

# Thoughts On Narrative Therapy – Contributions To Indigenous Mental Health

**Tim Agius & Jen Hamer**

**The Authors:** *Tim Agius* is a Narungga and Kurna man from the Adelaide Plains of SA. He has considerable experience in Aboriginal Affairs since 1970 in the areas of management, operations and policy. Since 1994 Tim has worked in collaboration with the Dulwich Centre in Adelaide to use the 'Story Reflecting' approach with Aboriginal communities. This was a specifically Aboriginal application of Narrative used to support family members who have lost a relative in custody. *Jen Hamer* is manager of community education and training at Relationships Australia SA. She has experience in the use of Narrative approaches for action research, training and education and staff supervision. She is a qualified social worker with experience in a range of mental health settings. Jen has also provided accredited training and formal assessment for Indigenous community workers, including non-clinical mental health training. The authors would also like to acknowledge the close reading and comments made to this paper by *Jasmine Valadian* and *Manja Visschedijk* at Relationships Australia SA.

Recent consultations for the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing have been a trigger for the authors to reflect on their use of Narrative therapy, education and community work practices within Indigenous communities. In this article they explore the contribution Narrative approaches can make to enhancing Indigenous social and emotional wellbeing and responding to diagnosed mental illness.

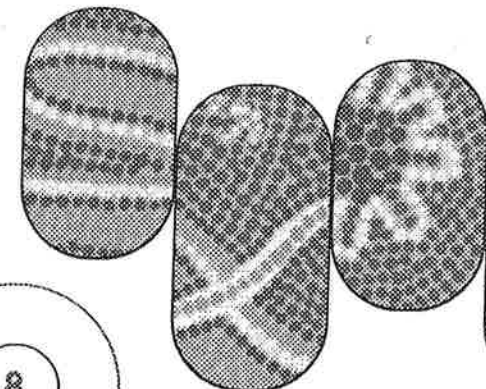
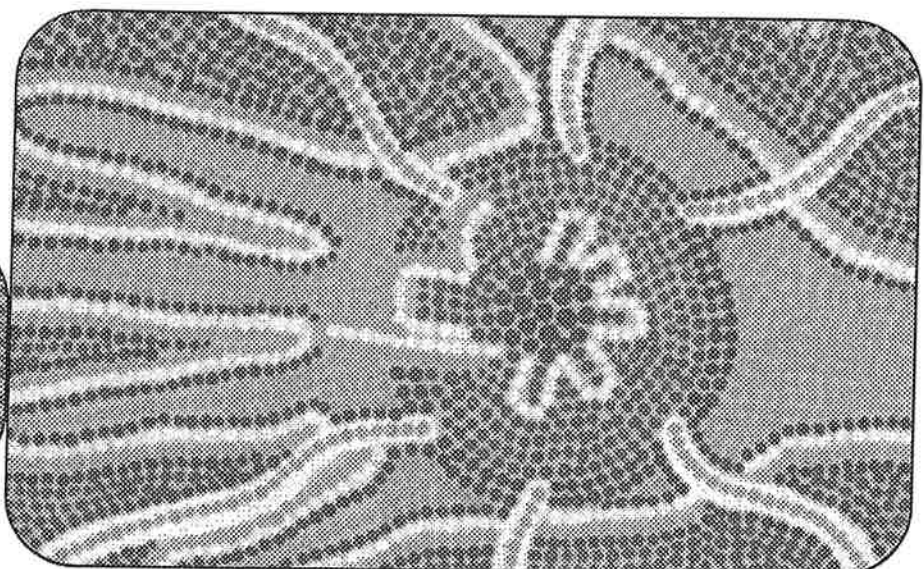
## Why Narrative?

When emotional distress and mental illness are experienced, mainstream psychological practices can sometimes pose barriers for Indigenous people in identifying their issues and engaging with treatments. Such practices often employ individual and pathological understandings of mental distress and disorder that do not have meaning for the individual or community concerned. These understandings are made in reference to a set of clinical indicators and symptoms that fail to take cultural difference into account. Such approaches are underpinned by a (now widely challenged) belief in the universality of scientific methodology. What many practitioners and researchers have more recently acknowledged, is that scientific knowledge is not universal and cannot be applied regardless of context. Hence, psychological theories cannot explain all human behaviour and do not have meaning to many people. In spite of this, to the disadvantage of many communities, we continue to provide by far the majority of mainstream services in this particular form. With such an approach it is tempting to see difficulties in working cross-culturally as a communication issue, or due to a lack of education in the non-mainstream culture – what we suggest here is that the difficulty is more commonly one of imposed meanings.

In contrast to mainstream psychological practices, Narrative focuses on people's own descriptions of their lives. It invites an examination of the 'problem' as understood by the client and their community rather than via preconceived professional 'assessment'. Consequently people are able and willing to engage more fully in their issues. The methodology creates space for them to richly describe and claim preferred identities and practices of life. The place of medical and psychological treatments can be explored and incorporated into these understandings and preferred ways. Mainstream treatments become a real possibility as one response to the identified needs rather than a single, sometimes confounding interpretation. As a result of this, Narrative approaches have been recognised in a number of Aboriginal and Torres Strait Islander communities as offering meaningful input to complex and distressing situations.<sup>i</sup> We believe Narrative provides a conceptual framework and specific methodology that invites cultural accountability and opens up new possibilities for responding to mental illness. In this paper we have put together some of our thoughts on why we think this is so.

## Co-research

When a person or community as a whole find that things are not working for them, Narrative seeks to assist them to define and describe their preferred ways of being in the world. To do this, the worker forms a partnership with the individual or community to 'research' the issues they have named. Narrative does not hold a fixed, pre-conceived view of what is 'healthy' and therefore the practitioner is not encouraged to impose a culturally constructed view of the world. In the realm



of social and emotional wellbeing this means that cultural interpretations, meaningful to the individual concerned that may be different from the mainstream, are valued and central to a healing outcome. Space is made for these cultural meanings to be heard and acted upon rather than marginalised or 'missed'. It is the job of the practitioner to be interested in, and explore the client's preferred options, and listen for their unique meanings and interpretations, rather than search for and identify symptoms of potential disorders. Together they co-research the issues and possible future directions.

## Links To History

Narrative is highly interested in the history of the issue being brought to counselling. This can incorporate personal history, and also community history. Systemic issues such as racism and the impact of invasion can be brought into the counselling conversation including the acknowledgement of dominant cultural practices as sometimes harmful. Indigenous communities have for many years named this acknowledgement as vital in a process of healing and yet many professionals find it difficult to incorporate this into their practice. Mainstream treatment models can sometimes focus on isolating personal symptoms and individual experience from the wider social and cultural context, and therefore lose opportunities to understand the significance of this.

Such a vital interest in history makes possible connections with skills and knowledges from past generations and invites consideration of the place these may have in the current situation. It is not simply a matter of re-connecting with and honouring past skills and knowledge. Narrative seeks to bring such skills into the present and invite people to construct new ceremonies and ways of being that draw on this legacy. In this way the practitioner is not suggesting a simplistic response such as replacing current western treatments with traditional ways of healing, but rather they invite the individual or community to consider the contribution that traditional ways may make and construct contemporary ways, relevant to their circumstances.

## The Importance Of Relationship

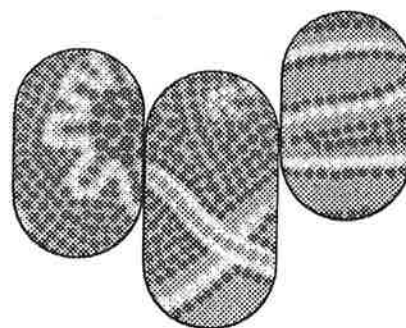
A key premise in Narrative is that all things happen in relationship with other things. So that family and individual relationships; a person's 'place' and role in the community; and the shared meaning of events are highly significant aspects of the counselling. The importance of community/family responses and obligations or expectations can be extensively examined. This notion, of all things being in relationship, means that community recognition and response is crucial. An 'audience' is needed to negotiate and authenticate new ways of being for the individual so that new ceremonies for acknowledging and supporting preferred ways of being can be developed. Narrative practitioners are guided by the individual and community as to what and who the key relationships are. Healing thus involves family and community connections and is not reliant on individual education, treatment or therapy.

## Story-telling Approach

Narrative invites people to tell stories that illustrate experiences, meaning and intentions. Rich descriptions of events and the meaning of these events can be gained including the history of the skills and knowledge the person or community has developed and the hazards along the way. This approach appears to suit some Indigenous ways of teaching and identity construction. It has been said that this feels comfortable and 'right' so that engagement in learning is easier than with some traditional western approaches.

## Building Connectedness

Narrative has also been used successfully as a community development/mental health promotion strategy. Building connectedness for individuals and communities can be viewed as a community 'identity project' that invites the community to construct their own identity descriptions and name how this can be lived out. Within this, the community's own ideas of protective and risk factors can be explored and elaborated. Individual resilience in this context is not viewed as a fixed inner state that each person does or does not possess – it is a history of skills and knowledges grown over generations that can be drawn upon in current times. New ways to 'tap into' these skills can be opened up to people. From this kind of community project can flow a range of education and prevention initiatives, including traditional western health promotion approaches that are acknowledged by the community and for which new ceremonies are developed.



## Holistic

Narrative is 'holistic' in that it works with the whole range of human experience and descriptions brought by the individual, including how all aspects of the person's story interrelate. Spiritual meanings, physical symptoms, family and community expectations and emotional reactions can all be brought into the counselling. The relationship of spiritual beliefs to a feeling of 'depression' for example can be explored with the person concerned, and a preferred understanding of the meaning of depression as it relates to their spiritual health can emerge. This understanding can open up new possibilities for how to respond to their depression.

Narrative can work in partnership with mainstream psychiatric and psychological services to enhance mental health outcomes for Indigenous people. It has been used to design and run mental health promotion and treatment programs in a range of ways from whole community projects, through family work, small group education and individual counselling. By inviting people to describe and construct their own understandings of mental distress and disorder we believe Narrative approaches offer a response to mental illness that is largely not available in mainstream practice. It is a response that resonates with many non-dominant cultures such as Indigenous communities and provides new possibilities for healing.

## References:

- <sup>i</sup> Narrative therapy and community gatherings have been utilised in a number of ways with Indigenous people. Specific programs have been provided at Camp Coorong, Barrow Hill, Narrandera and Wolgett communities. The publication *Reclaiming Our Stories Reclaiming Our Lives* (1995) provides a formal report of one such program initiated by the Aboriginal Health Council of SA. Copies can be purchased from the Dulwich Centre, Adelaide.