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Using the arts as a therapeutic tool for counselling – an Australian Aboriginal perspective

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Abstract

Cultural and communication difficulties between non Indigenous and Indigenous peoples create a major barrier to improving physical, social and mental health outcomes. Linguistic, cultural, historic and political factors all impact on relationships and open communication between Indigenous and non Indigenous Australians.

Indigenous communities across Australia traditionally utilise the arts and story telling to connect, learn and convey knowledge and beliefs. Indigenous art offers an expression of identity and culture, providing avenues for self expression, self determination and self understanding. With these understandings of Indigenous culture, art also has the power to heal. The Arts can therefore be a culturally appropriate tool for counselling professionals.

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1. Introduction

It is widely recognised that there are cultural and communication difficulties between non Indigenous and Indigenous peoples which creates a major barrier to improving physical, social and mental health outcomes. Linguistic, cultural, historic and political factors all impact on relationships and open communication between Indigenous and Non Indigenous Australians. Health Care Professionals need to recognise underlying contributing factors and differences of cultural perceptions to health and wellbeing issues and be prepared to make a conscious effort to listen, to Aboriginal and Torres Strait Islander voice.

Cultural and communication misunderstandings and difficulties between non Indigenous and Indigenous people continue to be a major barrier to improving health and social outcomes for Australian Indigenous peoples. Research studies on Indigenous communities in Australia continue to illustrate the negative impact of colonisation in mental health (Australian Institute of Health and Welfare 2002; Australian Institute of Health and Welfare 2003). Poor communication and differences in communication mores, directly impacts on the social and mental health of Indigenous groups, providing a loss of control and powerlessness (Trudgen 2000). Such behaviours associated with communication mores can create misinterpretations, misunderstandings, misdiagnosis, and general interpretation errors.

The Arts is a means of connecting different cultures mutually in a culturally safe environment. When problems arise due to cultural differences in language and social value, art is a means of communicating and expressing

feelings. “Art adapts to every conceivable problem and lends its transformative, insightful and experience-heightening powers to people in need”. (McNiff, *Art Heals*, *Liberating Creativity* p.5). The Arts continues to play a major role in the lives of Australian Indigenous peoples. Traditionally oral communication provided Indigenous people with knowledge, history, skills and culture. Traditional Australian Indigenous art expressed a multitude of meanings, providing sources of information in cultural identity, community identity, education, life skills, and community values and messages. Today oral traditions are expressed in many other ways - visual arts, drama, songs, and poetry. With cultural and communication difference and misunderstandings, Art provides a voice for Australian Indigenous people and is a valuable tool for healing. Given this knowledge, art can be used as a tool to assist Health Care Professionals with communications, self expression and self determination in counselling.

Australian Indigenous Art is entwined in the everyday processes of living, contributing to the survival and wellbeing of Indigenous culture throughout time. Indigenous art is also valued for its preservation in reaffirming Aboriginality through genesis, land and place. (Kleinert and Neale 2000). Colonisation severely disrupted Indigenous culture, resulting in loss of land and aspects of cultural knowledge, however, art continued and adapted and played a vital role in telling life experience stories both past and present. An example of this is CRCAH report on ‘*Sort of Like Reading a Map*’ by Fran Edmonds and Maree Clarke, with Yamatji artist and researcher Robyne Latham. The report highlights the use of artwork in relation to life experiences and expresses the survival of art practices, confirming the value art plays on Australian Indigenous identity and wellbeing in the south-east Australia.

Using creative processes in counselling sessions provides a safe cultural and sensitive environment for developing communications whilst acknowledging Indigenous traditional practices. The Arts is also considered a valuable tool for safe guarding sensitive cultural and community issues, including differences in tribal community values and lore, strengthening inner understandings, reducing shame and concerns over judgemental perceptions. Healing, learning and communication through the arts is one of the oldest practices and was widely implemented throughout Indigenous communities across Australia. An example such practices used from both desert and coastal communities therapy was sand art – a valued spontaneous communicating tool.

1.1 Australian Indigenous Belief Systems in relation to Mental Health and Counselling

Australian Indigenous culture and conceptualisations of mental health differ from western beliefs (Seru, 1994; Sykes, 1978) through an assortment of generic, culturally appropriate methodologies to assist Health Care Professionals. However due to the diverse range of Indigenous groups, generic programs may not always be appropriate. What one community accepts or holds value to, another may find offensive. The Arts can provide a neutral ground for interpretation, without cultural offense. Differences in psychologies between Indigenous and Non Indigenous practices and methods suggest that counselling and therapy should be re-evaluated in order to incorporate Indigenous conceptions of social and mental healing. (Duran & Duran 1995; Trimble & Thurman 2002).

Indigenous culture is holistically based (Clarke & Fewquandie, 1996), recognising the need to take into account the entirety of ego, including social, physical, mental, emotional, spiritual and cultural states of being. With distinctive complexed cultural beliefs, Indigenous people can exhibit mental health attributes, often leading to misdiagnosis with Non Indigenous Health Care Professionals, rather than being recognised as spiritual attributes, related to land, relationships and culture. (Sheldon, 2001; Westerman, 2003).

1.2. Culturally Appropriate Protocols

Appropriate Indigenous counselling is defined as a cultural network of complex knowledge’s and respectful processes to collaborate cultural, spiritual and social perceptions. Initial consultations in counselling differ greatly from Non Indigenous techniques and methods. For example introductions are vitally important in establishing connections and trust. A client is more likely to participate in counselling, when appropriate introductions are respected and acknowledged. This process can be both daunting and uncomfortable to some Non Indigenous Health Care Professionals. Discloser of personal information is not customary with Non Indigenous people, yet is prudent in building connections with Indigenous relations.

Introductions should incorporate discussions around relations to land and genealogy, including understandings of the different and diverse language groups within each community. Gaining knowledge of community linguistics,

tribal boundaries and skin groups ensures effective engagement. (Westerman). For example: Prior to counselling sessions, 10 to 15 minutes is put aside for introductions and acknowledgment of “Country” and “Kin”. Introductions include the sharing of ones birth place, family relations, acknowledgment of Elders and other significant community members and establishing shared connections with community, land or culture. Duran (2006) suggests counselling that utilises a “hybrid approach”, involving “two or more ways of knowing can be a harmonious process” (p.14). This model incorporates aspects of Western counselling with Indigenous concepts, successfully promoting a shared safe environment. This Indigenous perspective also disconsiders crisis management, and places emphasises on a reflective process of moving forward through the exchange of stories. 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;

1.3. Indigenous Therapeutic Programs

With few published examples of effective preventative wellbeing therapeutic interventions with Indigenous people, there remain vast gaps in appropriate service delivery to Indigenous peoples (Westerman 2004). Current practices include Collard and Garvey (1994) who discuss the provision of a holistic framework. Other useful initiatives are Narrative Therapy (Howson et al, 1994) and Strength Based Family Therapy. Narrative Therapy is also a known successful approach, due to the focus of open ended questions. (Kearins 1976; Harris 1977; Malin 1997). Considering that one quarter of the Indigenous population has a preference for visual-spatial learning the use of image in pictorial format creates not only avenues in engaging a client but builds on a sense of connection through recognition and cultural connection. Visual spacial learning and Aboriginality predisposes children to this style (Silverman, 2005). An example of successfully implementation of culturally sensitive indigenous art being used by health professionals is located at Gunbalanya (Oenpelli). Traditional art works are displayed to educate the local community about essential body systems and good health.

1.4. Indigenous Arts and Counselling Methods

Utilising the arts in counselling is a valuable tool in non-verbal therapeutic approaches in dealing with emotional and physical trauma. There is growing popularity in art therapy literature over the past twenty years (Birnbaum,1991; Crenshaw, 1990 Goldstein Alter & Axelrod, 1996; Levi, Gilad & Friedman-Kalmovitch, 1996), which discusses the value of art in counselling. Historically, Indigenous Art making was a practice used to support traumatic experiences. (Johnson, 1987) noted that "art originally developed as a means of expression of and relief from traumatic experiences. Describing the use of art over time Hatcher (1985) noted that "art somehow helps human beings cope with the trauma of death. Indigenous Australians regard art as an element of life, rather than a separate aesthetic ideal. Storytelling, drawing, writing, dancing and drama are Aboriginal cultural tools for healing and assist in making sense to life experiences (Atkinson) (p. 238).

Indigenous Healing Cards are a culturally sensitive tool aimed at encouraging individuals to heal themselves through their own awareness and understandings. Each card is individually hand painted, depicting various life stories which act as prompts to allow clients to tell their stories through recognition of past and present experiences. (See figures 1, 2, and 3). These art works can be hung as display posters or reproduced in smaller formats for flexibility. Each artwork depicts life stories based on many sensitive issues often faced by Indigenous people, minimising shame and encouraging disclosure of personal stories. Often once a social issue is disclosed through art, the social issue becomes acceptable to talk about. Implementation of the cards is non direct, engaging clients in their own time rather than through the Health Care Professional’s allocated timeframe. Expectations of the Health care Professional’s role is fundamental in developing and monitoring each session - as the client explores the various life experience cards, the Health Care Professionals role is to listen in silence, rather than directly asking questions which may not be relevant to the clients line of thinking. Discussions occur when the client is ready to respond or interact once self realisation and self connection with feelings and thoughts are clarified. Health Care Professionals need to be aware that personal interpretations of artworks can differ greatly with an individual, due to life experiences and perceptions.

Figure 1:

Story Line Responses:

1. “They came and took my children, those white bastards, never seen them again, the sickness is still in my stomach”
2. “I don’t know my mother, father, family, they took me away cause my skin was white”.
3. “ They came and took my baby, cause her skin was fairer, I never saw her again”
4. “I was adopted as a child, the government said it was to protect me and give me a better life, I was constantly abused and raped by my adoptive father, it doesn’t make sense. I don’t trust many people”.

Figure2:

Story Line Responses:

1. “When he’s on the grog he’s bad, he hurts me, he gets angry and hits me”
2. “I cant live at home anymore, this is what its like”
3. “This is my story, the violence, the sadness, a whole community of hurt and shame”

Figure 3:

Story Line Responses:

1. “This is me, they said I was a bad mother, I cry for him everyday”
2. “ I had a baby that was taken away, loss, sadness and shame, is what I feel”
3. “ When my mum died, I was adopted by a white family, they are good to me, just don’t know who I am”

1.5. Non Indigenous Viewpoints

Non Indigenous Health Care Professionals should incorporate Indigenous counselling practices when dealing with Indigenous clients. Sharing stories about place of birth, connections with geographical areas followed by brief discussions of family issues all assist in building an initial relationship based on trust and mutual connections.

Although contrary to ethical standards and obligations, health professionals need to establish their own story. They can share their knowledge of country, by sharing information about their, place of birth, connections to family and their understandings and knowledge’s related to Indigenous peoples. With few Indigenous Health Care Professional in the field this is an important reflection in gaining worthwhile outcomes.

Some issues for reflection for Non Indigenous counsellors include:

- The need for mainstream services to facilitate flexible outreach services (Dudgeon et al., 1993; Westerman, 2002, 2003) Indigenous people are more likely to engage with Health Care Professionals who are visible in communities Vicary (2002). Contact between Indigenous people and services mostly occur in an indirect manner (Vicary, 2002). Flexibility in timeframes in appointments needs to be considered along with the implementation of “drop in” practices rather than scheduled appointments.
- Recognition of communication styles differences within Indigenous communities compared to non Indigenous communities. Questions that are open ended, with a strength based narrative approach are most effective (Harris, 1977; Malin, 1997). Developing knowledge in appropriate community identities assists building understandings and trust in professional relationships. For example, avoiding the use of names of certain close relatives (A Torres Strait Islander male may not refer to his brother-in-law by name); understanding the shared responsibilities of children and relationships and responsibilities associated with that child; acknowledging separate issues related to men’s and women’s business; not referring to a dead person by name.
- Creating culturally safe environments - avoiding confined spaces, seeking alternative private outside spaces, using Indigenous art or promotional material in reception areas, recognising the importance of consultation with community and providing an environment acceptable by Indigenous communities.
- Recognising understandings in the value of vouching as an important aspect of trust and connections between non indigenous and indigenous peoples. Vouching is a form of verbal trust, an acknowledgment of

someone or an organisation that appears to be connected and knowledgeable to indigenous issues. The use of cultural consultants needs to be standard practice Vicary (2002) found that ninety two percent of Indigenous people in his study stated they would not see a non Indigenous Health Care Professional unless another Indigenous person had vouched for them as appropriate.

- Knowledge builds client engagement – gain language skills and an awareness of cultural values in each community.
- Recognise Social values and behaviours from individual communities e.g.: Eye Contact – many community groups speak to another in an indirect fashion, with little eye contact, using of a loud voice may be interpreted as offensive.
- Listening and Responding – listening is an important process, listening and not interrupting is considered respectful, listening without a direct response is acceptable, silence is considered a form of reflecting on thoughts to respond with care. Conversations can be short, using few words. Listening involves consideration to body language, this includes signs and gestures.

2. Conclusion

Culturally competent awareness and knowledge is vital when counselling Australian Indigenous people. The realisation that community heals and empowers individuals is another fundamental factor to consider. The use of Indigenous Australian arts provides a tool for counsellors to build relationships, assist in healing, self expression, explore new and old feelings, capture storylines, and provides an opportunity to connect and express self issues. Indigenous art is a valuable tool for cross cultural communication. Art not only provides acknowledgment to cultural inclusion, it is a valuable tool for communicating with people from various linguistic, social and educational backgrounds.

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