

Cultural Shock Can Hurt

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It is important right at the outset to define the problem about which we are concerned and its dimensions.

I have to take some issue with the reference to the "migrant family".

In a multi-cultural society such as ours we must recognise that we, the non-Aboriginal people, are all migrants of one generation or seven.

It is true the ethnic mix of the nation has varied widely from one generation to another, from one district or state to another.

But the only time Australia came close to being homogeneous was in the 1840's when 70% of the population had one common background, religion and mainly one language — they were the Irish. We have never been as homogeneous before or since.

Yet it is true that in areas we have had a great degree of homogeneity — the Sunshine area of Victoria was 99% British from 1844 to 1939 but the British would now be in a minority.

The Irish were 90% of the Sydney suburb of Marrickville for 150 years — they are now less than 10% of the population.

In national terms 40% of all Australians are the products of post-war migration.

More than 700,000 Australian children have started school and are still in the system with a first language other than English.

In 75% of the Sydney area, 50% of all the children in primary school are the products of post-war migration.

I quote these figures to demonstrate we are not talking about a homogeneous indigenous majority and migrant minority but a multi-cultural society spanning 120 different cultures and backgrounds.

Against this mosaic the differences in the family backgrounds of young Australians today can be better comprehended.

To be different in Australia in the past was to be inferior. The whole policy of assimilation was to strip people culturally naked on arrival and make them over as instant Anglo-Saxons.

To qualify for acceptance it was necessary to become at least in appearance, monolingual, mono-cultural and to be called John Smith or its equivalent.

I always recall a sea journey I undertook a few years ago and on the first night out there was a ship's dance at which I met some people who spoke Spanish and some spoke Italian, and I spoke to them in both languages.

An Anglo-Australian lady sought me out specially to ask where I came from. I told her "Australia".

"But I mean where were you born?"

"Australia, Brisbane, Queensland, to be precise".

"But I mean what nationality are you?"

I told you, Australian. It's the only nationality I've got."

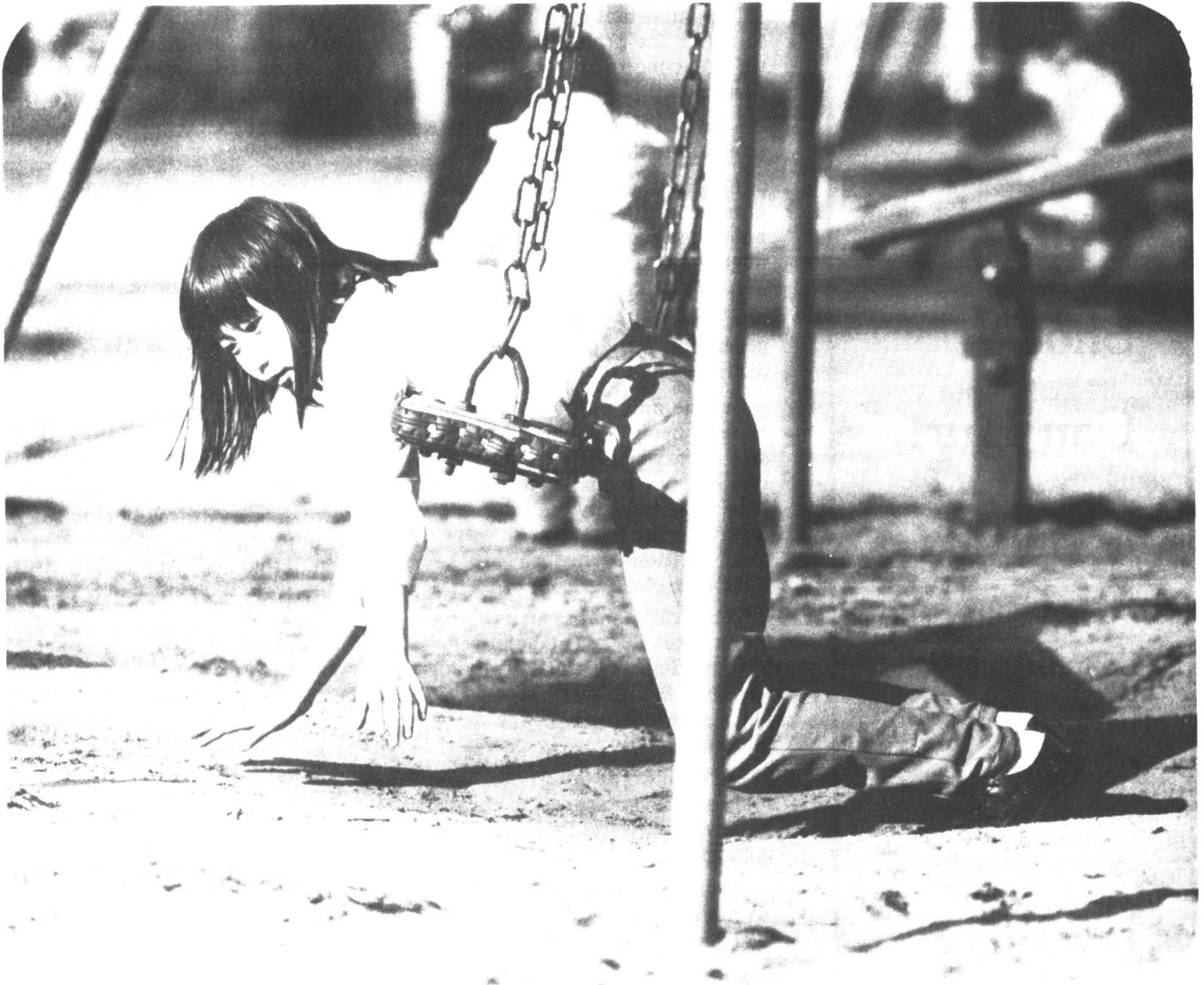
"You can't be", she replied, "I heard you speaking foreign languages".

This comment was made by a middle-aged, upper middle-class Anglo-Saxon Australian lady.

Can you imagine the comments by less affluent, less educated, more brash children in the playground and class-room?

As a result of the pressures at school to abandon all background, culture and heritage there are a number of reactions by children with a non Anglo-Saxon background.

One reaction is a rush to conform and in the first fierce determination of the young conformist he often hides his deficiency in English or buries his accent; turns his back on his parents and becomes more



"You can't be Australian — I heard you speaking foreign languages!"

Ocker on the surface than Bazza Mackenzie. His tragedy is he often lives in a vacuum caused by his abandoning his family and heritage and replacing it, not with another culture, but a set of affected attitudes as unreal and tasteless as a month old meat pie.

Another reaction is to withdraw into the family and the group to such an extent that the only real world belongs there and school is simply an unpleasant alien necessity,

an evil to be endured and made use of.

A third reaction is to accept the school ground and street mores and leave them at the door of the house where there is a different world with different language, culture and standards.

Several million Australians live in the three kinds of worlds I have described.

This is a long introduction to the problems confronting children of

different backgrounds in hospital but I felt it necessary to put the problem in perspective.

The great majority of the positions of influence, affluence and authority in Australia are held by the old minority.

I will define that. 40% of all Australians are the products of post-war migration and the median age of the nation is 26 so anyone alive in Australia at the time of World War 11 is in a minority.

But let me repeat it is that minority which holds almost all the positions of power, influence and affluence in our society.

Because of that fact, I want to deal with cultural shock and the fact it affects us all — because there is sometimes a thought it only happens to migrants.

The first time I ever heard anyone talk about cultural shock I was a small boy listening to my mother who migrated to Australia in 1922 and who used the term “homesickness” to describe a disease of the spirit and a malaise of the will which can hurt as much as a broken leg or a fractured arm.

For many people there is no reality in cultural shock.

It does not exist for them. They believe it is all in the mind, can be overcome with a modicum of exercise of will. For others cultural shock is something that happens to lesser peoples but not of course to them.

Native born Australians tend to the pretence that there is no such thing for sturdy, self-reliant, independently minded, rugged Australians.

The facts of course show how false this is. The Australian Department of Foreign Affairs has recently reviewed the kind of assistance which is given to Australians travelling overseas.

Last year, for example, Australian Consulate officials across the world helped more than 100,000 Australian travellers. Their problems covered a wide range — difficulties because of language, lost or stolen property, illness, accidents, arrests and, in some cases, Australians have had to be repatriated.

Many young Australians have had to be helped because they were suffering from mental or nervous conditions caused or exacerbated by cultural shock, exposure to unfamiliar life styles, ideas and beliefs.

A young Australian girl recently who had a mental break-down involved nine members of an Australian Embassy full time for seven days, scores of local telephone calls, car journeys and dozens of cables to Australia to help overcome problems caused basically by a cultural shock she was unable to face up to.

I mention this to show that cultural shock affects us all and in many different ways. I recall an Australian girl in her twenties, married to an Australian based in Messina in Sicily. He had learnt Italian, enjoyed the local scene, spoke with the local people, enjoyed their company and indeed enjoyed his work. She had arrived in Messina with a small child and during their three year stint she had a second baby. She found it a particularly difficult and unhappy time.

Even when Sicilian callers made the effort to speak English with her and to keep her company and to help when they could, she was miserable because she said it was not the same as having Mum drop over or one of her neighbours call in as they did at home in an informal fashion and have a cup of tea. Even when language was not a barrier she did not feel at home.

Culture shock!

On another incident of cultural shock, in Australia the wife of a Welsh Research Officer again in her twenties missed her family and her people so much that in the hot inland summer she had her house air-conditioned so that her house was cold like a Welsh winter. She listened to B.B.C. broadcasts from London and would only watch English shows on television and never went out. She never got over the cultural shock. She is now back in Wales.

This cultural shock as it affects adults can be even more traumatic when young children are involved. As I have tried to show even highly motivated bilingual, well educated young Australians suffer from this

disease. How much more open to cultural shock are young children particularly in a situation of difficulty or sickness.

Let me draw a parallel between a child who lives in an Australian city of, for example, Anglo-Saxon parents, and a child who was born and lived his first years in a village in Southern Europe.

The nuclear family of the Anglo-Saxon in any one of our cities would comprise according to the Commonwealth Statistician, the parents and between two and three children. They live in a house in a suburb and their nearest relatives may well be on the other side of the city, another part of the State, or, indeed, in another State. Young children are alerted early in life to the dangers of the society in which we live; don't talk to strangers, don't accept lollies from strange men, don't accept lifts, beware of people you do not know. The life of a suburban family is very often isolated, very often contact is limited by the ethnic, religious and social aspects of the family itself.

In contrast, little Giovanni or little Dimitri will likely have been born into an extended family and in a village in which indeed everyone particularly as far as children are concerned are members of one family. Little boys and girls roam at will, there are no warnings because there are no strangers. There is a complete feeling of security and above all there is an ocean of affection which is shown and which is reciprocated.

The family moves from the village to an inner-city suburb in Australia. The family could be isolated from all their relatives, from all their paesani. For the first time in a child's life he is confronted with people who are strangers. Even if they speak the same language they are still unknown, they are still strangers.

The school

The school is often a terrifying place because the youngster again

for the first time in his life is an outsider, not only unloved but often actively despised.

There is of course often the problem of language but it is not language alone, it is just the incredible feeling of being an alien. If a youngster has the misfortune to be in an area in which he is an oddity then he will meet the usual suspicion and juvenile xenophobia.

After I left Australia, as a schoolboy I went to 13 schools and I can remember sitting in a schoolroom in Marseilles for six months and learning nothing but the most splendid vocabulary of four-letter words with the broadest Marseilles accent, but Marseilles was a multi-racial city and I was no more odd than anyone else except for my lack of French.

I also went to a Scottish school and for some reason they decided I was a German so regularly someone would punch me and remind me that they won the war.

Having been on the move both inside and outside Australia almost from birth, these problems I regard as normal but for the child who makes the great transition from a village life with a cycle unchanged for 1,000 years to an Australian city suburb it can be real terror and real shock.

Children are Resilient

But children are resilient, they recover and they go on, but if illness intervenes and the youngster, even if he has conquered his apprehension about the neighbourhood, about the school, but finds himself in hospital this is traumatic indeed. In fact the trauma can well begin in the doctor's surgery or the Outpatients Department.

The nurse goes to the waiting area and shouts at the top of her voice her guess on the pronunciation of the name appearing on the case notes. When there is no response the

nurse shouts this a second and a third time even louder. Finally just as she is about to retreat with a shrug of the shoulders, a patient hustles forth with a furtive expression and asks to see the case notes as it could be her name. Yes, it is her name and she is told to go in and sit in front of the doctor. He will probably call her by some other name and he then fires questions at her. Quite clearly such an interview has got off to a bad start.

These words were written to me by Dr Allen E. Gale of Adelaide who joins me in making a plea to all those in a position of a doctor, an official or an administrator to get the name right. Of course it can be hard but if you cannot get the name right the patient or the client or the customer feels that you're not likely to get anything else right.

Let me quote what Dr Gale has told me about patients with a difficult medical problem where an interpreter is necessary. A common pattern of the interview goes something like this:

"My question: (directed to the Interpreter)

'Please ask the patient what is the matter.'

"Interpreter (turning to patient) long conversation ensues at the end of which the interpreter turns to me and says — 'He has a pain in the stomach.'

My next question is — 'How long has he had the pain?'

Again there is a long discussion between the interpreter and the patient and finally the interpreter turns to me and says — 'Two weeks'.

Maybe 5 minutes of interview has already passed and I have only just scratched the surface of the problem confronting me. There is probably only 15 or at most 20 minutes allotted to deal with this patient. Consequently in general I often prefer to battle through without an inter-

preter purely for expediency. To solve this problem medical interpreters should be trained to deliver the question and then interpret the exact reply and not embark upon a questionnaire of their own."

Dr Gale is only one of many concerned professionals at the problems confronting them in relation to patients who are of an entirely different background.

But the child has got through the interview, the preliminary examination and is hospitalized. The first great shock that awaits the child is that he is separated from his mother. He has already been separated in coming to Australia from most of his family, from his paesani and now his last link with security is cut, he is to be in with other children and his mother is sent home.

As far as the mother is concerned she cannot understand how a hospital would want a sick child to be parted from its mother when the child needs its mother most. Because in the home country if a child goes to hospital the bed alongside the child is for the mother. They both enter, the mother cooks, the mother nurses.

The Australian System

In the Australian system, the mother is a nuisance. The child is placed in strange surroundings, with strange food and all the love and care in the world from strangers hardly makes up for the wrench of losing every familiar contact at a time when it is most needed, the time of sickness.

Behind the quiet exterior of a child that may not seem to be reacting very much, is often pure terror. What can be done? What are the solutions? The basic solution that I offer is that all our professional and our care people should have an adequate training and understanding of the multi-cultural nature of our society, to be better able to cope

with the terror of children, the confusion of adults and to mitigate against cultural shock which can hurt so much.

Our universities, our colleges, our institutes, need a new look at the courses to recognise the multi-cultural nature of our society and so be better equipped to serve the people for whom they are being trained.

Implications for Policy and Practice

1. It is important to recognise the multi-cultural nature of the society in addressing ourselves to the problems associated with child care and the training of those associated with child care and the administration of programs in this sphere.

2. It is unreal to divide the society and its problems into "us" and the "migrants", as if to assume that there is an annoying minority problem which will one day go away.

3. A proper recognition of the nature of the society means that committees set up to recommend upon programs for children or to administer programs should reflect the ethnic composition of our society.

4. Too often, suburban groups are totally unrepresented and a minority of English-speaking men and women are making decisions for the majority.

5. In relation to training, it should be recognised that begging and borrowing material from Britain and the United States of America as the basis of teaching here is not good enough. The situations and attitudes and needs reflect entirely different cultural and social situations from Australia. They are often difficult enough for native born English-speaking Australians to accept and identify with, while the problem for those Australians who have come from another culture is compounded.

6. There is not one film on Australian hospitals and child care

made in Australia for Australian conditions and this is a deficiency in training material which should be urgently remedied.

7. A range of teaching material should again reflect the nature of the society and where films are being designed for screening to children, there should be provision for the dubbing in various community languages.

8. Provision should also be made for those people working in the sphere of child care to have the opportunity to live and work in countries from which many Australian families have come. There is a limited amount that can be achieved by conferences. The opportunity to live in a small town or village in Europe which has contributed most of its people to Australia, would be more beneficial than a score of conferences. It would not only provide an introduction to the culture, background and lifestyle of the people, but would help orientate the English-speaking Australian born worker to what it really means to be in a different society with a communication and cultural problem.

9. Arrangements should also be made to make use of people whose overseas qualifications are not recognised. Overseas trained nurses and others could be rescued from the kitchen and cleaning rosters, given a bridging course and used effectively where there is a need for multi-lingual and multi-cultural understanding.

10. Too often, the only communication is through people who are sought from the kitchen and cleaning staff to assist.

11. It is also important in the training of people in Australia to recognise that to be different in culture is not be deficient or inferior. The fact that many workers in our society who were born overseas are at the bottom end of the economic scale does not mean they are inferior. It simply means

they have yet to overcome economic disabilities in our society.

12. In terms of care of children under three, no child whose first language is not English should be left without continuing help to be made available in the language of the family. No child should be denied the company and support of its mother on admittance to hospital.

13. We should examine the entire approach to child care in our society. Where mothers of small children are forced to work to earn money to put them in child care centres for which they must earn more money to keep them in child care centres to enable them to go to work to keep them in child care centres, there is a merry-go-round of life and the pursuit of security which is as confusing to the people involved as it sounds when I put the view to you.

14. Finally, if you find that you are just not able to manage a second language, you can still contribute to understanding by non-verbal communication — a look, a smile, a hand on the shoulder, or a gesture can often mean as much as words. To the mono-lingual operative acting out a role of efficiency, filling in forms or writing prescriptions, they will contribute sometimes as much as the prescription if they can communicate, even by a gesture, their concern and their desire to help. I commend these thoughts to you.

