

**ATSI:
What's in a name?
And why does it matter?**

Beryl Hocke and Richard Lakeman

LAST WORD

This paper is in response to the essay *International Trauma: History, Theory and Practices for Change* published in the July edition of this magazine and specifically the use of the acronym “ATSI” used occasionally in this otherwise timely and thought-provoking paper. We would like to begin with some personal reflections on the use of the acronym ATSI before moving on to more cerebral considerations about what this has to do with psychotherapy. Beryl is a student in the same unit of study in a Mental Health programme as the author of the paper, Susan Davis:

My name is Beryl Hocke. I am a registered nurse by profession, I have been for nearly 30 years. I grew up in Far North Queensland and consider myself a Queenslanders. I spent many years working in rural and remote areas and at the local hospital where I live. I have spent most of my nursing career working with other health professionals whom I considered my peers. There were many times over the years when my peers would refer to the patients I also cared for as an ATSI.

What is an ATSI? Is it a word? Is it a name? To me it is not specific to anything. The term ATSI is an acronym that groups people together, without a second thought. It negates the identity of two distinct groups of people with different cultures, languages and traditions. It is a throwaway term which conveys an attitude of denial for the distinctive and different races of people that it refers to. Australia has a black history, yet we are still fighting for the truth to be acknowledged in colonial history in the 21st Century.

Editor’s Note: I was contacted by Beryl Hocke in response to the *Last Word* article in the July issue. I greatly value correspondence regarding the magazine, partly because it can generate discussion and, in this case, a published response. In the July article that examined generational trauma the focus was on the Aboriginal and Torres Strait Island peoples. This description was abbreviated to an acronym, ATSI. In this Last Word, Beryl Hocke explains how the use of this acronym affects her, as a Saibai Islander woman and how we might advance our understanding of not only how this acronym affects individuals, but what we might do when referring to the peoples of this land in the future.

Richard Lakeman is the course coordinator and set the assignment which formed the basis of the paper which was completed at the time when the 'Black Lives Matter' movement decisively punctuated the beginnings of the COVID lockdown measures in Australia:

My name is Richard Lakeman. I am a nurse of over thirty years as well. I am also a psychotherapist by training (Masters prepared) although as a nurse it is hard to provide a non-subsidised service when we are excluded from accessing the medicare benefits scheme. I also have lived on-and-off in North Queensland and I know that Beryl and my paths have crossed (probably many times). We know that because we commenced our discussion about this paper by yarning about where we were from and who we knew. Being born in Aotearoa, commencing with the question 'where are you from?' is almost in our genetic makeup (although I'm told that this curiosity can constitute a 'micro-aggression' in some circles).

I was very proud that Susan had published her assignment. I was also quite conscious that the assignment (as previously set) had invited people to use the acronym ATSI as a kind of shorthand. As a nurse myself and as a psychotherapist I had never used this term and I quickly deconstructed the assignment to focus on intergenerational trauma. However, the intergenerational trauma experienced by many aboriginal people, those from the Torres Straits and indeed from the South Sea Islands is very fresh indeed. Well within my lifetime people in Australia

were not counted as citizens, despite or perhaps because they had inhabited this content for thousands of years. I therefore am not surprised at all that this lumping people together or 'othering' might be distressing. I don't know anyone who wants to be an acronym. As a 'coal face' health professional the acronym, ATSI is not helpful at all.

In the broad field of mental health, how helpers of various kinds, including clinicians, therapists, doctors, allied health professionals or support workers, refer to the other person has a long and problematic history. It poses a problem because language signifies and constructs particular realities, including the nature of the relationship. Whilst not an exhaustive list, the 'helpee' has been referred to as the analysand, patient, subject, consumer, service user, client, survivor, or expert by experience. Some terms may be lost in translation such as "Tangata whaiora" or person seeking wellness (in New Zealand Maori). Some reflect traditional, dependent roles and are ascribed by helpers, and others may reflect an attempt by aggrieved people to reclaim agency, make a statement of identity, or make rights claims. All may be used with the best of intentions with the aim of respectfully describing not only a role in relation to others, but also to construct the identities of others, and our own role in relation to them. A quick thought experiment whereby one considers an image that comes to mind in response to each of these terms will undoubtedly raise quite different images, perhaps in relation to quite different kinds of professional engagement. For example, a consumer might bring to mind

someone shopping, with a plethora of choices and more rights than responsibilities, including a right of return if a purchased product is defective. It is little wonder that people who use State Mental Health service in Australia may have difficulty with being caste as consumers when most are coerced into receiving treatment at some time in their trajectory. It is not possible to simply use terms interchangeably and assume that what is signified is the same things. What is signified as Lacan (1993, p. 32) points out "...is the meaning" (not the material object or person).

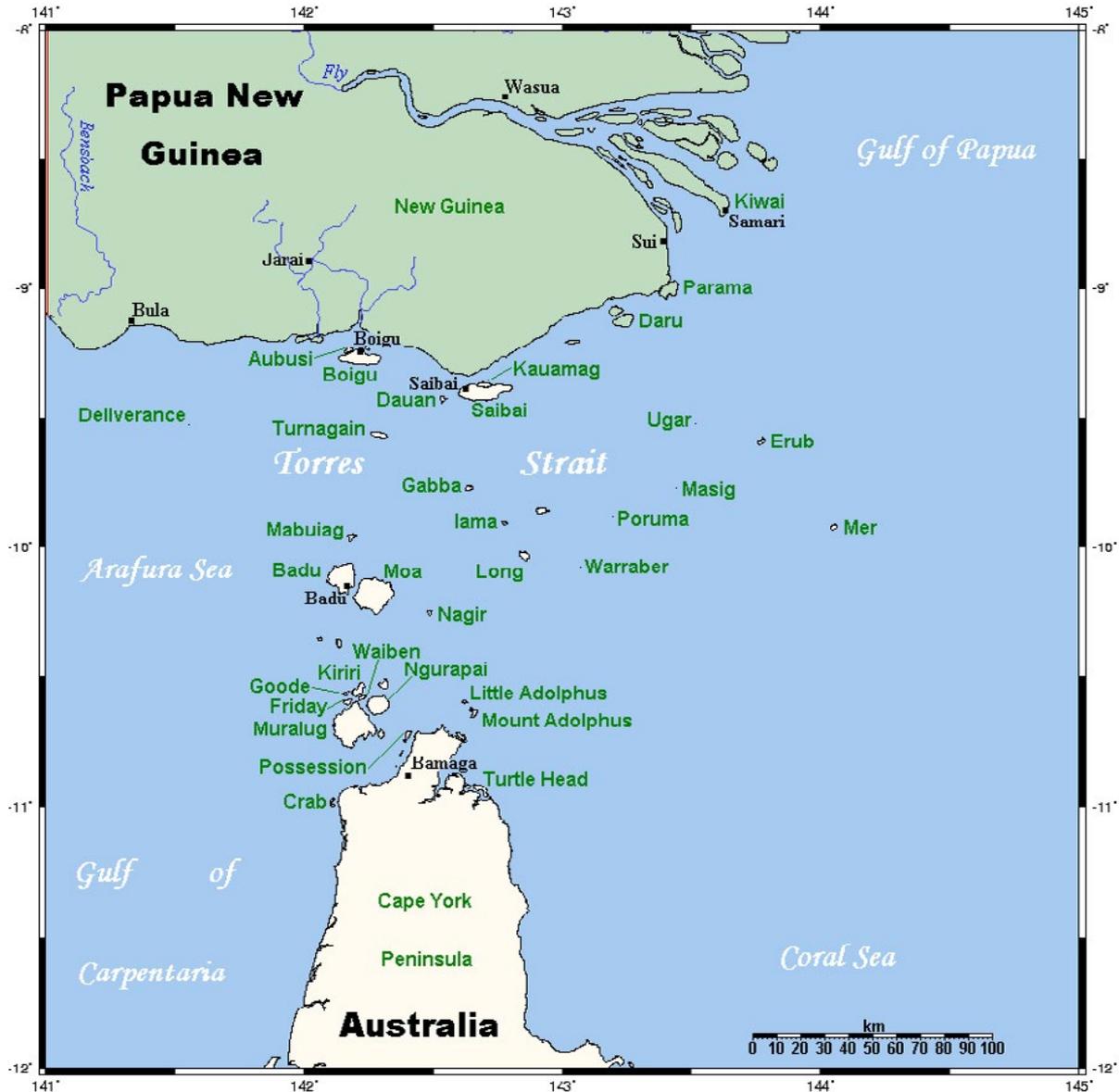
How we describe and address other people really does matter. Those with any grounding in narrative therapy will have a greater appreciation of this than many, because therapy is focused on promoting a positive discourse about the other in their community which accentuates the strengths, resilience, capabilities and potential of that individual. Which brings us to the difficult and sometimes vexatious issue about how therapists ought to discuss the first people of Australia and specifically the term 'Aboriginal and Torres Strait Islander'. This, at face-read-

ing, might simply represent a demarcation of the first people, in and of Australia, from the many arrivals since European colonisation. This kind of 'othering' based on ethnicity and lineage may be useful at a population level when considering sovereign rights, health disparities, distribution of resources or other rights claims. However, we would like readers to consider that outside of these kind of usages, and particularly within the discourse of health professionals such as psychotherapists, this crude demarcation of indigenous person relative to 'other' can be profoundly disempowering, disingenuous and damaging to people whom we serve at an individual and community level.

If one pursues the same thought experiment and considers the term 'ATSI', what is the meaning that is made and the first image that comes to mind? Until relatively recently, and well within living memory, the 'primitive' aboriginal was represented on the tea towels, souvenirs and trinkets along with other 'indigenous' flora and fauna (Kangaroos and Wattle trees) of Australia that visitors to Australia could take home as a memento. This separation



Landsat image of Saibai, Torres Strait Islands, Queensland, Australia



A map of the Torres Strait Islands

of linguistically and culturally diverse peoples, and the lumping together of people as one, enabled the government policy which saw people being disenfranchised and dispossessed of their children, land, language and traditional governance. It will likely be of no surprise that when health professionals talk about 'ATSI' people this might be considered offensive to the individuals they work with, whom are routinely

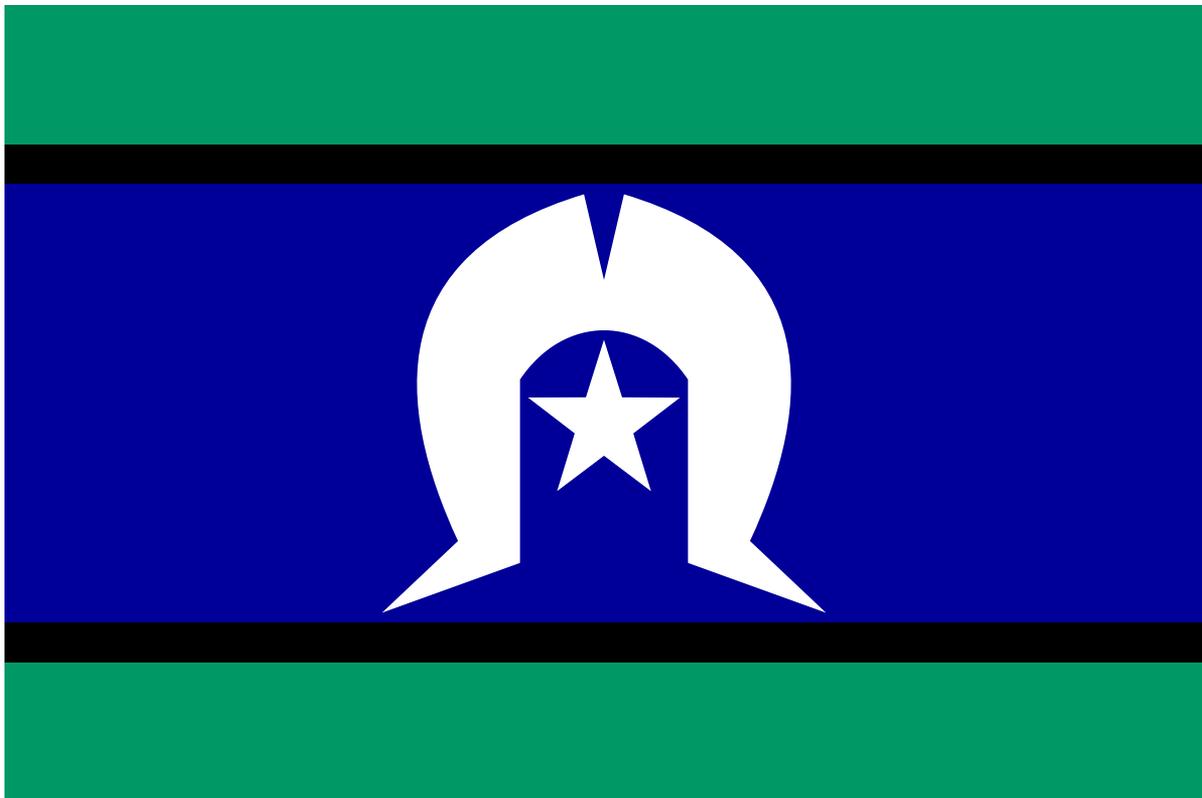
asked to specify whether they are 'ATSI' or not. There is no third option, whereby people can explain the complicated interconnections, lineage, kinship ties, customs and lore which have bound people together (sometimes for millennia). However, this is the stuff that therapists and helpers must connect with to make any kind of impact or difference to people.

The final word from Beryl:

I am not an acronym. I am not the four-letter word, ATSI. ATSI does not describe me as a proud contemporary Saibai Islander woman. I speak three languages, I practice and celebrate my culture every day through language, family, values, laughter, food, extended family and friends. I am a grandmother and a teacher, I teach my grandchildren, language, values, beliefs and traditions of our culture.

From one health professional to another, I would like you to stop and consider the term ATSI, when it is used without thought by a colleague. Please stand with me. Acknowledge this term for what it is: an acronym. Change the use of that term to Aboriginal and or Torres Strait Islander man, woman or child. From my experience, health professionals who use the term ATSI to discuss patients, rarely know that the term conceals a diversity of cultures and often have no idea of the differences. I believe that being respectful and mindful by practicing cultural safety leads to better outcomes and better relationships. After all, as Kev Carmody said, "...from little things big things grow."

Lacan, J. (1993). *The Psychosis: The Seminar of Jaques Lacan (Book III 1955-1956)* (R. Grigg, Trans. J. Miller Ed.). London: Taylor & Francis.



Flag of the Torres Strait Islands