

Ranzijn, R., McConnochie, K., Clarke, C., & Nolan, W. (2007). 'Just another white-ology': Psychology as a case study. *Counselling, Psychotherapy, and Health*, 3(2), Indigenous Special Issue, 21-34.



## **‘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.

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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 worldview, 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 19<sup>th</sup> Century through to the middle of the 20<sup>th</sup> 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

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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

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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.

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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

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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

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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

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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



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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

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### **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.

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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.*

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*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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