Reflection

on

Thinking behind practice

(By Kennis Choi Mei Ling)

Narrative practice gives me a feeling of respect and possibilities. This impacts me a lot especially in my work and in my daily living. In the article “Poststructuralism and therapy – what’s it all about?”, the ideas repeatedly reminds me, e.g. “our identities are not fixed”, “our identities are created in the relationship with others, rather than something internal”, and “our identities are socially created that our lives are influenced by history, culture, gender, sexuality, class and power”. In the Chinese society, fatalism is the concept that many Chinese believe, such as, is life determined? Is my identity fixed? This kind of idea is something related to structuralism. So narrative practice could induce hope to people.

In my work with the persons who consult me, I mainly meet Chinese people, especially coming from China. As I born and grow up in Hong Kong, I regard myself as the Hongkonger. In the past, especially after 1997, I have heard a lot of news about mainlanders and new immigrants. Most of them were seen as greedy for the welfare of Hong Kong. So the women from China (especially in the rural areas) chose to marry the Hong Kong residents, even much older. There is a large gap between the people being born in Hong Kong and those from China. At that moment, the social hierarchy had a great impact towards the new immigrants. I think they might have a feeling of being the second-class citizens with low self- images (means having poorer background and low education level). Actually I have tried to pretend to see them as equal as us. I remembered that my friend, a social worker of family service centre, had been blamed by her client, who was “poorer”, for her painted nails that the former could not understand the latter. This always reminds me to pay attention to my appearance and attitudes (including verbal and non-verbal) when talking with the people with so-called poorer family background. Narrative practice has many resonances for me.

Moreover, in the article “Avoiding psychological colonization: Stories from Sri Lanka”, two of the principles informing responses to communities affected by the tsunami reminds me again. These are “avoiding medicalizing people’s responses” (“encouraged the organizations who were working in Sri Lanka not to interpret or diagnose people’s immediate reactions to the tsunami as indicating some medical conditions (such as PTSD)”) and “being culturally sensitive”.

Avoiding Medicalizing People’s Responses

Sometimes, some reactions towards the big bad incident are normal. We have learned some skills and knowledges from the theories or approaches. We needed to be sensitive in adopting these skills and knowledge as these could be the references to lead us how to assess the cases, but it is not a must. For example, I have encountered the clients from the serious bus accident which killed 19 people and injured 65. This happened during Chinese New Year holidays, a happy moment. This was a trauma that I, as a medical social worker, was arranged to render the immediate social services to the patients who were admitted to the hospital. At the same time, the clinical psychologist and I visited the patient too. I let the clinical psychologist to assess the patient whether he might have PTSD or not in future. Then I left and went to support the family members in the mortuary. I remembered that I thought those people (including the patients in the hospital and the deceased’s family members) should more likely have the emotional problems after the traumatic incident in the future. Because this was really a very serious big trauma to Hong Kong people at that moment. Therefore, they should be referred for clinical psychology service. Originally, some reactions towards the big bad incident are normal. I should not put the “ill” name on the people easily. Human beings have many possibilities in what they could be.

Being Culturally Sensitive

Hong Kong is a metropolis which includes many kinds of cultures. I have met the female clients who are Indians. They were battered by their Indian husbands. Before understanding the India culture, I could not know why the Indian women still lived with their husbands who hit them. They should leave with their dependent children it the former love the latter. This is the cultural gap between the clients and the therapist because we, growing up in Hong Kong and receiving tertiary education, pursue the gender equality. This not understanding could hinder me to assist the people in the creation and re-creation of their identities. Even though everyone is unique, he or she is surrounded by his or her families, friends, and cultures. I need to be sensitive and be patient to what I see and hear from the persons who consult me. It is because this is a journey of the clients and the therapists. Both of two parties have contributions towards each other. It is very good that the people with you in the journey understand you so much.

**References**

1. VIDEO: [Decolonising identity stories by Tileah Drahm-Butler](https://dulwichcentre.com.au/decolonising-identity-stories-by-tileah-drahm-butler/).
2. ‘Post-structuralism and therapy – what’s it all about’ (2002), compiled by Leonie Thomas. In Russell & Carey. Narrative Therapy: Responding to your questions. Published in International Journal of Narrative Therapy and Community Work, No.3.
3. Avoiding psychological colonisations: [Stories from Sri Lanka – responding to the tsunami, Shanti Arulampalam, Lara Pereta, Sathis de Mel, Cherryl White and David Denborough.](https://dulwichcentre.com.au/wp-content/uploads/2020/01/Avoiding_psychological_colonisation_Stories_from_Sri_Lanka_responding_to_the_tsunami_Shanti_Arulampalam.pdf)
4. [De-colonizing our lives: Diving a post-colonial therapy (2002), by Makungu Akinyela](https://dulwichcentre.com.au/wp-content/uploads/2020/01/Decolonizing_our_lives_Divining_a_post-colonial_therapy_by_Makungu_Akinyela.pdf). Published in International Journal of Narrative Therapy and Community Work, No.3.