Interfacing Alternative Complementary Psychologies for Intercultural Wellness

Dr Les Spencer

James Cook University Alumni

Abstract

This paper outlines action research whereby the nurturers of psycho-social and other forms of wellness in the First, Third, and Fourth Worlds may engage together in supporting people in the aftermath of man-made/natural disasters in ways that enrich local way, have positive second and third order consequences, that detract from the well-being of no one involved, and that do not compromise local self help. The paper uses qualitative methodologies including fieldwork interviews and accessing archival materials alongside contemplating and connoisseurship of action research findings. The Laceweb, an informal network of Indigenous and Oppressed Small Minority psycho-social healers in the East Asia Oceania Australasia Region is presented as an example of local psychologies being used in psycho-social self-help and mutual help action as a complement to psychosocial service delivery. The Laceweb is traced to the evolving of community psychology practice informed by indigenous psychologies at Fraser House, a psychiatric unit within North Ryde Psychiatric Hospital during 1959-1968. The paper also has implications for supporting Oppressed Indigenous/Small Minority people in the Region in the context of the ongoing fragmenting and disintegrating of their culture, in their place, by dominant elements. Examples of Filipino psychological frameworks and praxis are introduced. Cultural Keyline' a model for the social sciences evolved at Fraser House is briefly introduced for resolving intercultural interfacing and inter-relating issues in psychosocial support following man-made and natural disasters.

Keywords:

V. Bautista; Complementary Psychologies; E. De Castro; Intercultural Wellness; Laceweb ; N Yeomans .

INTERFACING ALTERNATIVE COMPLEMENTARY PSYCHOLOGIES FOR INTERCULTURAL WELLNESS

How psychosocial support is provided to Grassroots people in the SE Asia Oceania Region was one of the foci at a meeting of experts convened by the SE Asia Pacific Office of UNICEF in August 2001. This meeting set up a working group made up of attendees at that meeting and a process for forming an Emergency Psychosocial Response Network in the Region. This has been formed as Psychnet (2002-2004).

The view was expressed by some of those present that while First World support is needed in the Region, this currently comes with an iatrogenic effect – the fraying of the cultural fabric of the very people it is intended to support. Prescriptive non-locally developed 'formulaic' service delivery is observed to systematically ignore local capacity, cultural healing ways, psychosocial competencies and resources, and relevant life experience of what works locally and annihilate long present as well as emergent self-organising phenomena within local communities. External imposed planned action interrupts local self-organizing action (refer Spencer, Cramb and Wijewickrama, 2002).

Working Group members had their own personal and second-hand experience of how First World Aid, done with the very best intentions may alienate local grassroots people, and disable self-organising grassroots action by investing decision making power in two characteristic ways: firstly, explicitly in the hands of non-local experts who draw upon fundamentally alien psychologies, cultural histories and logical frameworks and secondly, where local people are involved - in processes, strategies and interventions which are imposed according to an externally sourced prescriptive framework.

Many First World people operate on the assumption that everyone shares their reality – that First World way of doing and way of thinking is universally applicable. This is NOT so. First World way is *not* the way of the Region. This is not to say, one or other way is best or better. It is just that there is difference. Islamic, Buddhist and Animistic traditional way is pervasive in some areas of the Region. Western Aid bodies often have little knowledge of these traditions. Oppressed Indigenous and Oppressed Small Minority people of the Region have rich psycho-social community healing traditions imbedded in spiritual beliefs which are profoundly different to Western way and also profoundly different to local ‘mainstream’ (dominant) way. Healing rituals and ceremonies draw on local psychosocial spiritual ways and belief systems.

The current practice is for First World Aid bodies to come to the S.E. Asia Oceania Region often with scant comprehension of local ways and logical frameworks. First World Aid bodies naturally use First World well-being ways. First World way is not the primary way of the S.E. Asia Oceania Region. First World psychologists typically have no experience of local and

indigenous psychologies and wellbeing ways of the Region. They tend to have a ‘diagnose and prescribe’ process within an individualistic service delivery model. Their focus is on the psychological vulnerability and dysfunction of the *individual*. While calling what they do psychosocial, they typically only have skills in the Western model of the psychological and have scant or no skill in the sociological especially relating to local societies of the Region. Local ways commence with focus on the community. They tend to focus on capability, psychosocial resources and resilience of the community, then the family and then the individual. Further, local natural nurturers use everyday social life interaction to support others psychosocially. This is consistent with Postle’s writing about the psyCommons.

> The psyCommons is a name for the universe of rapport – of relationship between people – through which we navigate daily life. It describes the beliefs, the preconceptions, and especially the learning from experience that we all bring to bear on our own particular corner of the human condition (2017).

There is a *dearth* of Western psycho-social aid bodies that have *any* experience of Indigenous and Oppressed Small Minority psychologies and nurturing/healing well-being Way, or experience in finding and supporting local grassroots people already effectively engaging in psychosocial mutual-help.

The Netherlands Document 'Guidelines for Programmes - Psychosocial and Mental Health Care Assistance in (Post) Disaster and Conflict Areas' (2002) is fully consistent with First World way. That document imposes one particular alien cultural framework and derived logical system and then proceeds as if this particular way is universally applicable. The document systematically excludes other ways and gives superficial recognition while excluding local ways of thinking from their theory-base. The theory base is a monocultural monologue. It is simply a masquerade to assert that an operational approach is ad hoc culturally sensitive or appropriate when at the fundamental level of theory there is no evidence of the integration of cross-cultural and intercultural logical frameworks within First World way.

In stark contrast to the local ways of the SE Asia Oceania Region, the First World way sectorises, dichotomises, fragments and cleavers. There is a cleavage between the doer and the done to. The doer decides well prior to the presenting context, that which must and must not happen. Experts specialize in the 'fixing' of various fragmented aspects of well-being. 'I am a counsellor'. 'I am a 'mental health' expert'. 'I restore infrastructure.' 'I am the healer and you are the target.' It is germane that the term 'fixing' means to immobilize!

The local ways of the Region are inclusive. 'We engage with other locals in socio-spiritual-emotional-mind-body-community healing of ourselves mutually, and for the healing of our

place – geo-emotional heal. The local heals the ‘whole-of-it’. This local way is not 'delivered'. Rather it is pervasively lived - embedded as an aspect of our way of life together. In local way, those initiating and sustaining healing may provide something approximating 'service'. It is more supporting and 'enabling' (as in supporting each other to be more able) in self-help and mutual-help. The local people together are the re-constituters of fragmented life, not local or outside 'experts' doing things to and for people.

Taking this interfacing theme beyond ignorance of local psychologies, Vanessa Pupavac (2005) in her paper ‘’Therapeutic Governance: the Politics of Psychosocial Intervention and Trauma Risk Management’ argues the international psychosocial model and its First World origins is being used for social control via pathologising of Third and Fourth World countries by wide interests in the First World. Her paper argues that ‘psychosocial approaches jeopardise local coping strategies’ and identifies ‘the potential political, social and psychological consequences of the pathologisation of war-affected societies’. Her paper concludes ‘that therapeutic governance represents the reduction of politics to administration’. Pupavac argues that powerful first world entities assume pervasive pathology exists in Third and Fourth world societies and take action that strengthens that assumption, and then uses the claimed pathology to take on a ‘therapeutic governance’ role on behalf of ‘helpless’ people. To quote Pupavac:

> Power is not exercised by the ostensible subjects of rights, but by international advocates on their behalf.
>
> Effectively, the psychosocial model involves both invalidation of the population’s psychological responses and their invalidation as political actors, while validating the role of external actors.
>
> Where populations are experiencing a curtailment of self-determination and a questioning of their moral capacity, it should be no surprise if psychosocial professionals find a relatively high instance of depression - the link between a sense of control and mental health is well established. However, the presence of depression does not vindicate therapeutic governance, rather the reverse. It is the functionalism of therapeutic governance that needs to be examined. Ironically, the unprecedented regulation of people’s lives and emotions under therapeutic governance risks populations’ mental health. That populations do not succumb to the pathologisation of their condition under therapeutic governance in greater numbers is testimony to people’s capacity and resilience (2005).

FILIPINO PSYCHOLOGY

Violeta Bautista a clinical psychologist in the Philippines uses the cooking of eggs as a metaphor in contrasting American and Philippino Clinical and Community Psychology. In USA psychology the focus is the egg boiled in the shell – the individual within the shell. The focus of Philippino psychology is likened to the fried eggs in the pan. 'All of the whites of the eggs blended together' is the family and community/village that is interacted with and supported as an inter-connected, inter-dependent, inter-related, inter-woven entity. 'The yolks' are the individuals needing simultaneous support for their separate wellbeing and even then these 'separate egg yolks' are embedded within the egg white and often blended with other yolks in joint engagement.

Another Philippino Community and Clinical Psychologist Elizabeth Protacio-DeCastro contrasts the underlying paradigms used by First World and Philippino Psychology; identifying the 'Individualistic Vulnerability' Paradigm and the 'Social Work' Paradigm used by psychologists visiting the Philippines and contrasting this with the Philippino Family/Community Competency, Resourcefulness, Resilience Paradigm (2002, p 76-81; 2009). Brief summaries of these paradigms are included in Appendix A.

Bautista, Roldan, & Garces-Bacsal, (2001) used Filipino psychology and Filipino psychological concepts to explore resilience themes in the stories of exploited Filipino youth using a competency and resilience framework.

De Castro (2002, p 96) refers to the Indigenous/grassroots social movement Laceweb as an example of interfacing local psychologies (Laceweb, 1998). The Laceweb is an informal network of Indigenous and Oppressed Small Minority healers evolving in the East Asia, Oceania, Australasia Region since the 1970's. These healers have been termed 'natural nurturers'. In a 2004 Psychnet Gathering in Tagaytay in the Philippines of 38 grassroots psychosocial support people from eleven countries in the Region, all reported the existence of natural nurturers as a naturally occurring phenomena in their respective countries - that of highly experienced psychosocial support people that were naturally superb in nurturing others (natural nurturers). Western service delivery oriented experts present at that meeting had no conception of the term 'natural nurturer' and stated that they had never been aware of the presence of natural nurturers in the Region. An action research team that I participated in in the Mindanao war zone around Pikit in 2004 were readily able to identify natural nurturers in that region (Balanon 2004). That research was testing Psychnet resources and processes for interfacing well with local indigenous/grassroots healers in a war-zone.

LACEWEB PRECURSORS

The Laceweb can be traced to the psychiatric unit Fraser House in North Ryde Psychiatric Hospital. The Fraser House founding director and psychiatrist Dr Neville Yeomans evolved community psychology, community psychiatry and clinical sociology practice in Australia during the years 1959-1968 (Spencer 2006a, 2006b, 2013, 2016, 2018). Fraser House praxis was informed by indigenous and small minority psychologies and socio-medicine of the Region. On visiting Fraser House anthropologist Margaret Mead described it as the most total therapeutic community she had visited in her role as founding director of the World Mental Health Foundation (Brody 2002). Consistent with the frameworks mentioned above, every aspect of Fraser House was interlinked, inter-related, inter-dependent, inter-connected and inter-woven. Dr. Neville Yeomans was informed by his life with Australian Aboriginals and Islanders and his work with complex living systems supporting his father P.A. Yeomans in evolving Keyline Sustainable Agricultural Practices. Yeomans adapted his father's work into the social life world as 'Cultural Keyline' (Spencer 2006a; Spencer, 2013). Fraser House community ways were used at a series of Aboriginal and Islander gatherings held in Armidale NSW called 'Surviving Well in a Dominant World'. These gatherings were referred to by Kamien (1978) and Franklin (1995). Follow on Gatherings occurred in Alice Springs, Katherine and Armidale. Eddie Mabo attended the Gathering in 1973.

Spencer, Cramb and Wijewickrama (2002) draw upon Laceweb Action Research in their paper 'Interfacing Alternative and Complementary Well-being Ways For Local Wellness' detailing ways of interfacing alternative complementary psychologies for intercultural wellness.

CONCLUSION

This paper has raised issues relating to the interfacing of psychologies from differing worlds and provided some references for those interested in evolving ways whereby differing psychologies may support without harm.

REFERENCES

Balanon, F. (2004). Regional Emergency Psychosocial Support Network International Team Conducts November 2004 Pre-Test in Mindanao - Internet Source - http://www.psychosocialnetwork.org/PESNvol4no4.htm (Accessed 1 Aug 2005).

Bautista, V., Roldan, A., Garces-Bacsal, M. (2001). Working with Abused Children from the Lenses of Resilience and Contextualization. Quezon City, Philippines: UPCIDS-PST and Save the Children Sweden.

Brody, E. B. (2002). The Search for Mental Health - A History and Memoir of WFMH 1948-1997. World Federation of Mental Health. Laceweb Home Page, 1998. Internet Source: www.laceweb.org.au

DeCastro, E., 2002. Integrating Indigenous Knowledge and Practices in Psychosocial Help and Support for Child Survivors of Trafficking and Sexual Abuse Internet Source: www.ilo.org/public/english/standards/ipec/publ/download/healing2_trafic_02_en.pdf

De Castro, Elizabeth. 2009. *Recognising and Evolving Local-lateral Links Between Various Support Processes.* Internet Source - accessed Feb 2018. http://www.laceweb.org.au/lll.htm

Franklin, M. (1995). Assimilation in Action - The Armidale Story. Armidale, University of New England Press.

Kamien, M. and Australian Institute of Aboriginal Studies (1978). The Dark People of Bourke : A Study of Planned Social Change. Canberra, [Atlantic Highlands, N.J.], Australian Institute of Aboriginal Studies Humanities Press.

Laceweb , 1998. *Laceweb Home Page*. Internet Source accessed April 2018. www.laceweb.org.au

Postle, D. 2017. The Richness of Everyday Relationships. http://confest.org.au/get-involved/villages/villagethriving-futures (the four paper under the 'files' heading).

Psychnet. 2002-2004. *Regional Emergency Psychosocial Support Network Quarterly Newsletter - Laceweb Section N .* Internet Source - Accessed Feb 2018. http://www.laceweb.org.au/#psych

Pupavac, V. (2005). "Therapeutic Governance: the Politics of Psychosocial Intervention and Trauma Risk Management. Internet Source accessed 1 Aug 2005

www.odi.org.uk/hpg/confpapers/pupavac.pdf ()."

Spencer, L. 2006a. 'Cultural Keyline'. Internet Source: www.laceweb.org.au/ck/ck.htm

Spencer, Les. 2006b. *Series of Nine Radio Programmes on Dr Neville Yeomans and Fraser House.* Radio TC International - Channel Seven. Internet Source http://www.tc-of.org.uk/index.php?title=P7S1#p7s1-0001

Spencer, Les, 2013. *Whither Goeth the World of Human Futures.* Internet Source accessed Jan 2018. http://www.laceweb.org.au/bio.pdf

Spencer, Les, 2016. *Coming to One's Senses - By the Way.* Internet Source accessed Jan 2018. http://www.laceweb.org.au/btw.pdf

Spencer, Les, 2018. *Nurturing Community for Wellbeing.* Internet Source http://www.laceweb.org.au/resp.pdf

Spencer, L., Cramb, A, and Wijewickrama, D, 2002 Interfacing Alternative and Complementary Well-being Ways For Local Wellness - Intercultural Peacehealing and the Netherlands Document – Internet Source: http://www.psychosocialnetwork.org/faq_interfacing.htm).

The Netherlands Document, 2002. Guidelines for Programmes - Psychosocial and Mental Health Care Assistance in (Post) Disaster and Conflict Areas. Internet Source: www.nizw.nl/nizw.ic

APPENDIX A

Recognising and Evolving Local-lateral Links Between Various Support Processes

Support Paradigms

BIOMEDICAL APPROACH	SOCIAL WELFARE COMMUNITY DEVELOPMENT	PSYCHOSOCIAL ENABLING OF MUTUAL HELP NETWORKING
Biomedical	Social work Community Development	Holistic Living System Wellness
Physical	Physical & social	Psycho-social emotional physical. Living well with family and community in our place - wellness
Attend to damaged part	Help whole	Enable whole system to help itself

Meta–action

Intervening	Intervening	Enabling (assist to be able)

Perspectives

Doctor's perspective	Social Workers & Community Developer's Perspective	Child's, Adolescents and Older People's Perspective and Living System wellness perspective – Rights perspective

View of the Child Adolescents and Older People

As vulnerable The problem to be cured	As vulnerable The problem needing: • Relief • Protection • Rehabilitation	As the solution As having: • Rights • Competencies • Capacities • Resources • Resilience who may use our enabling support if they want it

Intention

Curative - Physical or mental injury or disease causing damage needing cure and/or repair	Curative & Preventative	Child focused enabling of whole community wellness and wellbeing

Benefits

Disease and physical injuries attended	Immediately addresses needs for relief and rehabilitation	Immediately supports and helps strengthen children's and other locals' resilience and psychosocial resources and the wellness/ wellbeing of the children and their families and community

The above material draws upon ideas and frameworks from the Philippino Psychology Book 'Integrated Child Centred Approaches in Children's Work' *(*Protacio-De Castro, E.; Balanon, F.A.G.; Zenaida, A; Camaco, V.; Ong, M.G.; Verba, A. A.; Yacat, J.A., 2000.)