where the areas for change were felt by her, and how she might find ways of creating healing and greater awareness through the process.

The areas Marsha listed in and around her circle were related to major social and cultural forms of identity. Nine large thematic areas were listed, each containing a wealth of personal and social experiences, associations, and memories that effectively made up Marsha's sense of her somewhat fragmented self. Her sense of unity came from being a spiritual and growing individual whose social conscience was strong. Her sense of fragmentation appeared to be related to her identity blind spots – that is, in as much as she was lacking in awareness of how her identity was 'put together,' she felt parts of herself were missing and disjointed.

Marsha sought an experience of greater self-integration, congruence, and peace. This core intention toward healing and insight formed the basis for our therapy together, so that our work respected and integrated an acknowledgement of Indigenous values. This work was made all the more significant for both client and therapist, because my role as a senior psychotherapist, academic, and researcher enabled us both to openly debate the merits of secular, mainstream religious, and Indigenous perspectives and teachings. We were able to affirm and highlight the vital role that Indigenous heritage plays in forming a solid sense of identity, and within this to understand how colonial history had a large impact on Marsha's family attitudes, beliefs, and values.

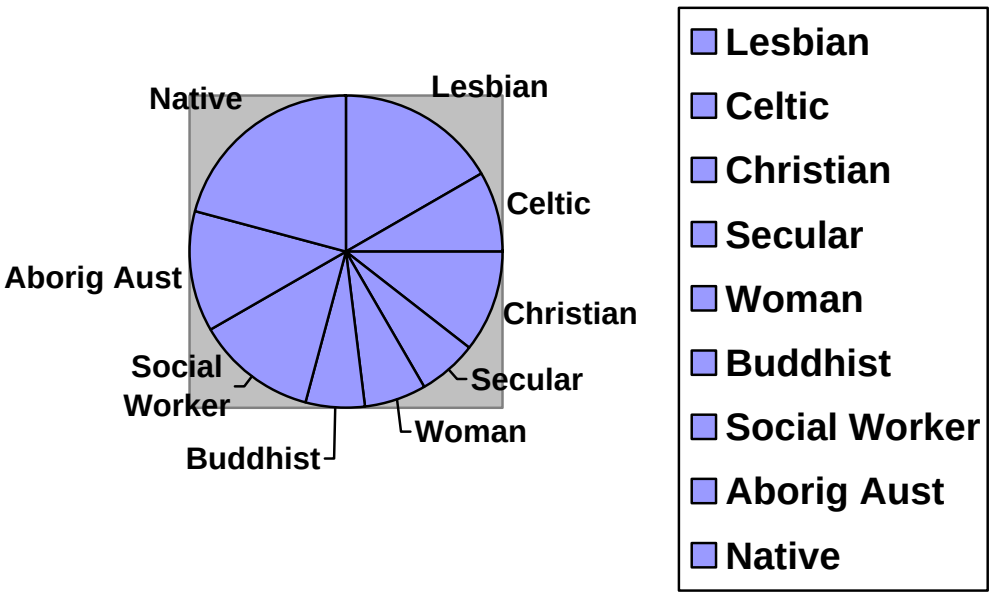
The parts of Marsha's circle consisted of:

1. Lesbian Spirituality (Two-Spirited Path)
2. Celtic Spirituality
3. Christian Spirituality
4. Secular Spirituality/Values
5. Being a woman
6. Buddhist/Zen Spirituality
7. Social Worker/Researcher
8. Aboriginal Australian
9. Native Canadian

These areas can be seen in Table One.

Upon initial reflection, having the data on paper created an immediate awareness of naming different areas of life that can often be assumed and/or overlooked. When working with clients, this new awareness can be part of an empowerment process that allows the individual to articulate and acknowledge the 'missing pieces' of their life, by coordinating and discussing the inter-relationships between the pieces of the pie.

Table One:



Exploring aspects of identity

The first insight that emerged upon analysis of these different parts of Marsha's identity was the large area occupied by the identities of Lesbian Spirituality, Celtic, Aboriginal Australian, and First Nations. Over time these areas tended to be marginalised and problematic aspects of identity for Marsha. Her sense of naming the spiritual was to place significance, meaning, and power in these aspects of identity. In some ways, these parts

of her life were only recently coming to the foreground, yet they made up well over half of her past unconscious sense of identity. The fact that each of these four areas occupied a distinct area in her diagram is worth explanation.

For Marsha, lesbian spirituality occupied a space that articulates and acknowledges the unique perspectives that being gay brings to social life in a predominantly heterosexist society. Lesbian spirituality works to reframe other assumed identities, and to place itself within a unique cultural perspective that honours and nourishes family, gay relationships, and gay lifestyle. Lesbian identity links closely with other marginalised identities, and so Marsha placed this next to contemporary First Nations identity, and Celtic identity. Part of the reason for this close association is that her sense of lesbian-self was linked to the First Nations Two-Spirited tradition, where the gay or lesbian individual had a place of pride and leadership in many traditional communities. As such, being gay relates to being a bridge between male and female, between different perspectives, and a link between different cultural spaces. For Marsha being lesbian defined in large part her sense of being a woman. Later on she discussed aspects of being a woman that were not necessarily related to her being lesbian, and so she framed up a smaller piece of the circle to express this part of her identity.

European Tribal identity linked with Marsha's French and Irish Celtic roots. These areas of personal heritage were important during times of life when Marsha's sense of uncertainty and hardship forced her to re-connect with her roots. Knowing where she came from helped her to know where she was at today. Clients often experience a sense of flouting and un-rooted-ness due to lack of awareness of the significance of racial and cultural origins in their personal story. Re-claiming these origins can often assist people in defining their identities today, and in charting a course of where they want to go for tomorrow.

Aboriginal Australian identity in Marsha's story related to the ways in which the culture and Dreamtime stories, the everyday lifestyles, and the friendships maintained with Aboriginal Australians had impacted deeply on her sense of personhood. She had lived in Australia for only four years, but the impact of her long term relationship with Silvia was felt deeply in her shifting sense of identification with Aboriginal Australian issues. During this time she reported a deepened appreciation and feeling of personal awakening related to her own Indigenous identity.

Acknowledging and honouring

Naming this deepening sense of identity came as a bit of a surprise to Marsha, and showed her how much she loved and valued her interaction and sense of community among Aboriginal Australians. Because of this experience she realised that identity can grow through association, but on the other hand, she was painfully aware of what she had lost through the changes created by colonisation and by the circumstances in her past life.

In contrast to other approaches seeking to capitalise and manipulate cultural artefacts, culture in Marsha's experience was about participating, interacting, and sharing of life. Through hindsight she realised how precious time spent with people in everyday life really is, and how this time and interaction contributes to forming personal and social identity. Marsha realised that when this time spent with others is engaged with love, devotion, and commitment, the results can often create enriching and supportive identities of trust.

Grief, loss and power of identity

In contrast, she also realised that if she had not faced unemployment and personal hardship in the past, she may not have made the choice to leave Canada and to risk making a new life in Australia. These realisations gave her a sense of grief and loss related to what she had given up, including opportunities to reconnect with her heritage. This feeling of mourning was mixed with a bitter-sweet sense of finally awakening to the value and importance of her personal and social identity, and of her need to re-invest in this area of her life, in at least consciously acknowledging and working towards personal integration in whatever ways were possible in her new life.

Marsha's First Nations identity linked with her pervasive sense of 'Native self', connection with her ancestors, the stories that meant a lot to her, and in relationship with daily ritual, space, time, and healing. Her sense of being Indigenous to Canada was very strong, and came to the fore when she travelled back to her Native Land. This experience was profound, earth-shattering, mind-blowing and deep for Marsha. Because her past had often been about unexplainable isolation, lack of self-identity, and a vacuum of self, for Marsha this suffering was most often filled with a living and spiritual relationship with the land of her birth.

Through looking at these aspects of Marsha's identity it became clearer for her that aspects of her Indigenous identity formed the majority of her personal and social values, beliefs, and approaches to spirituality, ritual, culture, and faith. However, these parts of Marsha's self had experienced the greatest degrees of shame, guilt, self-loathing, control, suppression, and denial until recent years when the healing process began to unfold in her life.

Acknowledging limits of exercise (vs. depth of personal experience)

After realising these insights, we discussed how space contained by the pie diagram felt artificial, and was another way of just breaking down parts of one's life into segments. This became important to acknowledge, because for Marsha aspects of her identity overlapped and interacted in quite dynamic ways. During different points in her story she had 'dove into' one aspect of self such that it became her whole sense of self. But in recent years she had a feeling of something new emerging, some part of herself that could contain and acknowledge all the parts of her self without denial or fragmentation.

Marsha's experience reminded me in certain ways, through in a milder form, of clients experiencing classic forms of post-traumatic recovery.

In certain ways Marsha's sense of self had sometimes changed quickly, and sometimes slowly. We acknowledged that one can not be tied into the pie diagram, as it is only a quick snap-shot of life today. It was at this point that we looked at the pie diagram as a metaphor for the Sacred Circle ritual in Indigenous teachings. When the perspective was shifted into a metaphorical and spiritual association of meanings, the 'circle of self' took on less of an empirical listing of parts of self. The lines between parts ceased to exist, and the associations became creative and numinous. Marsha immediately felt a sense of how she could bring the insights we shared into her personal exploration of ritual space, where she could actively accept and work with her identity issues in the safe space of the Sacred Circle. It was important for Marsha to acknowledge these spiritual laws, and to find new awareness or ideas, and new experiences that could shift and change her beliefs and identities into something a bit more flexible and resourceful.

This being said, it was interesting to note that the Christian part of Marsha's identity formed one piece of the pie that appeared fairly small in comparison to all the other areas. This appeared significant because of the context of her past, where the Christian occupied huge chunks of her time in study, work, and personal intentions of becoming a minister. But after coming out and seeing clearly how women were suppressed, and how the Christian churches had contributed to colonisation and the destruction of Indigenous culture, Marsha realised she needed to find a different path than Christian ministry. The sense of being 'Christian' had therefore become softened, and perhaps been more integrated into her overall sense of self than previously realised.

Other parts of identity

Next to Christianity sat Secular Spirituality, which is a fascinating part of this identity mosaic. Marsha could acknowledge that our secular life and all the values it entails comprise a form of spirituality or meaning making. The things we value may include enjoying the media, access to information, music, dance, theatre, civic and other social gatherings, shopping, etc… These aspects of life are integral to social and personal rituals that exist in the present day. It seemed natural for Marsha to give space for this as an important though less-occupying part of her overall life.

The next area to be given space was a sense of womanhood. In this area Marsha acknowledged that her identity as a woman linked with her two-spirited identity, and together these two spoke of mothering qualities, nurturing, caring, and giving life. She acknowledged that in future she hoped to have a child with Silvia, but that being a women was not tied to being a mother. However, at a deeper level for her, being a women spoke of being human – and this was linked to a spiritual calling. She lamented that women could not become priests in some mainstream churches. Her background was Roman Catholic, and as such she felt many issues still needed to be resolved.

Part of this for Marsha was a not-so-distant sense of having taken ancient vocational vows that rendered her life in service to others. She shared that never before had she spoken of these matters to anyone. These vows were in the core of her being, and they included but also transcended the dogmatic aspects of Christianity, Buddhism, and Indigenous religious teachings. Indeed, these 'vows' for Marsha were described as such an intimate part of her being that they could not be separated from her DNA. She said these vows could be expressed only partially in words, but that they formed the basis of her relationship with the Land, the People, and with Spirit. The vows included a sense of justice, integrity, healing, and service.

Metaphors of power

We discussed how these vows seemed to parallel those taken by the Bodhisattva in Eastern traditions. Through this discussion we entered a spiritual realm of associations that suggested experiences or realisations of a very ancient self, past lives, and consciousness of evolutionary processes that transcend everyday material concerns. Marsha's physiological state appeared to shift, deepen, soften, and become illuminated all at the same time. She was able to then look at her struggles, and the history of her life, from a very different and much more resourceful state of being. In this 'birds eye view' she felt more of a connection with Eagle Spirit, and was able to see how her life journey was a test for her soul to grow in awareness, and in deep abiding compassion. These insights shifted her process, and allowed us to look with greater understanding of the deeper challenges and opportunities she faced now and in the future.

Also acknowledged in this discussion was the great impact and value of Eastern teachings in Marsha's life and being. Although she had internalised these teachings in many ways, she had always felt that the Eastern was somehow still foreign to herself and not to be claimed as part of her conscious identity. But through the process of our discussion, the Buddhist/Zen Spirituality aspects of her identity were acknowledged more by bringing them clearly into the Circle of Self. In doing so Marsha gave space overtly to this sense of identity for the first time in her life.

Overall, Marsha commented that there was a sense in many of these areas of her life of much more work needing to be done in the future; to grow in acknowledgement and awareness of becoming a compassionate being of light and healing. She commented how profound and great it was for her to just feel accepted, and that the space created in therapy unlocked many doors she never realised existed for her, but which were so totally native to her sense of self.

The last area mention by Marsha was being a Social Worker/Researcher and the emphasis on the emotional, psychological, intellectual, and social aspects involved in her discipline. This area included academic and professional training, and linked Marsha to her identity as a helper, and healer. She acknowledged that this area too had consumed her life for the best part of a decade, during the time when she was learning most and trying to establish herself in the field. Her transition to Australia was also a big part of her story, in terms of the pressures involved in immigrating to a new country. She felt that these transitions were settling down very quickly, mostly because she lived in a settled

home with Silvia, her job was secure, and she had become an Australian citizen only two years after her move.

The power of acknowledgment

Once we had discussed the areas in Marsha's 'Identity Circle', it became clearer how the emerging identity structures had come to challenge the dominant social discourses of colonisation, and of Christianity in particular, by articulating the importance of different spaces in which to acknowledge different parts of self. Marsha felt that Christianity tends to dominate people's lives, so that one can not be for instance both Christian and Buddhist. She felt that her Roman Catholic upbringing had not only suppressed her sense of being a lesbian, but it had also mitigated and placed shame over her Native heritage.

However, after facing the trauma of these experiences and giving space for healing, Marsha had an incredible sense of wisdom in seeing that when one goes deeper than surface identifications, the different parts of her identity needed to be acknowledged because these parts of her life gave her a sense of empowerment, wellbeing and health. 'How can I deny who I am? Why would I want to anymore?' She commented. She further acknowledged that both Christian and Buddhist traditions seek to build compassionate human beings. The same was true in her knowledge of Native teachings, and in many ways, even more so because those teachings connected her intimately with Mother Earth, the passing seasons, her spiritual totems, and rituals that gave her life meaning, insight, and resilience.

Through a process of values clarification in our dialogue, Marsha came to acknowledge that the basis of her overall sense of identity was better placed in her Indigenous being rather than in some colonial-driven agenda such as Christianity. Even while she felt that it was OK to keep certain aspects of her Christian self, particularly her intimate personal connection with Jesus of Nazareth, these aspects needed to become more clearly based in her emerging sense of 'core identity'. This was something new for her.

From a much more flexible place of formulating identity, and integrating belief structures into something coherent and congruent for Marsha, we were able to acknowledge that the core intentions of all good religious and cultural perspectives are complimentary and are not opposed. This basic realisation allowed Marsha to feel free. It was then a matter of being 'at play in the field of the Lord' by actively re-creating her own personal beliefs, based on her own unique sense of theology. She acknowledged that her next phase of personal work would be related to constructing her beliefs into a framework that was helpful, supportive, and healing for her during this next decade of her life. After ten sessions together, it appeared we had done a fair bit of work. Marsha reported feeling deeply satisfied with the interactions and said she may get in touch with me in the future when she felt there was more work we might be able to do together.

Highlighting themes

One major theme relates to power. Power involves an ability to exercise personal freedom to acknowledge reality, and to have that reality acknowledged in turn. Therapy is a theatre of powerful interactions, in as much as the therapist is able to co-acknowledge

the reality of the client. This is not a simple process. Realities can easily be muddled, through prior trauma or misguided interpretations of personal and social experience. Many of us construct unresourceful beliefs that prevent us from healing or accessing changes we need and want in life. Therapists need to be expert witnesses to technologies of personal transformation. This need is all the more significant in the realm of disempowerment, oppression, and when working with inter-generational trauma in Indigenous contexts.

On one hand the discourses related to the colonisation of Australia and Canada by European invading nations seek to continue denial of the right of place that First Nations peoples occupy. On the other hand, definite power relationships are involved in the simple process of either denying or acknowledging spaces, values, beliefs, and cultural meanings. By naming our identity, we place ourselves within a historical and political environment. This is true regardless of the place from which we stand.

For example, to highlight a Western medical model verses an Indigenous healing method is only one example of this battle for authority. If we identify with one verses the other, our discourse and our politics will unfold accordingly. These battles for authority define whether or not we allowing people space to be. To disallow a people, and take away their language, political self-determination, reproductive rights, custodianship of the land, is to not acknowledge their spiritual and material birth right.

With these realisations it became clearer how both Marsha may have lost parts of her identity over time through the inter-generational violence and trauma created by shame, denial, suppression, racism, and systemic oppression enacted throughout colonial history. These factors influenced her grandparents and her parent's attitudes. These underlying, subterranean values are still very much unfolding in the present day. In some cases, underlying racial prejudices are more active in today's world but are less visible, and more insidious, due to political correctness and fear being seen as racist.

It is interesting to consider that if we wish to have future generations in ever greater identity confusion, we ought to continue on the path we are now going down. But if we would like to enrich our sense of identity, prevent untold suffering, depression, and other forms of mental illness created by these social tactics of shame, we need to protect the values of acknowledgement and articulation of our sense of identity for ourselves and for future generations.

A national 'post-colonial' political vision

I would like to articulate a vision for reconciliation, healing, and empowerment of Indigenous cultures. This is perhaps part of my own vision quest coming out of my work with clients like Marsha, and from life experiences of my own. The importance of this vision applies not only to Indigenous cultures but bears direct application to paths of nurturance and practical justice among multicultural and mainstream spaces.

If we were to give the right of place to Indigenous peoples, we would have them sit as equals around the tables of political power in Australia, America, and Canada. If our nations were to draw a National Identity Circle, a large piece of this pie would be 'Indigenous'. The importance and relevance to this large piece of our national Australian, Canadian, and American identities is not limited by the percentage of Indigenous peoples in the overall population. We are not talking about percentage politics here. In this process of reconciliation we are articulating and acknowledging a significant part of our national identity and our heritage as being Indigenous.

My vision of healing would be similar to that of many people, and would include aspects of economic and political infrastructure that would allow self-government and self-determination within each community. But these economic and political outcomes would not be surface changes, but deep social and values-based changes highlighted in the national psyche – truly giving value of place and importance of place to Indigenous concerns, not only for the sake of the First Nations people themselves, but because overall the people of the nation understand, value, and support the interests of the Original Custodians of these great lands.

In other words, just as Marsha had internalised a pervasive and lasting sense of 'Aboriginal Australian' identity as a Canadian immigrant to Australia, so different and important aspects of 'Indigenous' identity can become part of people's everyday experience – thus shifting the politics of splintering and fracturing of communities by expanding the base of people nationally who identify with Indigenous sensibilities and culture. Rather than exploiting cultural artefacts, this process can indeed be one of acknowledging differences and supporting one another towards realising our mutual interdependence as one global village.

Instead of creating yet another colonial space, this vision would shift the discourse and allow creative exploration of alternative spaces. For example, rather than continuing the often culturally damaging work of 'Christian' missions, let us consider an 'Indigenous Bush Church' that empowers people to acknowledge their own systems of naming and ritualising life and meaning. This approach could highlight modern and flexible approaches to therapeutic work, education, and honouring of cultural beliefs and knowledge. Where cultural forms have been lost and/or forgotten, let us explore ways of articulating and acknowledging our own forms of Indigenous meaning today. This work is vital to youth and future generations who need to have access to cultural signifiers and ways of thinking, feeling, and sensing the truth of Indigenous wisdom.

In my experience, these forms of ritual have included teaching people how to open sacred circles, how to do personal healing work within sacred and safe spaces, and how to understand and discern spiritual energies, values, and the presence of energies or spirits in people's lives. These skills include exercising discernment, wisdom, and insight in different contexts. These abilities include acknowledgement of our ancestors, and honouring the Spirit of the Land we visit and in which we live. These insights and

practices create valued spaces of healing, growth, and personal empowerment, both for Indigenous individuals and for secular mainstream people.

There is a wealth of practice and insight that Indigenous peoples have that mainstream society has long overlooked and neglected to recognise as important. At this particular juncture in social evolution, as modern secular peoples become ever more aware of living within a concrete wasteland of depleted natural resources, overgrown garbage heaps, and of our many horrible abuses of Mother Earth, at this time let us consider that the solid teachings of Indigenous Nations must be acknowledged and given their rightful place of importance at the tables of political and social power. This change of values needs to happen to right past wrongs, but more so, because the global community desperately needs to break through its own blind spots with the help of Indigenous forms of holistic, spiritual and intuitive intelligence that speak justice to issues that have been ignored for too long.

Identity formation is a complex endeavour in a 'post-colonial' era, when many people do not even know what their heritage entails. For those of us who do know, it is not necessarily any easier. Being Canadian, American, or Australian may mean a wide range of cultural and racial origins that have been largely forgotten, and/or discounted and rendered irrelevant in the economy and culture of contemporary life. In terms of modern culture then, identity develops in many unconscious ways that do not often acknowledge nor integrate racial and cultural origins, meanings, or associations into everyday life.

Effectively, given the vacuum of identifications created by generational change and trans-generational trauma, many people today are searching for meaning in a postmodern era. The place of therapy within this search can not be underestimated. Further exploration of the use of and respect for Indigenous methods in psychotherapy needs to occur, not only for the sake of acknowledging the valuable insights in world Indigenous approaches to change and healing, but for the sake of continuing to give psychotherapy heart, soul, and greater integrity when applied to different cultural contexts.

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Cook L. (2007) Psychology's role in working with Indigenous communities to promote well-being, *Counselling, Psychotherapy, and Health*, 3(2), 106-114.

Psychology's role in working with Indigenous communities to promote well-being

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Abstract
This paper discusses issues which arose while conducting research for an undergraduate presentation on fostering resilience in Indigenous communities. A review of the literature highlights factors common to successful projects. These factors included working collaboratively, relinquish the role of 'experts' in Indigenous psychologies, and learning to listen to the experiences of Indigenous communities before acting. There is a wealth of evidence demonstrating both the positive impacts of collaborative work with Indigenous communities, and the negative consequences of prescriptive interventions. However, at policy level there currently appears to be a resurgence of prescriptive and paternalistic interventions. As a discipline which promotes evidence based practice, it is argued that psychology has a responsibility to promote social and political change when evidence suggests that disadvantage is being increased or maintained. As a future psychologist, it concerns me that we do not appear to be rising to that challenge.

Introduction

The aforementioned presentation focused on the potential of narrative gerontology to facilitate the intergenerational transmission of resilience in Indigenous communities. Resilience has been shown to be a powerful protective factor against the effects of minority stress (Daniel, O'Dea, Rowley, McDermott, & Kelly, 1999; Eley et al., 2006; Halloran, 2004; Homel, Lincoln, & Herd, 1999). The telling of life stories can assist individuals to identify strengths, heal relationships, pass on coping strategies and create novel solutions to problems (Bennett & Zubrzycki, 2003; Cohen, Green, Lee, Gonzalez, & Evans, 2006; Dudgeon, Garvey, & Pickett, 2000; Halloran, 2004; Homel et al., 1999;

Kenyon & Randall, 1999; Koch, Mann, Kralik, & van Loon, 2005; Ranzijn, 2002; Webster, 1999). Being heard by 'outsiders', such as psychologists, can facilitate the building of trust and reconciliation, as well as guiding interventions (Dudgeon, Collard, & Pickett, 1997; Jeeawody & Haveika, 2006; Koch et al., 2005; McTaggart, 1999; Tsey, Whiteside, Deemal, & Gibson, 2003). The presentation also discussed the positive impact of the Participatory Action Research model (PAR) in facilitating the process of listening and talking as a way to move from problems to solutions in addressing obstacles to Indigenous well-being (Koch et al., 2005; McTaggart, 1999).

A number of issues became apparent as I researched the topic of Indigenous mental health. Firstly, Psychology has made progress in learning to work effectively with Indigenous communities (Anderson et al., 2006; Bennett & Zubrzycki, 2003; Burchill, 2006; Hammill, 2001; Jeeawody & Haveika, 2006). Secondly, the progress that has been made is strongly related to listening to communities and facilitating Indigenous control over programs (Dudgeon et al., 1997; Green & Sonn, 2005; Prilleltensky & Prilleltensky, 2003; Ranzijn, McConnochie, Day, & Nolan, 2006). Finally, that Government policy and Institutional practices often seem to work against collaborative attempts at improving conditions in Indigenous communities (Anderson et al., 2006; Australians for Native Title and Reconciliation, 2005; Drew, 2006; Gerrett-Magee, 2006; Henry, Houston, & Moony, 2004; Hunter, 2006).

Context

It has been argued that change at the (micro) community level is not sustainable if there is no matching change at the (macro) policy level (McTaggart, 1999; Minutjukur, 2006; O'Donoghue, 1999; Prilleltensky & Prilleltensky, 2003; Riley, 1997; VicHealth Koori Health Research and Community Development Unit, 2000). These issues lead me to wonder how psychology as a discipline can be more effective in supporting policy change, as well as community and individual change. Having now moved on to postgraduate study as a Clinical Masters student, I have moved one step closer to entering the profession. However, I am still seeking answers to those questions. This paper is an exploration of questions which will have an impact on how I hope to practice as a psychologist in the future. Given a strong personal commitment to social justice, it is likely that I will at some point engage in work with Indigenous communities, refugees, and other marginalised groups. It would be preferable if that work went beyond 'damage control' and addressed social structures which perpetuate disadvantage.

Evidence of 'what works'

The links between systemic disadvantage and poor physical and mental health are well known (Anderson et al., 2006; Brown, 2001; Eley et al., 2006; Jeeawody & Haveika, 2006; Ministerial Council for Aboriginal and Torres Strait Islander Affairs, 2004; O'Donoghue, 1999; Ranzijn & Bin-Sallik, 2001; Tsey et al., 2003). There is also considerable evidence which indicates that self-determination and empowerment of individuals and communities is an important component of addressing disadvantage (Anderson et al., 2006; Brown, 2001; Burchill, 2006; Cohen et al., 2006; Dudgeon et al., 1997; Dudgeon et al., 2000; Halloran, 2004; Mellor, 2004; Riley, 1997). As previously noted, the progress which has been made by psychology in working with Indigenous

communities is largely a result of adopting a collaborative and empowering approach (Burchill, 2006; Dudgeon et al., 1997; Halloran, 2004; Jeeawody & Haveika, 2006; Koch et al., 2005; McTaggart, 1999; O'Donoghue, 1999; Ranzijn et al., 2006; Riley, 1997).

Ethical imperatives and obstructions

The principles of collaboration and empowerment are codified in the Australian Psychological Society's (APS) ethical guidelines for working with Indigenous communities. These guidelines promote cultural sensitivity, community involvement in research and practice, and more effective training of psychologists (Australian Psychological Society, 2003). An undergraduate training course in Indigenous cultures for psychology students has recently been instituted at the University of South Australia to help meet this last guideline (Ranzijn et al., 2006). The APS (2003) ethical guidelines also note that:

> Psychological solutions to the current-day work, health, educational and social issues confronting indigenous people are likely to be unsuccessful, unless political, legal and social solutions for the restoration of their cultures and individual human rights, privileges and dignity are also found. (p. 5)

This statement implies that psychologists, and the discipline as a whole have an obligation to work for wider social change, particularly where our evidence base suggests that Government or other institutional policies are moving away from 'best practice'.

Drew (2006) noted that the requirements of garnering academic currency in the form of publications and grants may hamper efforts to working respectfully and collaboratively with Indigenous communities (Drew, 2006). Prioritizing the creation of academic 'products' may be at odds with creating long-term transformational relationships between researchers and communities (Drew, 2006). There appears to be increasing tension between working ethically with Indigenous communities and fitting in with 'economically rational' corporate models of knowledge production (Winter, Wiseman, & Muirhead, 2005).

Reinscribing disadvantage

One example of how 'whitefella' laws and institutional practices reinscribe disadvantage is related to the ways that intellectual property rights can exclude Indigenous communities from the programs, and other 'products' which they helped to develop. Burchill (2006) gave an account of a project undertaken to expand the Family Well-Being training program to Tasmanian Indigenous communities in order to address domestic violence (Burchill, 2006). The program was initiated by the Australian Institute of Family Studies and developed "in conjunction with Indigenous groups in Tasmania (p. 8)." The author noted that "an essential feature of this project was the involvement of Indigenous people at all of its stages (p.8)." The program in Tasmania was noted as a successful expansion of the project due in part to the input and support of the Indigenous community. It was considered to demonstrate the effectiveness of the principles of participatory action research (Burchill, 2006). However, Burchill also noted that the training was currently unavailable to the communities which had participated as the

"Curriculum for the training remains the property of Adelaide Tafe College, South Australia (p. 11)." Burchill (2006) also notes that:

> Another experience that stifles progressive community development outcomes is when funding organisations expect us to do things their way, but sometimes this means we lose control of the work. They take their stories, end a project, and then we are left to deal with what is left. (p. 11-12)

According to an evaluation of the original program by Tsey and Every (2000), the course was initially developed by "a group of Adelaide-based survivors of the 'stolen generation'(p. 509)." It seems both counterproductive and ethically problematic that a program developed by Indigenous people, for Indigenous people has become the property of an institution which can then limit its availability to the group it was designed for. This is just one illustration of how Indigenous disadvantage is sustained by institutional prerogatives and social practices. This seems to be an area where Psychology should speak out.

Similar controversies exist in relation to Indigenous community activities which have been undertaken using Community Employment Development Project (CDEP) funding. Under current Australian Copyright law, the Government, acting as the employer of Indigenous artists, holds the copyright to any artwork created during working hours(Australian Copyright Council, 2006). While this may be common practice in other contexts, in the case of Indigenous communities it may act as a barrier to self-empowerment and cultural maintenance.

There have been similar problems with language revival materials. The Federation of Aboriginal and Torres Strait Islander Languages Corporation's (FATSIL) protocol guide addresses the issues of conducting language revival using Government funding (Federation of Aboriginal and Torres Strait Islander Languages Corporation, 2004). They note that:

> under the Australian copyright regime and, unless written agreements that provide differently are entered into, copyright rights in language materials usually vest in non-Indigenous individuals or institutions, such as the Crown and funding bodies, not the community. (p.17)

The fact that the Australian Government can own the renewed language of an already disadvantaged group represents a continuation of colonisation and cultural genocide (Federation of Aboriginal and Torres Strait Islander Languages Corporation, 2004).

Evidence of the need for political engagement

These issues may be considered outside the normal range of psychology, however, given that they impact the self-determination of Indigenous communities, they may affect well-being and reinscribe systemic disadvantage. If psychology is to follow through on the recommendation of the APS to find "political, legal and social solutions (p.5)" to Indigenous disadvantage, then it would appear that working for change to current political policy is in our job description.

Recent policy changes have weakened Indigenous self-determination through the abolition of the Aboriginal and Torres Strait Islander Commission (ATSIC) and undermined funding of regional councils (Hunter, 2006). Land rights are being weakened, and more recently, the Government has adopted a policy of 'mainstreaming' Indigenous services (Australians for Native Title and Reconciliation, 2005). These activities have been called 'assimilation by stealth' (Australians for Native Title and Reconciliation, 2005). They are being widely criticised as a roll-back of Indigenous rights and an move to break-up Indigenous communities (Australians for Native Title and Reconciliation, 2005; Hunter, 2006; Narungga Aboriginal Progress Association Inc, 2005; Ngiya Institute for Law, 2005; Turner, 2006; Wright, 2006). According to Minutjukur (2006):

> Now, in 2006, our CDEP program and our Municipal Services have been changed and we don't know what the future holds. And funding for our Community Office has disappeared even though the Community Council is still trying to look after our community. We feel like the grass is being burnt under our feet and no one is listening. Maybe the Government wants us all to move to Alice Springs or Adelaide. But we can't leave our country or it will die, and our children will die, and we will die. Then no one will be able to hear us. (Minutjukur, 2006)

While there has been much comment on the recent changes and their potential impact from a great variety of sources, there has been a conspicuous lack of comment or input from the discipline of psychology. It would seem that psychologists are well positioned at the interfaces between Indigenous communities, academic institutions and Government policies to observe their interactions and provide informed comment and discussion. While such comment is apparent within psychology journals, there is little evidence of it in more public forums.

Last year the letters to the editor section of InPsych, the bulletin of the APS, contained a letter regarding the resignation of a 30 year member (Wilks, 2006). The reason given was the author's disappointment that the APS had not issued public statements on the effects of detention in asylum seekers. Wilkes expressed a belief that psychologists have a "professional responsibility to speak out and inform the general public and media of what we know to be the deleterious effects on the mental health of detainees (p.24)", and noted that on "this and other issues, other professional groups are willing to comment (p. 24)." The APS President responded by affirming that the APS had put out media releases, written to the Minister, for Immigration, and written submissions to Government Inquiries (Gordon, 2006). It is hoped that the lack of comment by the APS on the current Indigenous policy changes is also a case of "lack of knowledge (p. 24)," on my part, rather than an absence of engagement. However, if it is the case that I am missing the comment and input in media and Government submissions, even though I am actively seeking it, perhaps we are not speaking loudly enough.

Cook L. (2007) Psychology's role in working with Indigenous communities to promote well-being, *Counselling, Psychotherapy, and Health,* 3(2), 106-114.

Conclusion

Greater involvement in public policy debate may have a number of positive effects on the discipline of psychology – It could increase the social relevance of psychology, enhance our credibility with marginalised communities, and provide a stronger example of social responsibility to students who will someday enter the field. Working well with Indigenous communities, or other marginalised groups, implies addressing inequality in the wider culture of which we are members (Prilleltensky & Prilleltensky, 2003). It appears to me that the ethical practice of psychology in our current culture requires political engagement at both the personal and professional levels. It is also mandated by our stated allegiance to evidence based practice. If we know what works, and yet allow our practices to be dictated by a damaging status quo, we are complicit in the continuing oppression of others.

Author's note

It has been a year since I originally wrote this paper. Since that time, policies to address Indigenous disadvantage have continued to be implemented with little community consultation. The recent controversy over Federal intervention in response to child abuse in Indigenous communities is a case in point. It is heartening to note that the Australian Psychological Society has recently released a statement calling for increased community consultation and control over the interventions (Australian Psychological Society, 2007). It is hoped that this statement will move beyond the confines of the APS website, and represent a significant contribution to the public debate.

Cook L. (2007) Psychology's role in working with Indigenous communities to promote well-being, *Counselling, Psychotherapy, and Health*, 3(2), 106-114.

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Conversations about Indigenous Counselling and Psychotherapy

Jeannie Wright
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Lai Wainikesa

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.

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

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.

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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