Psychotherapy in Aotearoa New Zealand:

The violence of kindness

A Foucauldian Genealogical History of the Present

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Abstract

This research is a Foucauldian genealogical ‘history of the present’ in which the author analyses the discourses which make possible the practice of psychotherapy, initially informed by European clinical theory and philosophical principles, in Aotearoa New Zealand, and the effects of this practice. By contrast with a traditional narrative history, this history of the present focuses upon how a nexus of power and knowledge enables the eventual manifestation of psychotherapy in this country and gives rise to consequent Indigenous Māori challenges to the dominance of Eurocentric fabrications of psychotherapy practice and theory in Aotearoa New Zealand. Utilising the Foucauldian concept of ‘ruptures’ the research analyses texts fabricated during different times in Aotearoa New Zealand’s history, when the nature and constitution of what is constructed as the ‘self’ is challenged, disturbed, thrown into doubt, and how these discontinuous disturbances give rise to the eventual manifestation of psychotherapy. The research includes analysis of discourses which made possible the initial colonial project in Aotearoa New Zealand, particularly missionary discourse and its construction of a binary pair, the European missionary ‘saviour’ and the Indigenous other in need of being ‘saved’, the subsequent emergence of medical discourse, and the construction of insanity as a ‘sick soma’, leading to the manifestation of asylum treatment, the challenge to the hegemony of medical discourse by psychoanalytic discourse in relation to madness, leading to the emergence of psychotherapeutic practice in this country, and lastly the increasingly visible Indigenous Māori challenge to Eurocentric constructions of psychotherapy. Utilising Foucauldian principles, the research also analyses the effects of psychotherapeutic practice in this country, particularly its collaboration with neoliberal economic capitalism in the fabrication of human subjectivities, and the implications of this for the author, for psychotherapy practitioners, both Indigenous and non-Indigenous, and for all people living in Aotearoa New Zealand.

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List of Abbreviations

AI – artificial intelligence

AIT – Auckland Institute of Technology

AJHR – Appendix to the Journal of the House of Representatives

APANZ – Association of Psychotherapists Aotearoa New Zealand

AUT – Auckland University of Technology

CBT – cognitive behavioural therapy

DBT – dialectical behavioural therapy

DSM – *Diagnostic and Statistical Manual of Mental Disorders*

ECT – electro-convulsive therapy

GDP – gross domestic product

HPCA Act (2003) – *Health Practitioners Competence Assurance Act 2003*

MBT – mentalisation based therapy

MGMH – movement for global mental health

NZAP – New Zealand Association of Psychotherapists

PBANZ – Psychotherapists Board of Aotearoa New Zealand

SOGICE – sexual orientation and gender identity change efforts

TSA – *Tohunga Suppression Act 1907*

WHO – World Health Organization

WWI – World War I

WWII – World War II

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

Co-Authored and Previously Published Works

The publications below were all written by me during the period of this research, apart from the first publication which was published in 2012. In all but one case I was the lead author (and in many cases the sole author) and did all of the writing and research in relation to all of these papers, for both the publications for which I was the sole author and those for which I was the lead author. Whilst the large majority of the writing in this thesis is original to this thesis, at times I have included portions of material from the publications below, within this thesis. There is one exception to the above: the publication Woodard and O'Connor (2019), for which Wiremu Woodard was the lead author and researcher, and I was supervisor of this research. In the case of this publication, where I have drawn from or reflected upon material in this publication, I have appropriately referenced this publication within the thesis write up.

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I would like to thank all of my psychotherapy colleagues, many of whose texts appear in the pages of this research. I hope you will recognise that in offering my analysis of our psychotherapeutic craft in this country, I am not attempting to analyse or critique individual people, but rather to analyse the discourses which fabricate our subjectivities: you will note that my analysis is focused on texts of my own creation, as much as anyone else's. My sincere thanks to Angie for her careful, thorough, and generous assistance in proofreading this thesis, and her eagle eye for referencing, punctuation, and grammar errors. To my wonderful friends, Luisa, Patricia, Ruth, Cabrini, Laetitia, Philip, Glenis, Damen, Michael, Anoushka, and Trina, thank you for your generosity over so many years. Your support has been invaluable.

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1. Introduction: Psychotherapy's Subterraneous Costs

My problem is essentially the definition of the implicit systems in which we find ourselves prisoners: what I would like to grasp is the system of limits and exclusion which we practice without knowing it: I would like to make the cultural unconscious apparent.

(Foucault, in Simon, 1971, p. 198)

1.0 Introduction

One of my patients, whose skin colour is much darker than mine, brought to me a dream. She reported, "I was me but with a penis. I had dark skin, but the penis was white. It was really big, like ridiculously big. I was jerking it off, and this massive amount of sperm just coming out ... really weird. It wasn't scary, yet I woke up just as if I had woken from a scary dream". She reflected that the dream felt like her trying to get back control of something she had lost. The layers of potential meaning in this dream seemed multiple. Her attacks on me in the therapy left me feeling the subjugated other. Perhaps her dream reflected an attempt to regain potency in response to both personal, cultural, and gendered subjugation. I wondered what unknowable cultural resonances reverberated between us. What did I create in my mind in response to the darkness of her skin, given the disavowed histories of countries in which dark skin is the receptacle of disowned European self-hatred, manifesting as superiority, a disowning which reflects a refusal to think? And what was created in her mind in response to the fairness of my skin, given the history of Aotearoa New Zealand in which white skin is promoted as an idealised other?

Indeed, numerous indigenous Māori psychotherapy patients, students, supervisees, practitioners, and colleagues have challenged me, often vociferously, regarding the Eurocentric nature of psychotherapy theory and practice in this country, the monocultural rooms and mental health settings within which it is practised, and the expensive costs it entails, perceiving psychotherapy as it is often practised in this country as culturally inaccessible and financially prohibitive for most indigenous Māori, and extremely costly and culturally alienating, if not detrimental, for those few who are able to access psychotherapeutic input.

Such encounters have disturbingly stayed with me. I care deeply for these patients, students, and colleagues, and it is uncomfortable indeed to consider that

perhaps my psychotherapeutic activity may be costing my patients not only the fee I charge for my services, but also a more subterraneous cost, reflective of the part psychotherapy plays in the fabric of Aotearoa New Zealand's wider social, cultural, economic, and political arrangements. What is it that my patients are attempting to 'get back', what are they being asked to 'pay for', and what might be the unthought cost, for them, for me, and perhaps for us all? Cross-cultural encounters such as the ones above have often immobilised my capacity to think, as my own history of colonial European ancestry and comfort interacts with my patients', students', and colleagues' painful histories of colonial subjugation. The genesis for this research lies in my desire to attempt to think in the heat of such clinical and cross-cultural moments; to think that which has been unthought.

1.1 This Research: Making the "Cultural Unconscious" Apparent

In this thesis I utilise Foucauldian discourse analysis principles in service of undertaking a genealogical history of the present regarding the making possible of psychotherapy in Aotearoa New Zealand. Foucault proposes:

> My problem is essentially the definition of the implicit systems in which we find ourselves prisoners: what I would like to grasp is the system of limits and exclusion which we practice without knowing it: I would like to make the cultural unconscious apparent. (Foucault, in Simon, 1971, p 198)

Foucault suggests, given we are always fabricated by the dominant systems of thought of our particular time and context, that we should always be vigilant for the "main danger" (Foucault, 1983, p. 232) such fabrication presents. I will suggest in this thesis that psychotherapists' failure in this country to attempt to 'think ourselves in the time of our own thought' (McNay, 1994) is indeed perilous in today's fraught times. For, given psychotherapy's professed determination to grapple with the unconscious, it is a dangerous irony that psychotherapy practitioners in this country have often been blind to the "cultural unconscious" that has imprisoned us, not simply in relation to the dominance of Eurocentric perspectives regarding psyche, and the subjugation of Indigenous wisdom, but, perhaps even more dangerously, the blindness, if not wilful refusal to grapple with how psychotherapy might unconsciously collaborate with neoliberal capitalism's economic imperatives in this country, and the ethos of individualism, competitiveness, isolation, and emotional overwhelm which this ethos generates. The dangers of this blindness, I suggest, extend from the clinical moment, in which we risk

individualising emotional distress without recognition of the ways in which dominant historically situated systems of thought fabricate our very subjectivity, through to global perils generated by this "culture of uncare" (Weintrobe, 2021), leading to the horrific ecological crisis which we all now face. Whilst this thesis is but a small attempt to grapple with the blindness of Aotearoa New Zealand psychotherapy's contribution to this cultural unconscious, it links, I suggest, to broader dangers of significance for all citizens who 'care deeply'.

1.2 Research Questions

Specifically, this research aims to address two central questions:

1. What are the discourses that underpin and make possible the fabrication of psychotherapy as a thinkable and doable thing in Aotearoa New Zealand?

2. And what are the material discursive effects of the "doing" of psychotherapy in this country: that is, what is it that the "doing does"? (Foucault, cited in Dreyfus & Rabinow, 1983, p. 187)

Whilst many have reflected on the cultural history of psychotherapy in other countries (for example, Cushman [1996] in the United States of America) and scholars such as Nikolas Rose (1998, 1999) have utilised Foucauldian principles to analyse the emergence and significance of what Rose refers to as the 'psy' disciplines in European contexts, and Aotearoa New Zealand authors, including many Indigenous Māori authors, (for example, Fleming, 2016, 2018; Hall, 2015; Huata, 2010; NiaNia et al., 2024; Woodard, 2014) have reflected on psychotherapy in relation to te ao Māori[1] (the Māori world), a Foucauldian discourse analysis analysing the operations of power and knowledge and how they give rise to psychotherapy in this country, especially given the unique aspects of this country's colonial history, has never before been undertaken.

[1] Numerous Māori kupu (words) appear in the text of this thesis. Whilst occasionally I provide a guide to the meaning of a Māori word in brackets within the text of this thesis, often I do not. The reader is therefore invited to refer to the glossary at the end of this thesis for a guide to any Māori words that are unfamiliar. In offering this glossary I am very aware that te reo Māori (the Māori language) is a rich, nuanced, and metaphorical language and that inevitably meanings are lost in any attempt at translation. I offer the glossary at the end of this thesis as a guide and invitation to continue to explore the richness of these kupu (words) rather than as definitive translations.

1.3 My Background and Motivations Underpinning This Research

I have been practising therapy since the late 1980s. Whilst constantly fascinated by the therapeutic process and enriched by the moving engagements I have had with patients, since the commencement of my practice I have been struck by what seemed to be cultural obstacles to making use of therapeutic input, including payment requirements, therapeutic timeframes, and venues infused with Eurocentric sensibilities. And from the early 1990s onwards, Indigenous Māori practitioners have made increasingly more fierce challenges to the monocultural nature of psychotherapy in Aotearoa New Zealand, as they seek to assert Indigenous wisdom and world views. I have attended numerous wananga (learning experiences) on Marae (Indigenous meeting areas including buildings for Māori in Aotearoa New Zealand), as I grapple to understand te ao Māori (Māori world view) in relation to psychotherapy. The photograph below is taken from the waharoa (gateway) in front of the wharenui (meeting house) of Ōrākei Marae in Tāmaki Makaurau (Auckland), Aotearoa, New Zealand: a marae at which the then-named New Zealand Association of Psychotherapists held their 2013 annual conference, a conference which I co-convened, and a Marae where I have attended and contributed to a range of wananga (learning experiences) in relation to psychotherapy.

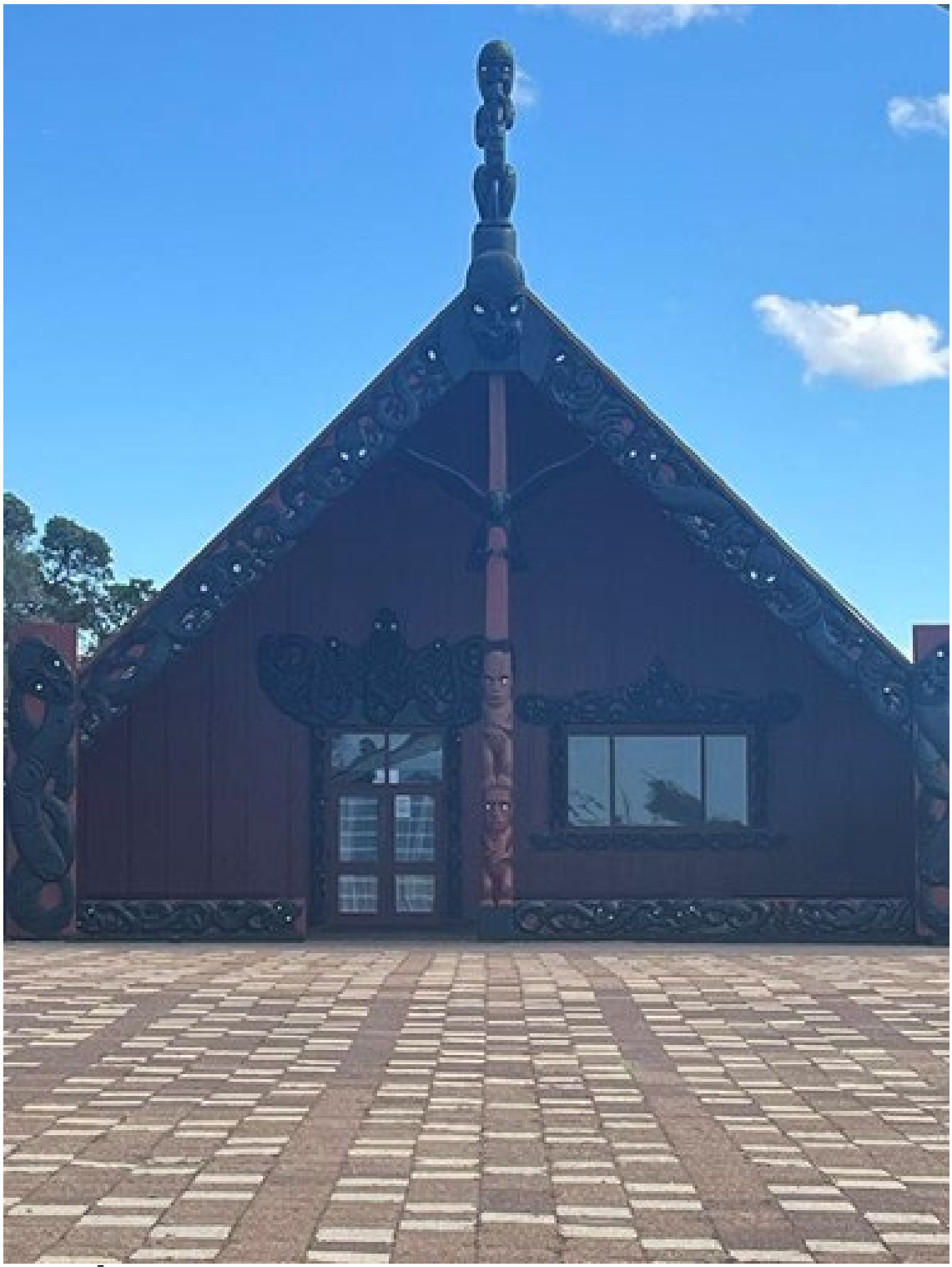

Figure 1: Ōrākei Marae wharenui in Tāmaki Makaurau (Auckland), Aotearoa, New Zealand
[Photo by author, 2025]

Each time I stand at the waharoa (gateway) of a marae, waiting for the karanga (call) inviting me to step forward on to the marae and to engage across the marae ātea

(sacred courtyard in front of the marae), to mihi (speak), and waiata (singing in support of speech), I feel frightened. For I stand at the edge of this country's histories, and at the margins of my capacity to think. The profound disturbances of this country's violent colonial history are stirred in every cross-cultural encounter as I meet the dissociated pain of my ancestors' immigration, and the history of colonisation this immigration initiated, in which my British ancestors came to this whenua (land), stood across from the marae, encountered otherness, and profoundly dehumanised the Indigenous that they encountered. Fanon (1982) describes the tragic consequences of the projective dynamics that inevitably infuse colonial history, in which the colonised 'dark other' must find themselves in the white person's eyes, leading the 'dark other' to be psychically "torn asunder" (Dalal, 2002, p. 97; see also Woodard & O'Connor, 2019).

I stand with my personal familial history littered in my psyche with absences, gaps, dissociated pain, and unremembered losses. A history that drove Irish ancestors in my paternal line five generations back to leave the desperation of their roots, in search of economic and psychological wellbeing that their Irish origins could no longer provide. As Michael O'Loughlin (2012) asks, "What if all of us of Irish descent are emotionally orphaned, fleeing an apparently unmourned past that leaves us with a gaping hole, cut off from the narrative strands that would allow us to stride confidently into the future?" (O'Loughlin, 2012, p. 235). And I stand with an English lineage, more unremembered than remembered. Ancestors, whose money arose from the god of alcohol and the possession of land, and who came to a new place to extend their largess.

As I stand at the marae waharoa (entrance gate), I stand about to enter a context in which Indigenous wisdom about the nature of the psyche is at the centre, my psychotherapeutic authority on the margins. A reversal of my usual experience in Aotearoa New Zealand. I stand not only about to surrender to a cultural perspective about which I know so little, I stand with the cultural, political, and personal history of Aotearoa New Zealand and of my countries of origin. The more often I do so, the more I encounter the feeling of being undone, of losing my cultural capital, losing the mantle of expert of the psyche that I carry more dominantly in the world outside of the Marae, where European constructs and ways of being both psychotherapeutically and in every other way dominate in Aotearoa New Zealand.

And the more I do so the more I am perplexed by what seems a somewhat bizarre cultural practice, the practice of seeing a stranger and meeting for 50 or 60 minutes and paying for it, to address emotional concerns: this practice called psychotherapy.

1.3.1 Psychotherapy: A Bizarre Endeavour

Garland (2014) notes that in Michel Foucault's own genealogical histories of the present, such as *Discipline and Punish* (1977/2010b), Foucault commences his research with an articulation of "a present-day practice that is both taken for granted and yet, in certain respects, problematic or somehow unintelligible – the reformative prison in the 1970s, for example … and then seeks to trace the power struggles that produced them" (Garland, 2014, p. 373).

By contrast to the image of the Marae wharenui above, the photograph below is of my current psychotherapy consulting room. It is a text, I suggest, which reflects and reveals aspects of what, I will argue in this thesis, is the taken for granted and problematic, if not bizarre nature of contemporary psychotherapy practice in Aotearoa New Zealand. It is an office representative of half a dozen clinical offices within which I have conducted psychotherapy over more than 30 years, with many features similar to those of my previous offices: soft furnishings, a two-person couch for those who wish to sit and talk with me face-to-face, books in bookshelves along the walls, a soft single chair upon which I sit, and a 'Freudian' analytic couch, in service of my more recent work as a Jungian analyst. The Persian rugs soften the ceramic tiled floor. The room is quiet, light, and comfortable. Even the curtains, with their floral pattern, offer a cosy feel to the environment.

Figure 2: Clinical psychotherapy office in Māngere Bridge, Auckland, Aotearoa New Zealand
[Photo by author, 2023]

Into this office enter ‘troubled souls’, patients, coming in the hope that ‘talk therapy’, the process of talking about their inner states, feelings, hopes, distresses, anxieties, longings, loves, and traumas, might bring some emotional release, freedom, and greater inner peace. This room, with the peculiar cultural artefacts which are its furnishings and accoutrements, and its striking contrast to the mattresses, tukutuku panels, and evocative carvings which adorn the insides of the wharenui (large meeting room on the marae), further generated my original impulses to undertake this research.

And the more I grappled with making meaning of Indigenous Māori challenges to Eurocentric psychotherapeutic practice in Aotearoa New Zealand, as Māori sought to assert ‘Māori psychotherapy’ as a practice that might become possible, the more bizarre this taken for granted practice of psychotherapy became to me, especially within a post-colonial population renowned for their retreat into emotional avoidance.

1.4 Emotional Avoidance and Psychotherapeutic Intrusion

Aotearoa New Zealand is a country in which, for much of its post-colonial history, its dominant European social fabric has been significantly influenced by the requirement to disguise and refrain from emotional expression and intellectual critical thought (R. Horrocks, 1984, 2016), much less psychotherapeutic exploration (Leckie, 2024; Phillips, 1987). Yet, in contemporary times, never has the cultural artefact commonly known as 'psychotherapy', originally constructed out of European philosophical and clinical systems of thought, been more prevalent, if not ubiquitous, within contemporary Aotearoa New Zealand social and cultural contexts. Whether it be the hundreds of websites advertising psychotherapy practitioners' clinical practices, television shows such as *Couples Therapy New Zealand*, in which an Aotearoa New Zealand psychotherapist appears as an expert of the psyche, or newspaper articles and self-help books written by psychotherapists (McDonald, 2023; Russell, 2023; Sherwood, 2021), providing emotional guidance to Aotearoa New Zealand consumers of hard copy and electronic media, psychotherapy is everywhere.

How is it that many human beings in this country now come to a 'comfortable' room (or click on an online zoom link), to meet another human being designated as having some kind of emotional expertise, in the hope that talking with this person might offer some solace, a healing verbal balm for the pains that trouble them, framed by a 50 or 60 minute hour, and the necessity of paying, often a significant amount of money, for the opportunity for this talking cure? How did psychotherapy, particularly in the last quarter of the 20th century and the first quarter of the 21st century, become a prominent option here in a country whose Indigenous people, for centuries prior to European contact, engaged in very different processes for attending to emotional and spiritual distress (Fleming, 2016; Hall, 2015; Huata, 2010; NiaNia et al., 2024; Woodard, 2014). And how did psychotherapy come to inhabit and pervade the emotional healing landscape of a country so permeated by a European historical ethos of emotional and intellectual avoidance? How did rooms with soft furnishings, ambient light, and even 'analytic' couches emerge as material effects of psychotherapeutic discourse in this country? And what are the effects of this thing we do called psychotherapy? How did my subjectivity come to be fabricated by and to inhabit this practice, and to devote so much of my life energy to it? Is it possible for me to think other than I am? With these challenging questions in mind, I embarked upon this thesis.

1.5 Overview of This Thesis

Below I provide an overview of this study, including an introduction to the methodological approach and a rationale for the approach taken. I also provide an outline of the thesis structure including the nature of the analysis, discussion and conclusion chapters.

1.6 Psychotherapy Within the Aotearoa New Zealand Context

Psychotherapy as informed by European discourses regarding the notion of psyche and its treatment originally became visible in Europe with the emergence of psychoanalysis in the late 19th century following the work of Sigmund Freud. Snell (2013) notes that it was the poet Samuel Taylor Coleridge, in 1805, who "first coined the word 'psycho-analytical', predating Freud by ninety-one years" (p. 1). Nevertheless, Snell observes, it was the work of Freud which initially conceptualised psychoanalysis as a treatment for emotional disturbance. As this thesis will reveal, in Aotearoa New Zealand, via the transmission of transnational knowledge, psychotherapy became an articulated practice in the early decades of the 20th century (Moore, 1913) and began to become formally organised with the formation of the New Zealand Association of Psychotherapists (NZAP) in 1947 (Manchester & Manchester, 1996). [Note: as of the Association's Annual General Meeting in June 2024, the Association changed its name to the Association of Psychotherapists Aotearoa New Zealand (APANZ) primarily in order to incorporate the Māori name of this country, Aotearoa, in its title. This change in the Association's name will be considered as part of my analysis in Chapter 8. In this research, I will refer to the Association as NZAP, except when a text relevant to the Association was generated after the name had changed to APANZ, as most of the texts which are the subject of this analysis, arose when the Association was known as NZAP]. Most recently, with the statutory registration of psychotherapists in 2007 (Tudor, 2017b), it became unlawful for a person to describe themselves as a psychotherapist in Aotearoa New Zealand, unless registered with the Psychotherapy registration board, the Psychotherapy Board of Aotearoa New Zealand (PBANZ) established under the auspices of the *Health Practitioners Competence Assurance Act 2003* (HPCA Act 2003).[2]

[2] Nevertheless, the utilisation of psychotherapy as a health strategy is somewhat controversial, particularly within public mental health, in Aotearoa New Zealand, given the historical dominance of medical discourse in the treatment of mental health in this country post-European colonisation (Thorpe, 2016b; Tudor, 2017b, 2018). As this thesis reveals, the dialogue and friction between medical discourse and its emphasis on the treatment of emotional distress via a medical lens, as opposed to the treatment of mental distress by talking therapies, is ongoing.

Thus, psychotherapy, as informed by European discourses relating to psyche and treatment, has a relatively short history in Aotearoa New Zealand.

However, whilst this thesis focuses its analysis upon the manifestation and eventual dominance of psychotherapy theory and practice informed by European perspectives in Aotearoa New Zealand and Indigenous resistance to this dominance, it is noted from the outset that the very contention that the practice of psychotherapy has 'a relatively short history' in this country is itself a site of contest. It is the Eurocentric construction of psychotherapy and its eventual dominance in post-colonial Aotearoa New Zealand, including Indigenous Māori resistance to this, as opposed Indigenous therapeutic practices which clearly have a long and rich history prior to colonisation (for example, Hall, 2015; Woodard, 2014), which is the focus of this research. Indeed, Māori resistance to the imposition of Eurocentric perspectives in relation to psychotherapy has been considerable, and increasingly visible in the latter third of the 20th century and first quarter of the 21st century (Bowden, 2001, 2018; Durie, 1998b, 2001, 2007; Fay, 2013; Fleming, 2016; Hall, 2012, 2015; Hall et al., 2012; Morice, 2003; Morice & Woodard, 2011; O'Connor, 2020; Reidy, 2014; Woodard, 2008; Woodard & O'Connor, 2019). This research will include analysis of the re-assertion of this Indigenous, and from a Foucauldian perspective, previously subjugated knowledge. It will go on to explore and outline tensions, debates, and challenges from Indigenous Māori to the dominance of European constructions of psychotherapy in this country. It is the nature of such debate and contest and the discourses revealed in part by these tensions, which is a central focus of this research.

1.7 Psychotherapy as a Colonial Cultural Artifact

Nikolas Rose (1998), in his consideration of the 'psy' disciplines, including psychotherapy, explores how these disciplines give rise to contemporary truths about the nature of humans and human existence. In so doing he critiques taken-for-granted 'psy' truths about the nature of human experience. Even within the discipline of psychotherapy itself, there are ongoing debates about the nature of 'psyche' and the nature of psychotherapy itself. For example, contemporary relational and intersubjective psychotherapy theory no longer places the primary emphasis on repression of sexuality as a core aspect of 'psychopathology', as did the founder of psychotherapy, Sigmund Freud (see O'Connor, 2020a). Moreover, many contemporary practitioners in Aotearoa New Zealand draw on non-psychodynamic models, particularly cognitive

behavioural therapy (CBT), which are very different from psychotherapy's psychoanalytic origins (Thorpe, 2016a, 2016b). However, no matter what psychotherapeutic model or approach is adopted, this thesis will argue that all are a material effect of discourse whose origins arise out of what Foucault conceptualised as the confessional practices of Christian pastoral power (1976/2020a) an idea I will explicate throughout this thesis.

In his book *Inventing Ourselves: Psychology, Power, and Personhood,* Rose (1998) suggests that the creation of the 'psy' disciplines (including psychotherapy) is part of the disciplinary strategies that make up the web of governmentality of liberal government. He emphasises the 'generosity' of these psy disciplines, enabling 'psy' discourse to infiltrate every aspect of modern life, in service of the subjectification of the modern citizen. He comments,

> I would argue that the 'unification' of regimes of subjectification in terms of the self has much to do with the rise of one particular form of positive expertise …. The psy disciplines, and their 'generosity' … I mean that, contrary to conventional views of the exclusivity of professional knowledge, psy has been happy, indeed eager, to 'give itself away' – to lend its vocabularies, explanations, and types of judgement to other professional groups and to implant them within its clients … it has become impossible to conceive of personhood, to experience one's own or another's personhood, or to govern oneself or others without psy. (Rose, 1998, pp. 33–34)

And in his 2019 book, *Our Psychiatric Future: The Politics of Mental Health,* Rose describes the movement for global mental health (MGMH) that emerged in the 1990s, and notes that,

> The MGMH takes its impetus, in part, from the way in which the WHO [World Health Organisation] has come to give weight to the 'global burden of mental disorders', painting a picture of high levels of such disorders in low resource settings where there are few psychiatrists or mental health facilities … the advocates of global mental health have an evangelical commitment to doing good by bringing the healing benefits of Western psychiatry to those who lack it. (Rose, 2019, p. 135)

This missionary zeal has been described as a "new wave of psychiatric colonisation" (Rose, 2019, p. 136). This thesis will explore how psychotherapy, as a material effect of discourse, emerges out of Aotearoa New Zealand's colonial history, and becomes part of the fabric of this country's Western democracy, infused by a missionary zeal similar to that described above. This research reveals and analyses how, by its very generosity, psychotherapy, in giving itself away has not withered, as many

practices, should they have given themselves away, might have done, but rather has begun to flourish within the neoliberal economic environment that infuses contemporary Aotearoa New Zealand.

1.8 Nature of This Research: A Foucauldian Genealogical History of the Present

Foucault, in his histories of the present (for example, *Discipline and Punish,* 1977/2010b) explores the way in which systems of thought give rise to particular perceived truths and how ruptures in the perception of perceived truths reveal and make visible the systems of thought which underpin and give rise to particular notions of truth at particular times. In keeping with the constructivist perspective, it assumes that there is no essential essence to our reality or experience and that practices such as psychotherapy are cultural artifacts, that is they are social practices that are constructed within the specifics of the particular time and cultural context within which they arise and are maintained. Further, it assumes that like any social practice, psychotherapy has effects: it both enables and constrains possibilities. Foucault (1969/2010a) proposes that individuals and the activities within which we engage are both constructed by and perpetuate these systems of thought.

A genealogical history of the present is very different from a narrative history. I am not attempting to articulate each event one after another as a narrative of continuity. Rather, in the spirit of Foucault, I will be arguing that history is constituted by discontinuity: that there is not a narrative arc of progression in the development of the history of psychotherapy in this country, but rather a discontinuity, in which a variety of factors make possible psychotherapy whilst constraining others. In particular, I will focus on exploring historical events and critical moments or in Foucauldian terms ruptures during which conventional conceptualisations of psychotherapy were formed, thrown into doubt or challenged (Fadyl et al., 2012; Garland, 2014; Hook, 2001; Nicholls, 2009; Tamboukou, 1999). It is hypothesised that through exploration of these ruptures, and what is possible to think and do at different times, it will be possible to explore how power is utilised and mobilised in the service of privileging certain perceptions of truth and marginalising and disabling other perceptions, in relation to the manifestation of psychotherapy in this country. I will expand on my focus on ruptures in my methodology chapter, Chapter 3.

1.9 Foucault, Psychotherapy, and the Fabrication of Aotearoa New Zealand

Rather than assuming, as psychotherapy tends to do, that an intrapsychic exploration of the inner world reveals a 'truth' regarding the nature of human subjectivity, this thesis assumes that notions regarding 'psyche', 'mental health', 'mental illness', and 'psychotherapy' themselves emerge out of the discourses that made New Zealand itself a possible thing. For, concurrent with the emergence of psychotherapy in this country, has been the emergence of Aotearoa New Zealand itself as a Western democracy dominated by an increasingly neoliberal economic structure. The beginnings of the construction of 'New Zealand' commenced with empire building plans for its European colonisation, with the first European human contact occurring in 1769 via Captain Cook's Endeavour voyage. Given this colonial, imperial history, a unique aspect of psychotherapy in this country is the interface of psychotherapy with Indigenous Māori perspectives in relation to the nature of psyche and thus of psychotherapy. I will therefore argue that whilst the practice of psychotherapy informed by European perspectives in Aotearoa New Zealand has a relatively short history, the discourses which have made possible psychotherapy in this country have a much longer history.

1.10 My Cultural and Ancestral Background

An argument could be made that given my focus includes exploring the resistances to dominant discourses such as those reflected in texts by Indigenous Māori, as a European man of English and Irish ancestry, I am not in a position to interrogate the subjectivity of Māori experience within psychotherapy. (L. Smith [2007] notes the dangers of research in which the non-Māori researcher seeks to know and define the Indigenous 'other' through the lens of their own, usually Eurocentric, perspectives [see also L. Smith, 1999]). However, this is not my aim. I am not attempting to analyse Indigenous Māori experience, rather to explore what the discourses and discursive practices are that make possible what can be thought and done in psychotherapy, including how they enable or constrain Māori voices that may be perceived as marginalised by and resistant to psychotherapy thinking that has originated from European traditions.

With the above overview in mind, the following outlines the structure of the chapters of this thesis.

1.11 Structure of the Thesis: Philosophy, Methodology, and Method

In Chapter 2 I further outline the Foucauldian philosophical principles underpinning my methodological approach. In Chapter 3 I then outline how I utilise these philosophical principles to inform my specific methodological approach. And in Chapter 4 I outline how I operationalise this methodological approach as a research method in relation to the texts I am analysing.

1.12 Analysis Chapters

In the four chapters following my methodology and method chapters, I provide an analysis of texts that arose from the period immediately prior to European contact in Aotearoa New Zealand through until contemporary times and provide an analysis of these, in order to reveal the genealogy of psychotherapy as a social practice in this country.

In Chapter 5 I explore discourses that informed the colonisation and colonial project of Aotearoa New Zealand, with a focus on those specifically relevant to the 'conditions of possibility' for the subsequent manifestation of psychotherapy. In particular, I analyse missionary discourse and its part in making possible the colonial project in Aotearoa New Zealand. In Chapter 6 I analyse the discourses, particularly arising out of European medical perspectives, that give rise to the emergence of the first European mental health treatment approach, that which occurred with the manifestation of asylums in this country. In Chapter 7 I analyse the emergence of psychoanalytic discourse that made possible the initial and subsequent fabrication of psychotherapy in this country, including more recent developments and challenges to psychotherapeutic theory, practice, and traditions. In Chapter 8 I analyse Indigenous Māori resistance to the Eurocentric dominance of psychotherapy discourse in this country.

1.13 Discussion and Conclusion Chapters

Then, in Chapter 9, I explore and discuss the implications of the analysis conducted in the previous four chapters. Specifically, in a departure from Foucault's own research, I consider the implications of this analysis for my own subjectivity and practice as a psychotherapist and Jungian analyst in this country. This discussion chapter is intended to take on the challenging task of thinking myself in the time of my own thought: that is attempting to 'think' the discourses that constitute my subjectivity in order that I might perhaps not be determined by them and that this might open up new possibilities

for practice, for thinking, and for inhabiting clinical work as a psychotherapist and as a citizen, for me, and, by implication, for all psychotherapy practitioners in Aotearoa New Zealand. In my conclusion chapter (Chapter 10) I then provide a summary of the essence of my analysis, with a particular focus on the effects of the practice and theory of psychotherapy in this country, for both indigenous and non-indigenous practitioners, and for all who live in Aotearoa New Zealand.

1.14 Conclusion: Nihilism and Creativity

In the Latin class of my adolescence, I found an exhilarating solace in the myth of Icarus. It was the thrill of the flight to the sun which stayed burned in my memory. Those magnificent wings, fixed by wax, seemed to offer a magical flight to freedom. My young mind could not hold in mind the terror of Icarus's fall to his death, nor his father, Daedalus's, unremitting grief. I used to think psychotherapy was about the flight, the all-powerful omnipotent flight to freedom. Now I believe it is more about the fall, falling into our embeddedness in the natural world into which Icarus became immersed, and into the subterraneous systems of thought which fabricate our very subjectivity. This is the subterraneous terrain with which this thesis grapples. As we recognise our saturation in the discourses which constitute us, is it possible to think our selves differently in the time of our own thought?

At a global level Donna Orange (2017) and Sally Weintrobe (2021) link shame about our colonial and empire building histories in countries like Aotearoa New Zealand, particularly for citizens of British ancestry, such as me, to the climate imperative with which we all are faced, and which perhaps fuels our Icarus-like manic flight, encouraged by a neoliberal economic consumer imperative and consequent "culture of un-care" (Weintrobe, 2021), whose history goes back to the fabrication of New Zealand, in which colonial empire building, and its Enlightenment faith in a racialised hierarchy of being, and the value of progress and commerce, informed the manifestation and construction of colonial New Zealand as a resource to be farmed and a natural environment to be bought and sold, a food basket to be put in refrigerators and eventually supermarkets, distancing ourselves from the natural world upon which we are so utterly dependent and entwined. Miranda (2022) notes Orange's description of how shame about "the ecological crisis" creates "an evasion of knowing" (p. 26).

Shame for those of British ancestry living in Aotearoa New Zealand, in relation to our colonial history, is in equal measure, both profound and dissociated, colonial European history in which psychoanalysis is banned, thinking about feeling is subsumed under the mantra of Jock Phillips' *A Man's Country* (1987), the unfeeling man alone, enabling our self-hatred to be banished from consciousness. In so doing we wilfully refuse encountering the shame of our histories, and the dominant and sometimes dangerous systems of thought that fabricate our present. This emotionally and intellectually avoidant ethos, in combination with our empire building colonial histories, is further exacerbated by the individualism so violently promoted by contemporary capitalism, a blindness of neoliberal economics, with its construction of human beings as individuals required to consume, compete, and withdraw from community engagement, in the service of individual productivity and violent domination of the natural world, with horrific consequences for the destruction of our ecological environment. And Jessica Benjamin (2018) describes how we avoid

> the intense fear ... of admitting the truth of harming because the loss of goodness is intolerable to the rigidly organised psyche. The fear of losing goodness expresses itself in a sense of being unfairly attacked, rather than being asked to take responsibility. The consequent denial of harming ... The attachment to identity becomes organised by the imaginary battle of 'only one can live'. (p. 247)

Foucault suggests many of us engage in the 'doing of our lives', without ever really interrogating, what our 'doing' does. "People know what they do, they frequently know why they do what they do, but what they don't know is what what they do does" (Foucault, cited in Dreyfus & Rabinow, 1983, p. 187). It is painful indeed to consider that my 'doing' of psychotherapy, so central to the fabrication of my own subjectivity, might be playing its part as a governmental technology of neoliberal capitalism, in enabling this destructiveness. My research is in part an attempt to grapple with this possibility. My most recent analyst is fond of reminding me, "you are unimportant, and the fact that you are unimportant, is unimportant". I recognise in these words the risk that attachment to our unimportance can lead to the futile belief that we can do nothing. "What's the point ... The Earth is fucked and so are we ... Let's flee to a destructive technological distraction, or drown ourselves in depressive apathy, or retaliate by hating each other across constructions of gender, age, and nationhood, as society turns its destructive hate upon itself".

Foucault himself has been critiqued for invoking a nihilistic hopelessness, so compelling is his argument that we are all inevitably constituted by the systems of thought which predominate within a particular time and context. However, in this research, I will argue, as Foucault himself does, that his ideas in fact insist upon a potent and potentially creative activism, generated by the essential capacity for ongoing critical thought. It is this essential capacity, I will suggest, which is the alternative to hopelessness. Do we have the courage to attempt to 'think ourselves' differently in the time of our own thought? And can the unlikely bed-companions of psychotherapeutic 'thinking' in collaboration with Foucauldian critical thought assist in this most emotionally and intellectually complex of endeavours? Ultimately this is my hope for this research, that it might enable my own capacity for 'thought', and enhance that of others, as I grapple to analyse the discourses which constitute our subjectivities in Aotearoa New Zealand within this most complex of psychotherapeutic crafts.

With the above in mind, having provided an overview of the purpose, nature, and motivation for this research and an introduction to the methodological approach and structure of the thesis, the following chapter will now further outline and explore the Foucauldian philosophical underpinnings of the research methodology I utilise in this research.

2. Key Foucauldian Philosophical Principles

Critique is not a matter of saying that things are not right as they are. It is a matter of pointing out on what kinds of assumptions come up, on what kinds of familiar, unchallenged, unconsidered modes of thought the practices we accept rest.

(Foucault, 1988e, p. 154)

2.1 Introduction

As the above quote implies, a Foucauldian perspective on the nature of knowledge perceives that knowledge is neither static, nor does it progress in a linear and progressive fashion. Rather it is contingent upon the cultural and social context within which it emerges and the manner in which power operates within these contexts, in relation to the knowledge which is produced. Knowledge is therefore contingent and centrally implicated with power. From a Foucauldian perspective, there is no assumption that there is a 'true' knowledge, to be discovered.

Psychotherapy, on the other hand is often postulated on the basis that there is an inner truth (for example, Winnicott, 1965a), against which we defend, and that the role of a psychotherapist is to produce and reveal this truth, by getting under the defences which prevent its revelation, what Foucault critically described as the "repressive hypothesis". By contrast, this study is interested in understanding how social and cultural contexts make particular knowledge possible, under particular circumstances and how the nexus of knowledge and power operates to produce and enable certain kinds of knowledge to be dominant. In this thesis, in particular, I am interested in exploring and understanding the nexus of power knowledge that produces particular discourses as dominant, allowing for particular manifestations of psychotherapy in Aotearoa New Zealand and to explore "what the doing does" (Foucault, cited in Dreyfus & Rabinow, 1983, p. 187). That is, how the social science of psychotherapy was enabled to manifest and how the production of psychotherapeutic knowledge and its disciplinary and biopolitical practice enables and constrains in Aotearoa New Zealand.

With the above philosophical assumptions in mind, in this chapter I provide an overview of the social construction and post-modern philosophical perspectives which underpin the above assumptions and then provide an overview of particular key Foucauldian concepts, that are central to the research methodology of this thesis.

2.2 Post-modern Perspective on the Nature of 'Truth' and 'Subjectivity'

Foucault, as I will outline later in this thesis, in his analysis of the 'materialist conditions of possibility', asserts that discourse constitutes 'truth' and 'subjectivity', but does not necessarily determine it, should we be intellectually courageous enough to interrogate our own subjectivity in the time of our own thought (Foucault, 1966/2002, 1981/1991). In so doing, Foucault never identified himself with any specific philosophical tradition, and, in particular, rejected the description of himself as a post-modernist. Nevertheless, given his ongoing interrogation and problematisation of the nature of truth and subjectivity, he is often characterised by many as being broadly within the auspices of post-modern discourse (Ayleswroth, 2010). Whilst post-modernism as an umbrella term includes voices, theorists, and ideas from often very differing perspectives, overall, post-modern perspectives critique modernism's fondness of essential truths and meta narratives that attempt to provide an underpinning rationality to the nature of being human and the activities of humans in a manner which is disconnected from the philosophical underpinnings of such a stance. By contrast, post-modernism continually interrogates the nature of subjectivity and of truth, exploring the contingent and fabricated nature of that which it is tempting to hold as truths that are self-evident.

This viewpoint assumes that reality is not essentially true, that our lived experience is not allowing us direct access to an inner truth, which if we can simply dwell and linger long enough, will be revealed to us. Rather, it assumes that social processes produce and maintain what we experience as our inner reality. In the case of psychotherapy, therefore, rather than an assumption, as much psychotherapeutic literature and practice might assume, that psychotherapy is an inevitable progression in the history of care of the emotionally troubled, a social constructionist perspective would argue that the notion of 'psyche' is itself a fabrication of particular social processes contingent to particular cultural and social environments and thus the 'healing craft' of psychotherapy is a production of those processes. And, further, that social processes produce, maintain, and enable certain kinds of knowledge, whilst subjugating, marginalising, or invisibilising others. For example, from the time of Sigmund Freud, through the first half of the 20th century, the vast majority of knowledge produced regarding the nature of psychoanalysis and psychotherapy arose from the practitioners of psychotherapeutic input, whilst the experience of patients in relation to this practice was marginalised or invisible (Rose, 2019).

A social constructionist perspective assumes not only that it is permitted and dominant knowledge which shapes what we do and think, but that by doing so, our very subjectivity is fabricated by this knowledge, whilst other forms of knowledge are delegitimated by processes that fabricate certain other kinds of knowledge as not 'normal' or 'deviant' (for example, see Foucault [1972/2008], *The History of Madness*).

By the end of the 20th century post-constructionist accounts of a vast range of activity, previously conceived as an inevitable outcome of a linear history of progress, were examined and analysed for their contingent production within social and cultural environments (for example, see Hacking, 1999). Underpinning these analyses is the revelation that activities and practices which appear in our lived experience as self-evident and true, natural and inevitable, are anything but; rather they are fabricated by the socially sanctioned knowledge of cultural, historical, and social contexts which enable certain kinds of thought, activity, and practice to manifest and other types of thought and action to be disavowed, disabled, or constrained.

Foucault's methodological approach seeks to understand the social conditions that give rise to ways of thinking and acting in particular times. He is interested in how these systems of thought produce particular kinds of subjectivities within a variety of contexts and the relationship of truth, power, and knowledge in giving rise to these subjectivities.

2.3 Michel Foucault and the History of Thought

Foucault in his explorations of constructed practices focuses his analyses on the history of thought itself: that is, how particular conditions of possibility give rise to particular ways of acting and thinking and the social practices that manifest as a result. His later work on subjectivity and subjectification is particularly relevant to the production of psychotherapy, especially his analyses regarding sexuality in *The History of Sexuality*, *Volume 1* (1976/2020a). Specifically, his consideration of the 'inner self' of psychoanalysis, a very different construction of the nature of self to that of the Christian self, a self to be discovered in an external gaze upon an omniscient God against whom one must be measured and to whose expectations of the self we must live up. Foucault nevertheless links psychoanalysis with Christian discourse, through his conceptualisation of psychoanalysis's origins within the confessional of pastoral power,

a conceptualisation, and its relevance for this research, I articulate more fully later in this chapter.

2.4 A History of the Present

The present study is a genealogical history of the present. Garland (2014), in exploring what Foucault meant by the phrase “a history of the present”, notes that Foucault proposes that during each historical era there is a “distinctive epistemological structure – an episteme – that governed how thinkers would think, how statements were made, how discourses were formed” (p. 369). As Foucault suggests “what I am trying to do is grasp the implicit systems which determine our most familiar behaviour without knowing it.” (Foucault, cited in Simon, 1971, p. 201). Rose (2007) thus describes a genealogical history of the present as seeking,

> to destabilise a present that has forgotten its contingency, a moment that, thinking itself timeless, has forgotten the time-bound questions that gave rise to its beliefs and practices. In making these contingencies thinkable, in tracing the heterogeneous pathways that led to the apparent solidity of the present, in historicizing those aspects of our lives that appear to be outside history, showing the role of thought in making up our present, such genealogies [seek] to make that present open to reshaping. (pp. 4–5)

In attempting to excavate and analyse the systems of thought that constitute our practices and the subjectivity that inhabits these practices, Foucault assumes that, far from a continuous narrative of progress in the development of systems of thought, the dominance of particular systems of thought at particular times are predicated on a principle of discontinuity, in which such dominance is contingent on the historical, social, and cultural milieu in which these systems of thought arise and that inevitably any dominance encounters resistance which can lead to ruptures in systems of thought and the practices and subjectivity that they produce, constitute, and fabricate. I will expand more fully regarding the nature of a history of the present in Chapter 3.

Foucault’s work has been utilised in a wide range of research seeking to understand the conditions of possibility giving rise to the experience and practice of human social life. Of particular relevance for the current research is the work of Nikolas Rose, who, in his books *Inventing Ourselves* (1998) and *Governing the Soul* (1999), explores the manner in which what he calls the ‘psy’ disciplines, including psychotherapy, give rise to contemporary truths about the nature of humans and human

existence, and in which he explores taken-for-granted truths about the nature of human experience.

2.5 What Research Using a Foucauldian Analysis Methodology Could Contribute Regarding Psychotherapy in Aotearoa New Zealand

Given the tensions inherent in the material described in Chapter 1 of this thesis, I suggest a Foucauldian-informed analysis provides an opportunity to make more visible the systems of thought underpinning psychotherapy practice in Aotearoa New Zealand in service of questioning the taken-for-granted truths underpinning this practice. The exploration of the interface of systems of thought and ways of thinking informed by European perspectives and the subsequent challenge to these perspectives by Indigenous Māori, regarding the nature of psyche and of psychotherapeutic practice, is significant, I suggest, for both Indigenous and non-Indigenous patients and practitioners who interface with the practice of psychotherapy in Aotearoa New Zealand.

2.6 Post-modernism and the Nature of Subjectivity

For Foucault, the philosophical challenge of revealing to ourselves the nature of our present is facilitated by genealogical historical analysis (Garland, 2014). Foucault (1988a) comments,

> history serves to show how that-which-is has not always been; i.e. that the things which seem most evident to us are always formed in the confluence of encounters and chances, during the course of a precarious and fragile history … [things in the present] have been made, they can be unmade, as long as we know how it was that they were made. (p. 37)

This perspective continues with Foucault's interest in the nature of the subject and of subjectivity: rather than a hermeneutic perspective in which the subject is a source of 'truth', this perspective reveals the subject as a construct of systems of thought, of discourse, to be revealed by an exploration, not of the facts and events of history per se, but of the history of thought itself, of how particular thoughts came to be dominant and to fabricate and constitute subjects and subjectivity at particular times in particular contexts. The subject is a fabrication and effect of discourse, rather than a speaker of meaning which is in itself inherently 'true'. It is these broadly speaking post-modern and post-structuralist perspectives that align with Foucault's interests and sensibility. With these broad perspectives in mind, the following is a more detailed articulation of specific

philosophical principles, followed by an outline of some additional Foucauldian theoretical concepts, related to these philosophical underpinnings.

2.7 Foucauldian Philosophical and Research Principles That Guide This Research

2.7.1 Discourse

Foucault (1969/2010a) proposes that “discourse produces the objects of which it speaks” (p. 49). Foucault is not referring to the notion of ‘discourse’ in the sense in which it might be utilised in the study of linguistics, that is, how the world is represented by language. Rather, he is suggesting the use of discourse to capture the notion that the systems of thought which come to dominate in any particular episteme, are productive, they fabricate and constitute both physical manifestations such as buildings, offices, books and other written texts, and the material practices and the very thoughts that are possible in relation to these material practices and which inhabit the physical manifestations described above. Not only are discourses productive, they are also constraining. They both define and make possible what it is possible to think, say, and do and constrain what it is possible to think, say, and do.

Foucault’s perspective on discourse and its productive effects argues that there is no normative, true, essential, or particular way a human being is or should be, or that there are particular practices that are right or true in any moral or normative sense. Rather, all practices manifested by discourse are historically and culturally mediated and contingent on the specifics of the historical and cultural context. Indeed, even the very nature of Foucauldian discourse analysis itself is a product of discourse. This does not mean that discourse analysis itself, given its construction and constraint via discourse, is imprisoned by the discourse that constitutes it. Rather, the purpose of discourse analysis is an attempt to “tear ourselves” from ourselves (Foucault, 1981/1991, p. 32) in order that we can ‘think ourselves’ differently in the time of our own thought. As Foucault (1984/2010f) describes, discourse analysis enables us to “separate out, from the contingency that has made us what we are, the possibility of no longer being, doing, or thinking what we are, do, or think” (p. 46). As Nikolas Rose (1998) suggests,

> Truth is not the outcome of construction, but of contestation. There are battles over truth, in which evidence, results, arguments, laboratories, status and much else are deployed as resources in the attempts to win allies and force something into the true ... truth that is to say is always enthroned by acts of violence. (p. 55)

Discourse analysis assumes that multiple, often competing and contrasting discourses arise contemporaneously, resulting in a 'contest of the true' in which it is assumed that there is not an essential truth that these contests will inevitably reveal, but rather that truth arises out of a nexus of power and knowledge (about which I explicate more fully below) and it is the impacts of power in relation to knowledge that allow certain discourses and their material effects to arise as dominant within the contingencies of a particular historical and cultural context, whilst other 'truths' are marginalised or subjugated.

By attempting to tear ourselves from ourselves, by attempting to reveal the discourses which fabricate us and the practices which we inhabit, it may be possible to make visible the discourses and their effects in the time of their own thought. In this way, analysis, Foucault emphasises, allows us to reveal, question, problematise, and interrogate that which appears self-evident, both the objects discourse constructs and the practices it constitutes and, significantly for psychotherapy, the subjectivities which discourse produces and enables us to inhabit.

By problematising these subjects, objects, and practices, by analysing the discourses that subterraneously fabricate them and the contingencies that enable certain truths to enter the true, the possibility of thinking other than we are, is creatively enabled. Moreover, the truths that currently dominate are revealed as only the latest iteration of the nature of truth and its material effects. Foucault emphasised that it is the work of thought itself which makes discourse analysis potentially liberating, not in a utopian 'freeing of an essential self' sense, but rather in the sense of providing us with a criticality that opens up options, spaces, possibilities, multiple sites of resistance. He comments,

> Criticism is a matter of flushing out … thought and trying to change it: to show that things are not as self-evident as one believed, to see that which is accepted as self-evident will no longer be accepted as such. Practicing criticism is a matter of making facile gestures difficult … As soon as one can no longer think things as one formerly thought them, transformation becomes both very urgent, very difficult, and quite possible. (Foucault, 1988e, p. 155)

Whilst a Foucauldian perspective on the discursively produced and constituted nature of 'reality' has often been critiqued as nihilistic, Foucault, in fact, offers us a critical stance, that, as I will argue later in this thesis, is particularly creative: this is specifically so, I suggest, for psychotherapy in Aotearoa New Zealand, given the tensions regarding

Eurocentric as opposed to Indigenous views on the nature of psychic reality and the underpinning humanistic assumptions of an essential self by which psychotherapy is often influenced.

2.7.2 Subjectivity and Subjectification

In the same way a Foucauldian analytic stance perceives discourse as productive of material practices such as psychotherapy, as contingent, historical, and culturally mediated cultural artifacts, it also reveals the nature of subjectivity and subject positions as constituted by discourse and that the particular positions, thoughts, practices, and ways of doing, being, and thinking that subject positions take up are made possible by discourse. As Nicholls (2009) observes, a Foucauldian analytic stance frees "the author from the weight of responsibility s/he carried in hermeneutics" (p. 3). The burden on the subject to be a source of essential truth and meaning is relieved. The subject is not an unchangeable, essential unified truth but rather is multiple, constituted, produced, and producing of the discourses which make human subjects and the positions we take possible at any particular time within specific cultural settings.

This stance has influenced my perspective on the nature of the text to be analysed in this thesis. For example, I have not made use of interviews with human subjects, given this Foucauldian stance (the rationale for which I further explicate in my method chapter following). In depriving subject positions of their stance as originators of truth and meaning and rather positioning them as both a fabrication of and function of discourse, this positions the nature of subjectivity and subject positions as fragile, unstable, and mutable. Indeed, as referenced above, the nature of Foucauldian thought both reveals the fragility of taken-for-granted truths and subject positions and their mutability.

This research is in part intended to reveal the systems of thought which make subjectivities within psychotherapy possible and the material effects to which such systems of thought give rise. Given the conceptualisation as proposed by Foucault that all is produced by discourse and thus our capacities for thinking and acting are constructed by these discourses, it is very difficult for us to step outside them and to reveal to ourselves ways in which our practice is constructed. The current study is an attempt to take on the challenging task of revealing ourselves to ourselves.

For example, even within the discourse of psychoanalysis, the nature of psyche and of subjectivity and the constitution of the subject position of ‘patient’ has changed enormously over time. As this thesis will reveal, medical model discourse initially constituted the European subject position as a sick soma inhabited by what discourse constructed at the time as ‘madness’ or ‘insanity’, whilst in the early 20th century such manifestations began to be constituted by a more psychoanalytic discourse in which madness was transformed into the fabrication of a psyche conflicted by intrapsychic defences against repressed desires. The mutability of subjectivity will be both assumed and explored within the practice of psychotherapy in Aotearoa New Zealand.

2.7.3 The Nexus of Power and Knowledge

As noted above, central to Foucault’s conceptualisation of discourse, is the idea that underpinning the fabrication of discourse and its material effects, is a nexus of power and knowledge. Indeed, the process of subjectification is profoundly implicated by this power knowledge nexus. As Foucault (1977/2010b) puts it, “it is not that the beautiful totality of the individual is amputated, repressed, altered by our social order, it is rather that the individual is carefully fabricated in it, according to a whole technique of forces and bodies” (p. 217).

With this critique of the notion of an essential self in mind, Dreyfus and Rabinow (1983) note the different meanings associated with the word ‘subject’, both of which implicate power: “subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge. Both meanings suggest a form of power which subjugates and makes subject to” (p. 212). From a Foucauldian perspective, discourse and the dominance of particular discourses formed in this nexus of power and knowledge constitute subjectivity and subject positions. For example, the discourse of psychotherapy produces and reproduces the subject positions of psychotherapist and patient and provides meaning for such subject positions, and objects such as ‘mental health’, ‘mental illness’, ‘anxiety’, ‘inner world’, ‘self’. And, discourse is formed in the crucible and nexus of power and knowledge, in which the notion of self itself is forged.

Of course, the notion of self is central to psychotherapeutic discourse. The psychoanalyst Donald Winnicott (1965c), to take but one example, famously wrote that an infant’s experience of their “true self” is forged in the dyad of mother and infant and that “maternal pre-occupation” and sustained maternal attunement to the spontaneous

gestures of the infant is central to the emergence of this true self. Foucault significantly problematises this formulation of the nature of self (a problematisation I will explore more fully in Chapter 7 of this thesis).

Foucault's perspective on the nature of self and subjectivity also has significant implications for ideas regarding the possibility of whether human subjectivity can ever transcend discourse. Indeed, ultimately Foucault was highly critical of the tendency for psychoanalysis and psychotherapy to assume it can offer a liberating knowledge that exists outside of power. As Ransom (1997) comments,

> [as] the example of the Panopticon shows, Foucault wants to dismiss essentialist notions of human nature. There is, for him, no final emancipated human condition that society should realize – nor, to be more modest, is there a vision of human nature that can be appealed to when assessing today's faulty approximations. These things do not exist. Thus, there can be no knowledge of them that can act as an effective bar to the encroachments of power. Again, it is just this denigration of an emancipatory, 'powerless' knowledge that surprises and disappoints the 'critical theorists' among Foucault's readers ... Habermas puts the complaint this way: 'Foucault … replaces the model of domination based on repression (developed in the tradition of enlightenment by Marx and Freud) by a plurality of power strategies. These power strategies intersect one another; succeed one another; they are distinguished according to the type of their discourse formation and the degree of their intensity: but they cannot be judged under the aspect of their validity'. (p. 22–23)

This has led some to critique Foucault as nihilistic about our ability to transcend modern power and its fabricating ways. Towards the end of this thesis, I will interrogate whether Foucault's critique determines my destiny as a practitioner of psychotherapy in Aotearoa New Zealand. However, it is noted here that whilst the temptation to critique Foucault as nihilistic is alluring, particularly for someone such as myself, who has been immersed in the confessional practice of psychotherapy for so long, this critique does Foucault an injustice. For Foucault is at pains to emphasise that it is the very fragility of this nexus of power and knowledge which makes it so available for revolt. He emphasises that power and knowledge are not one and the same (Foucault, 1977/2010b), and that by articulating the relationship between the two, this offers the possibility for interrogation of this relationship, thus revealing the fragility and mutability of the power knowledge nexus. It is this interrogation that I am attempting to offer in relation to psychotherapy in Aotearoa New Zealand. A critical interrogation from which, I suggest, when inhabiting the stance of psychotherapist, I, and Aotearoa New Zealand psychotherapy practitioners generally, may considerably benefit.

Indeed, Foucault emphasises how a Foucauldian analysis of different enculturated historical periods reveals how changeable things are, including the material practices, the material effects of discourse, and the subjectivities who inhabit them, and that it is this very fragility and mutability which, when engaging in a discourse analysis of the nature undertaken in this research, allows us to 'think ourselves' differently in the time of our own thought. I am attempting to reveal within the psychotherapy context in Aotearoa New Zealand how the experience of subjectivity and the subject positions we take within this material practice are only the latest iteration of innumerable possible subject positions.[3]

In *Discipline and Punish*, Foucault (1977/2010b) further explicates and emphasises the relationship of knowledge and power. In contrast to sovereign power as a monolithic subjugating power of the sovereign, or of the state, Foucault emphasises the nature of power in modern society as disciplinary, as capillary, and as embedded in subterraneous relays of power that constitute ourselves and the practices we inhabit. Foucault (1977/2010b) argues that "power and knowledge directly imply one another ... there is no power relationship without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations" (p. 27). Meanwhile, Hook (2003) proposes that, "this is the basis for Foucault's [argument] that the emergence of the human/social sciences is contemporaneous with, and indivisible from, the development of disciplinary power" (p. 609).

From a Foucauldian perspective, power is inescapable. My analysis is not intended as an attempt to escape from power, given its ubiquitous, creative, and constraining productivity but rather to make visible its manifestation via the subterraneous discourses that constitute it as a practice, and psychotherapy practitioner as a subject position in contemporary Aotearoa New Zealand.

[3] This is further emphasised by Deleuze in his 1992 paper "Postscript on the Societies of Control", in which he juxtaposes the idea of the individual, with the idea of us having become "dividuals", in which we are constituted by, and increasingly controlled by, data that produce us as pieces of ourselves rather than whole subjects.

Power and Resistance.

Foucault articulates that power is inevitably creative of resistance; any assertion of knowledge always leaves something out. This invites resistance, as I will describe, for example, regarding psychotherapy in Aotearoa New Zealand, in the ruptures in knowledge regarding the nature of self and the dominance of particular discourses of the self. Moreover, as Foucault (1977/2010b) makes clear in *Discipline and Punish*, modern disciplinary power is not in the nature of overt sovereign violence on the body; rather, disciplinary power through its networks and relays disciplines the conduct of conduct (see my overview of Foucault's notion of governmentality below). As Foucault (1976/2020a) observes in *The History of Sexuality, Volume 1*, discourse can be an "instrument and an effect of power, but also be a hindrance, a stumbling block … a starting point for an opposing strategy" (p. 101).

Foucault emphasises that ruptures in what it is possible to think and do, as resistances arise to the dominance of particular discourse, provide the Foucauldian analyst with the opportunity to interrogate these ruptures as important opportunities to make visible the discourses that subterraneously produce previously taken-for-granted truths and subjectivities. In Chapter 8 of this thesis, I describe more fully the many authors and practitioners of psychotherapy, both Indigenous and non-Indigenous, who strongly argue that psychotherapy has been largely constructed by philosophy, and psychological understandings that have their origins in Europe (for example, Bowden, 2001; Burns, 2008; Durie, 1998b, 2007; Hall, 2015; Hall et al., 2012; Morice, 2003; NiaNia et al., 2024), and the ongoing Indigenous Māori resistance to the imposition and dominance of European psychotherapeutic perspectives (see, for example, Bowden, 2001, 2018; Durie, 1998b, 2001, 2007; Fay, 2013; Fleming, 2016, 2018; Hall, 2012, 2015; Hall et al., 2012; Morice, 2003; Morice & Woodard, 2011; O'Connor, 2020b; Reidy, 2014; Woodard, 2008; Woodard & O'Connor, 2019).

This resistance has led to a wide range of Indigenous Māori psychotherapy practitioners arguing for the value, if not the essential need for a 'Māori psychotherapy'. For example, Morice (2003) proposes the conceptualisation of psychotherapy which she frames as *Towards a Māori Psychotherapy*. Similarly, Reidy (2014) proposes the conceptualisation of psychotherapy focused on the Indigenous concept of mana and describing a "mana enhancing" psychotherapy. Whilst Fleming (2016, 2018) argues that

the European psychotherapeutic concept of attachment which focuses on primary, early, and primarily maternal attachments by the infant, is far too narrow, and that an understanding of attachment to the non-human world as informed by Indigenous Māori perspectives on attachment and psyche is essential to the practice of psychotherapy in Aotearoa New Zealand: specifically that attachment to mātauranga Māori, to whānau (extended family), and to the non-human world including whenua (land) is essential. The nature of these and other Indigenous challenges to the dominance of Eurocentric psychotherapeutic knowledge in Aotearoa New Zealand, and the discourses they reveal, will form an important aspect of the analysis in this research.

Power Legitimates Knowledge.

Foucault emphasises that knowledge only becomes knowledge when it is legitimated by power. It needs the mechanisms, networks, relays, and strategies of power to be seen as such. Attempts to influence others' behaviour and conduct within society do not have significant impact or influence, unless they are supported by knowledge which is considered as such, that is it is considered and made legitimate by power and its procedures. For example, in relation to psychotherapy in Aotearoa New Zealand, it has not been possible for psychotherapy, as a human science, to have influence on the population, on the individuals who make up society, unless it was seen as a legitimate 'scientific knowledge' that human beings would be willing to make use of, in service of improving their lives. Psychotherapy needed to be perceived as a human science supported by psychotherapeutic knowledge and for this to be perceived as legitimate knowledge; it needed modern power's structures of support. This might, for example, be by way of 'scientific' research, randomised control trials, or legitimation from experts in the human sciences field such as psychiatry, articulating psychotherapy as valid and legitimate knowledge.

In this research, I am attempting to make visible the networks of power that enabled psychotherapy as a human science to be perceived as legitimate knowledge. I am not attempting to emancipate human beings from psychotherapeutic knowledge and the power inculcated within it, but rather to make visible this nexus of power and knowledge in order that multiple new possibilities might then arise.

2.7.4 The Capacity for Critique

I am attempting to analyse the manifestation of psychotherapy, the subterraneous nexus of power and knowledge that constitutes this activity and my subjectivity within it and its material effects, in the same way that Foucault himself articulates the experience of his own writing. For Foucault emphasised that the value of "thinking critically" was in order to attempt to think differently in the time of our own thought (Foucault, 1966/2002, p. xxvi; McNay, 1994, p. 80). He comments, "the way I do my books, I have always conceived them as direct experiences, 'tearing me' from myself, to prevent me from always being the same" (Foucault, 1981/1991, p. 32).

Similarly, I attempt in this research to 'tear myself' from myself, 'to think the other in the time of my own thought' in the hope that I may not be the same. In this sense, the nexus of power and knowledge is methodological: it is a relationship I seek to examine and interrogate, in order to reveal the discourses that make possible particular practices, physical manifestations, and material effects, as but the most recent iteration of a particular practice situated and mediated by its historical setting. This approach is in keeping with Foucault's relentless encouragement to question that which seems self-evident. As Nikolas Rose (1998) observes, "What today appears marginal, eccentric, or disreputable was frequently, at the time it was written, central, normal and respectable" (p. 43). Indeed, Rose suggests that there is considerable benefit in

> [questioning] the certainties of the present by attention to such margins … the apparent certainties of our present disciplinary identities … begin to break up. Such a critical history of the present should be a disturbing, disrupting and fragmenting operation. (p. 43)

Specifically, Rose (1998) critiques typical 'histories' of psychology as narratives which "play their part in establishing a division between the sayable and the unsayable, the thinkable and the unthinkable: in emplacing what Michel Foucault has termed 'a regime of truth'" (p. 43). By contrast, Rose (1998) advocates that,

> Psychology … cannot be regarded as a given domain, separate from something called 'society' – the processes by which its truths are produced are constitutively 'social'. And, further, the object of psychology cannot be regarded as something given, independent, that preexists knowledge and which is merely 'discovered'. Psychology constitutes its object in the process of knowing it. (p. 49)

It is this ethos that informs this research. I interrogate and critique the idea that psychotherapy reveals a pre-existent 'truth', and instead explore how psychotherapy

constitutes itself, as part of a particular ‘regime of truth’. This history of the present in relation to psychotherapy in Aotearoa New Zealand is not providing a linear narrative which leads to the outcome of psychotherapy as an inevitable conclusion but, rather, this is an analysis which examines the conditions of possibility that make certain things thinkable, certain actions possible, and leads to the ‘regime of truth’ articulated as psychotherapy and its material effects in contemporary Aotearoa New Zealand.

2.8 Governmentality

Foucault was particularly critical of what he perceived as overly reductive perspectives on power in which power is seen purely as repressive. In Aotearoa New Zealand, colonialism is often perceived and constructed as an example of the exercise of power as purely repressive. By contrast, Foucault (2006b) suggests,

> power is never something that someone possesses, any more that it is something that emanates from someone. Power does not belong to anyone or even to a group; there is only power because there is dispersion, relays, networks, reciprocal supports, differences of potential, discrepancies, etcetera. It is in this system of differences, which have to be analyzed, that power can start to function. (p. 4)

Indeed, Foucault elsewhere argues,

> If power were never anything but repressive, if I never did anything but to say no, do you really think one would be brought to obey it? What makes power hold good, what makes it accepted, is simply the fact that it doesn’t only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. (Foucault, 1984/2010e, p. 61)

Foucault therefore perceives power as profoundly creative within social relations, and that power relations can never be circumvented. Expanding on this, Rose (1998) notes in exploring Foucault’s notion of governmentality in relation to the ‘psy’ disciplines,

> Technologies of government, that is to say, take the form of loose associations linking diverse agents through a series of relays through which the objectives and aspirations of those at one point – departments of state, expert committees, professionals, managers – can be translated into the calculations and actions of those distant from them in space and time, such as health visitors, teachers, workers, parents, and citizens.
>
> Psychology has become basic to such associations. It provides the languages to establish translatability between politicians, lawyers, managers, bureaucrats, professionals, businessmen, and each of us. (pp. 76–77)

In *Discipline and Punish*, Foucault (1977/2010b) articulates a transition that occurs in the nature of power. He demarcates the dominance of sovereign power, in which the primary motivation underpinning sovereign power is for the sovereign to maintain their authority, primarily by exercising power over life and death, to the transition to governmentality in which the focus of power is on populations and on the ability of the state to enhance the welfare of the population, in order to maintain itself. Foucault argues that in the 17th and 18th century, the notion of population was constructed and with this the focus on a governmental approach to care of the population, in service of improving the population's life, arose. Such authority was then judged on its capacity to enhance the wellbeing of the population, its capacity to foster or to neglect life. From a Foucauldian perspective, Government and its practices infiltrate every aspect of our being and of the lives we live. The very constitution of ourselves as citizens of a Western democracy, Aotearoa New Zealand, is fabricated by governmentality's tentacles into all aspects of the way we conduct with and engage in living our lives. As Foucault (1977/2010b) notes in *Discipline and Punish*, with the movement, commencing in the 17th and 18th centuries, from government via a sovereign power, to the government of populations and the enhancement of the wellbeing of society's populations via such governmentality, governmentality requires the capacity to govern 'free individuals' to choose to be free in a manner which serves the needs of society and of the state which secures governmentality's subterraneous ways.

The notion of governmentality does not simply locate power within the state. Rather, governmentality captures the capacity of Governments to facilitate individuals within society to inculcate the capacity to govern themselves. Governmentality focuses on the "conduct of conduct", of individuals within society apparently who have freedom to act. In keeping with the notion of governmentality, Rose (1998) explores how the 'psy' disciplines have a particular place in contemporary society as a Governmental technology. He notes Foucault's comment that "the games of truth and error through which being is historically constituted as experience; that is as something that can and must be thought" (Foucault, 1985, cited in Rose, 1998, p. 11). And Rose (1998) goes on to note, "government here is a way of conceptualising all those more or less rationalised programs, strategies and tactics for 'the conduct of conduct', for acting upon the actions of others in order to achieve certain ends" (p. 12).

Psychotherapy can be seen as a technology of governmentality that is particularly influential in contemporary times in constituting the process of subjectification. Indeed, Rose (1998) argues that theories of psyche do not provide a "basis for a genealogy of subjectification", as it is the emergence of such theories of psyche that have been "central to the very regime of the self whose birth must be the object of our enquiries" (p. 10). Rose further argues that: "subjectification is ... to be understood by locating it … in a complex of apparatuses, practices, machinations, and assemblages within which human beings have been fabricated, and which presuppose and enjoin particular relations with ourselves" (p. 10).

The art of government is in the structuring of possible fields of action within which the freedom to act is circumscribed. Governmentality, as opposed to sovereign power, does not use overt force to implement its influence. Rather, governmentality manifests itself from the macro actions of the state, in legislating actions prescribed as lawful or unlawful, such as the need to obey traffic legislation when driving a car, through to the micro requirements of a psychotherapist registered under the *Health Practitioners Competence Assurance Act 2003* in Aotearoa New Zealand, needing to adhere to the requirements of that *Act*, through to the inculcation of the art of government by the individual, in the ethical position of governing oneself. Governmentality is not separate from the state, but rather involves the art of government that enables individuals that make up society and populations being encouraged to take an ethical position in which their conduct is to the benefit of society and thus the freedom of choice to act within that society is governed by governmentality's capacity to structure the possible fields of free action. As Dean (1999) puts it, governmentality

> asks questions concerned with how we govern and how we are governed, and with the relation between the government of ourselves and the government of others and the government of the state … Government entails any attempt to shape with some degree of deliberation aspects of our behaviour according to a particular set of norms and for a variety of ends. (pp. 2, 10)

Dean (1999) describes how the techniques of modern power enable the government of the self by the self, in which we inhabit an ethical position in relation to ourselves, in service of the administration of ourselves. This leads Dean to question the emancipatory perspective of many who challenge society's norms, in which the governing of individuals is perceived to occur out there, by a monolithic all powerful state from which we must seek liberation. Dean (1999) comments, "similarly, a consideration

of how the self-governing capacities of the governed are a key feature of contemporary liberal rule problematises the radical view of emancipation as the liberation of the agency of those who are oppressed" (p. 37). Dean (1999) further notes that:

> Government in this sense is an undertaking conducted in the plural … [it] is more or less calculated rational activity, undertaken by a multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledge, that seeks to shape conduct by working through our desires, aspirations, interests and beliefs, for definite but shifting ends and with a diverse set of relatively unpredictable consequences, effects and outcomes. (pp. 10–11)

> … an analytics of government removes the naturalness and taken for granted character of how things are done. In so doing, it renders practices of government problematic and shows that things might be different from the way they are. (p. 38)

I will utilise Foucault's concept of governmentality to explore and analyse how the manifestation of psychotherapy in Aotearoa New Zealand arises as a governmental strategy within the emerging colonial, post-colonial, and capitalist economy of Aotearoa New Zealand. A Foucauldian perspective suggests that such a disciplinary strategy is part of the network of governmentality and specifically of what Foucault describes as biopower, which I describe in more detail below.

2.9 Biopower

Foucault argues that in the second half of the 20th century biopower grew out of disciplinary power and is a specific manifestation of disciplinary power (this emergence and its relationship to the constitution of psychotherapy in Aotearoa New Zealand will be part of my analysis, particularly in Chapters 7, 8, 9, and 10 of this thesis). As Ransom (1997) comments,

> Disciplines establish a natural 'organic' body, one about which 'true' – in the sense of 'objective' – statements can be made … If the discipline can succeed in persuading individuals to tie a substantive sense of truth – another term might be of 'morality' – to what are, after all, very restricted manifestations of human activity and potential, it will have made good on its promise to reduce the individual as an efficacious political subject while enhancing its value as an economic one. (pp. 52–53)

Arising out of disciplinary power, the concept of biopower is Foucault's description of the power inherent in governmentality, that is in service of the managing of human material (Ransom, 1997) within the populations of societies. It is in keeping with Foucault's notion of governmentality in which subjects seeking to inhabit the capacity for

freedom of choice are doing so within a prescribed field of possibilities, enabled by the discourses made possible by the nexus of power and knowledge.

In relation to biopower, Foucault perceived that the disciplines of the human sciences, such as psychotherapy, psychology, and psychiatry, which act as disciplinary strategies within the modern power of governmentality in which human beings are assumed to be able to become known via these disciplinary technologies and by the process of becoming known, become both more able to be productive and politically docile in service of the wellbeing of populations. In *The History of Sexuality, Volume 1*, Foucault (1976/2020a) describes two forms of biopower, anatomo-politics, this being a focus on the human body as a machine that can be disciplined and made docile via disciplinary practices, and a second form of biopower, that being biopolitics, intimately related with modern governmentality, in which a modern form of the power knowledge nexus brings its focus upon the processes of life itself. In this thesis, I focus primarily on Foucault's conceptualisation of biopolitics in relation to biopower.

The advent of biopower is concordant with Foucault's perception of the emergence of the notion of "populations", that became measurable by demographers and statisticians (and thus able to be measured) via birth rates, death rates, rates of illness, et cetera. Disciplinary biopolitical technology such as psychiatry, psychology, and psychotherapy inhabit the microphysics of power, in which human subjects and their bodies become known, governed, and enabled to become self-governing through these technologies. Biopower therefore involves the process of fostering, managing, and organising human life in service of the enhancement and wellbeing of individuals and populations. The work of Nikolas Rose, amongst others, will be utilised in relation to Foucault within this thesis to explore how psychotherapy might operate as a disciplinary and biopolitical technology of governmentality within modern power in contemporary Aotearoa New Zealand and the history of this manifestation.

2.10 Pastoral Power

Particularly in relation to the 'psy' disciplines, of which psychotherapy is one, biopower relates to Foucault's notion of pastoral power. Foucault considers the emergence of confessional practices within the human sciences, such as psychoanalysis, counselling, psychology, and psychotherapy (Rose, 1998, 1999), have their origins in his conceptualisation of the nature of pastoral power, as emerging out of

Christian discourse in which subjectivity is perceived to emerge from the subject's encouragement to search within for an inner truth that must be revealed and 'confessed' to a powerful other authority, in the service of revealing oneself to oneself. Foucault links the confessional nature of practices such as psychotherapy to Roman Catholic Christian confessionals and suggests that their disciplinary effect is in persuading and encouraging human subjects within populations to seek the truth of themselves through looking inwards and confessing their inner truthful selves to an other. Ransom (1997), in reflecting upon Foucault's notion of pastoral power, comments,

> Foucault believes the practices and ethos of pastoral power have survived the long, slow decline in the influence of religion in Western life. In its secular variant, where leading the flock safely to the next world is no longer at issue, pastoral power continues to concern itself with the health and psychic states of the individual in this world. Thus psychologists and psychiatrists, as well as others with a less professional façade, diagnose and attempt to address the miseries of modern life. At the same time, social workers and state agencies do their best to shape their programmes in a way that will promote the health and even the happiness of individuals they come into contact with. Often they find themselves using the methods – or at least adopting the assumptions – associated with psychology. (p. 64)

This, Foucault argues, leads to the constitution of a particular relationship with the self, in which one must turn inwards to discover the truth of oneself and turn to the confessional and to the authority of the confessor, in order that this truth may be heard and subjectivity guided, in service of living this 'true self' informed by Christian disciplinary principles. He perceives the emergence of human sciences in which the confessional is replicated, particularly that of psychoanalysis, as reflecting the emergence of a disciplinary power in which subjectivity is governed by this confessional process. Ransom (1997) links this to Foucault's articulation of "reason of the state" in which the state's role in governing citizens, as opposed to sovereign power's emphasis on judicial powers that decides on the sovereign's subjects' capacity to remain alive or to die, is on governmentality's emphasis upon enhancing the wellbeing of its citizens. This in turns builds relationship with disciplinary and biopolitical technologies which rely on confessional processes to enhance governmental efficiency, and which operate as part of the regimes of truth of modern power. I will return to Foucault's notion of pastoral power and its relevance for the biopolitical effects of psychotherapy in Aotearoa New Zealand throughout this research.

2.11 Pastoral Power, the Economy, and "Reason of the State"

A Foucauldian perspective on governmentality reveals how what we as human beings experience as 'the self' is intimately entwined with, indeed fabricated by, the disciplines and technologies of governmentality. Indeed, Foucault argues that disciplines such as psychoanalysis, psychotherapy, and psychology are part of a range of technologies that act as biopolitical strategies in the fabric of modern power that constitute government of the citizens within society. Nikolas Rose (1998) builds on this idea, in suggesting that what he terms the 'psy' disciplines (of which psychotherapy is one example) are central to strategies of discipline, that allow the modern citizen to come to know ourselves and to relate to ourselves as a subject. Indeed, he notes that Freud's 'discovery' and exploration of the nature of the unconscious, "reveals the self's radical ex-centricity to itself" (p. 7); that at the heart of our capacity to know ourselves is to be other than ourselves, to gaze in upon ourselves, and to discover the self within. Or, as Rose (1998), referencing Lacan, describes, "we are wagged, agitated and divided by an Other: an order that goes beyond us and is the condition of any consciousness (Lacan, 1977)" (p. 7).

A Foucauldian perspective on the notion of the unconscious, to which the above quote refers and which is at the centre of a psychoanalytic psychotherapeutic perspective on the nature of human beings, is to resonate with the idea that we are fabricated by subterraneous processes outside of our consciousness, but also to argue that, rather than this being the unconscious of an intrapsychic conflicted self, Foucault proposes this fabrication is the product of the creative effects of dominant 'systems of thought'. Building on Foucault, Rose (1998) thus enquires, in relation to the 'psy' disciplines,

> Why, if human beings are as heterogeneous and situationally produced as they now appear to be, did a discipline arise that promulgated such unified, fixed, interiorised and individualised conceptions of selves … Whose interests did such an intellectual project serve? (p. 9)

It is the emergence of psychotherapeutic theory and practice and the nature of self, to which psychotherapy contributes in its fabricating ways, and how this came to be manifest in Aotearoa New Zealand which is the subject of enquiry in this research. Moreover, in terms of what this enables and constrains, the material effects of this discourse and the interests that it might serve, Nealon (2021), Rose (1998, 1999, 2006, 2007, 2019), and Dean (1999), all note the centrality of the interwoven interactions of

governmentality, with the constitution of the self and the economy. In the case of the psy disciplines such as psychotherapy, pastoral power interacts with and collaborates with "reason of the state", that is the state's interest in working with a variety of techniques and knowledges and disciplines, in the service of governance of the inhabitants of society and enhancement of individual human beings' wellbeing within those societies via the shaping of the "conduct of conduct". Rose (1998) builds on these ideas, in arguing that the psy disciplines have become central to our ways of coming to know ourselves and that this emphasis on an interior self which disciplines, such as psychotherapy focuses upon, works with governmental intentions to produce citizens who might then meet the needs of contemporary liberal democracies and the productivity required by the economic capitalism which fabricates these societies. Rose (1998) comments,

> This perspective of government draws our attention to all those multitudinous programmes, proposals and policies that have attempted to shape the conduct of individuals – not just to control, subdue, discipline, normalise or reform them but also to make them more intelligent, wise, happy, virtuous, healthy, productive, docile, enterprising, fulfilled, self-esteeming, empowered or whatever. (p. 12)

Rose argues that this view of governmentality helps us to recognise that it is not simply the actions of the state which govern us and produce "the practices of normativity that have shaped our present" (p. 12) but rather that the tentacles of modern power via governmentality's aims help to produce ways of relating to ourselves, that leave us perceiving ourselves as individuals making 'free choices' in the manner in which we live our lives, whilst doing so in a way that meets the needs of the market economy of neoliberal societies, in which

> 'free' individuals are enjoined to govern themselves as subjects simultaneously of liberty and of responsibility – prudence, sobriety, steadfastness, adjustment, self-fulfilment and the like. It is in this sense that the history of psychology in liberal societies joins up with the history of liberal government. (Rose, 1998, p. 12)

Rose puts a central emphasis on the activities and theories of psy disciplines, in assisting us to relate to ourselves, in a manner which appears emancipatory, as we reveal ourself to ourselves and attempt to inhabit 'the free self we truly are'. Moreover, Dean (1999) suggests that disciplines such as psychotherapy, by the manner in which they produce an experience of subjectivity, in which we are encouraged, interpreted, taught, and invited to discover the true self we truly are, enables us then to collaborate with the neoliberal economic need for selves to 'choose' to take responsibility for their

own individual lives and to become productive as creative contributors in the economic free market. Further, he suggests that this encouragement serves to assist individuals to enact their role as free citizens, responsible for producing themselves as an economic enterprise, in a manner which makes citizens compatible with and collaborative with the needs and demands of an economic system that requires states of inequality and poverty to exist, given the nature of capitalism as arising out of profits generated by a competitive market. By encouraging individual subjects to inhabit a sense of responsibility for their own destiny, subjects thus become more able to collaborate with the free enterprise imperatives of the neoliberal market economy. As Dean (1999) concludes, "liberalism depends on the exercise of a kind of responsible autonomy on the part of its subjects, it seeks to form such subjects in their capacities through a range of often despotically employed disciplinary practices" (p. 205).

Dean (1999) argues that liberalism, even in its most free market forms as articulated by economist Adam Smith, always implies Government. For whilst a neoliberal perspective may perceive that markets operate out of and are produced by an innate human nature, that engages competitively in the production and creation of wealth, Dean argues that a neoliberal economy necessitates a Government that assists 'free individuals' to choose to act in a way which collaborates with the needs of the market. He proposes that a market economy requires inequality and poverty to exist in order for it to function. Dean (1999) notes that, as early as 1806, Patrick Colquhoun comments,

> Without a large proportion of poverty, there could be no riches, since riches are the offspring of labour, while labour can only result from the state of poverty … poverty is therefore the most necessary component of a society without which nations and communities could not exist in a state of civilisation. (cited in Dean, 1999, p. 125)

In reflecting on the emergence of poverty and subsequently pauperism, alongside the emergence of liberal economies, Dean (1999) explores how the emergence of this kind of inequality leads to a kind of "economic morality" (p. 128), in which

> the poor will be granted assistance on the condition that they accept advice and expertise – particularly on the virtue of 'saving' … the liberal economy of government then not only prepares the way for a government of society and the production of knowledge of it. It establishes it as a necessity. The knowledge basis of society – from social economy, social physics and social statistics to criminology, educational psychology, sociology and beyond feminism, become

> the ‘dialogical partner’ (Weir, 1996) of liberalism’s process of self-critique, self-review and self-renewal. (p. 128)

Dean’s (1999) analysis implies the inevitability of disciplinary and biopolitical strategies, even in the most free market, indeed, perhaps particularly in the most free market of neoliberal economies, in order that those marginalised by economic disparity can be ‘educated’ to become the free and docile citizens required of the market economy. Because the impacts of inequality on those marginalised, poor, afflicted by ‘pauperism’ have impacts on everyone within the society in which they live and, therefore, on the stability and security of this state and its governmental abilities, Dean argues that this means Western economies came to increasingly need to ‘govern’ the poor, the marginalised, the Indigenous, in service of the needs of the market economy and in protection of the stability of the society. This application of Government via the disciplines of the social sciences produces, in the words of Foucault, Dean, Nealon, and Rose, citizens free to choose to participate in the market in a way that met the needs of the market economy’s ‘libertarian’ demands.

The manifestation of psychotherapy in Aotearoa New Zealand as an aspect of the governing of society and the population within society, including its contribution to the economy of a neoliberal capitalist economic fabric, will be an important aspect of my analysis. Specifically, Rose (1998, 1999) in exploring the fabrication of the psy disciplines in Western economies, suggests that increasingly these psy disciplines have been central to the fabrication of ‘the social individual’, including those like psychotherapy and psychology that perceive an ‘inner self’ that must come into relationship with itself and with others in a way which is productive, autonomous, authentic, and can exercise its own authority (Milton, 2016) in service of choosing its own life.

Aotearoa New Zealand has become increasingly neoliberal in its economic fabrication, particularly since the neoliberal reforms of the Aotearoa New Zealand marketplace in the 1980s, leading to emphasis on individualism, self-responsibility, choice, and ‘freedom’ for the citizens of this market economy (Kelsey, 1997, 1999). The economic and political ethos of neoliberalism emphasises competition and individualism and encourages the production of oneself as ‘self-enterprising’: in more recent times, this is reflected in social media forums in which people are encouraged and present themselves as a ‘brand’. Nealon (2021) argues that this ethos is underpinned by a governmental approach in which states seek to enable citizens to produce themselves

as their own enterprise. Underlying this is governmentality's emphasis on the 'free' production of oneself as an enterprise which meets the needs of the market economy. Rose (2007, 2019) suggests that the notable increase in mental health difficulties in Western neoliberal economic democracies reflects the cost we pay for this emphasis on individualism, competition, 'freedom', and 'choice'. As humans become increasingly disconnected from the 'social' of human existence within neoliberal market economies emphasising self-responsibility, rather than obligation or duty to an other, this produces selves internally focused on producing a brand and an enterprise that meets the market's need. Rose (1998, 1999) links the emphasis of the psy disciplines on the nature of self as being an inner self, as collaborating with this neoliberal ethos. Leckie (2024) makes a similar point in relation to Aotearoa New Zealand.[4] The implications of these ideas will be explored in my analysis in this research in relation to the manifestation of psychotherapy in Aotearoa New Zealand and the effects of this manifestation. Geoffrey Nealon (2021) develops these ideas, and I will draw on his analysis, particularly in relation to psychotherapy's role within modern biopolitical power, and its relationship to neoliberal capitalism.

2.12 My Choice of Methodology Over Other Approaches

Rose (2007) suggests that genealogical histories of the present, are limited, and perhaps outdated as an approach to analysing and critiquing practices in our contemporary and profoundly unpredictable world. He comments that,

> today, to destabilise our present does not seem such a radical move. Popular science, media representations, pundits, and futurologists all portray our own moment in history as one of maximal turbulence, on the cusp of an epochal change, on the verge between the security of a past now fading and the insecurity of the future we can only dimly discern. In the face of this view of our present, as a moment when all is in flux, it seems to me that we need to emphasize continuities as much as change, and to attempt a more modest cartography of our present. Such a cartography would not so much seek to destabilise the present by pointing to its contingency, but to destabilise the future by recognising its openness. That is to say, in demonstrating that no single future is written in our present, it might fortify our abilities, in part through thought itself, to intervene

[4] In Aotearoa New Zealand, this ethos is perhaps reflected, for example, in the Aotearoa New Zealand Helen Clark Government of the early 2000s, in which subsidies for child care were initiated, particularly for single parents, with the overtly stated aim that this might enable parents to leave their children in child care (arguably to deprioritise the social, the connection between parent and child) in service of becoming a more productive economic unit, who could work in the market economy for money, rather than contributing to relational home life with children.

> in that present, and so to shape something of the future that we might inhabit. (p. 5)

However, in this thesis I argue that, following the colonisation of Aotearoa New Zealand in the 18th and 19th centuries, and the Eurocentric perspectives which overwhelmed this country following colonisation, the European ancestors of this history, and their dominant voices, have been overwhelmingly emotionally and intellectually avoidant of attempting to 'think' our present, and the ways in which the systems of thought of our histories have constituted our contemporary subjectivities. Moreover, psychotherapy itself in this country has been profoundly refusing in its willingness to consider the systems of thought that play their part in our subjectification within this practice, theory, and discipline, and how the discourse of psychotherapy itself plays its part in the governing of subjects in Aotearoa New Zealand. Given our renowned colonial Pākehā history of emotional avoidance and intellectual refusal of thought in this country post-colonisation, I suggest that a history of thought in which I attempt to think our history as it constitutes our present is a valuable contribution in understanding the genealogy of this practice we call psychotherapy and its effects, including the role psychotherapy plays, not only within the clinical moment, but also in the manifestation of modern power, and its creative and destructive subjectifying effects. And that this does indeed open up the emergence of creative possibilities for our futures in relation to this practice, and beyond.

Whilst I might have considered alternative critical theory approaches, such as an Indigenous perspective, a post-colonial analysis, a Marxist, or feminist critique, all of these have a conceptualisation of power as 'top-down'; that is, power is something which is in the hands of 'the powerful' and is 'done to' the 'powerless'. Whilst some contemporary researchers have drawn on Foucault's work to bring an intersectional approach to their research (see Aryal, 2025; Bomert, 2015; Yuval-Davis, 2016) and attempted to perceive power as operating more fluidly, particularly those bringing a feminist and postcolonial perspective to their research undertakings, I suggest there remains a tendency to perceive power as asymmetrical, and thus to conceptualise power as being largely in the hands of some, to the detriment of others. I consider there is merit in this perspective of power. However, I will argue in this thesis, in keeping with my Foucauldian approach, that power is more subtle, more dexterous, and far less stable than such critical approaches assume. And that a Foucauldian methodology enables me

to analyse how the nexus of power and knowledge ruptures and changes at different points in Aotearoa New Zealand's colonial and post-colonial history, enabling not only the fabrication of psychotherapy in this country, but, given the mutability and fragility of the power knowledge nexus and its fabrications, is also significant in its impacts beyond psychotherapy's obvious clinical reach, in terms of the subjectification and governing of the citizens of Aotearoa more generally.

I might also have considered a traditional progressive historiography. However, as articulated earlier, such a history negates a Foucauldian conceptualisation of history as characterised not by linear progress, but by unpredictability and discontinuity. In particular, I found persuasive Foucault's critique of such history, in which progress is assumed as inevitable. Indeed, the climate crisis which faces us all in contemporary times is powerful evidence, I suggest, that that which has often been defined as 'progress' in our contemporary times, is rather a contingent manifestation of the power knowledge nexus with its unpredictable capacities for creativity and destructiveness.

Finally, I might have considered a phenomenological approach, and interviews with subjectivities, both practitioners and patients, involved in contemporary psychotherapy practice which may well have revealed rich data for analysis. However, as indicated earlier, I found Foucault's critique of the authority of the author, and the assumption that the origin of meaning arises from the speaker who speaks, powerful and persuasive. In this methodology, I adopt and prefer Foucault's principle of reversal in which I seek to understand how meaning does not originate from the speaker, but rather how the power knowledge nexus constitutes the subjectification of us all as speakers, and that a genealogical analysis of how this meaning arises within us is more potent and revealing. This is particularly relevant to an analysis of the emergence of psychotherapy in this country, and a challenge to psychotherapy given its traditional faith in the authority of phenomenological experience and speech.

For all these reasons, I suggest that this Foucauldian genealogical history of the present is a creative, and helpful analysis, in seeking to understand the emergence of the contemporary practice of psychotherapy in this country, and its effects, particularly as a contributor to modern power's relentless governmental ways.

2.13 Conclusion

Having outlined in this chapter an overall Foucauldian philosophical perspective and principles and key Foucauldian concepts particularly relevant to this research, in the following chapter, I outline in more detail the nature of this research and the methodological approach I will be utilising.

3. Methodology

> *I do not have a methodology that I apply in the same way to different domains. On the contrary, I would say that I try to isolate a single field of objects, a domain of objects, by using the instruments I can find or that forge as I am actually doing my research, but without privileging the problem of methodology in any way*
>
> (Foucault, cited in Fontana & Bertani, 2020, pp. 287–288)

3.0 Nature of This Research: A Foucauldian Genealogical History of the Present

Garland (2014) notes that a Foucauldian genealogical history of the present provides an analysis that

> traces how contemporary practices and institutions emerged out of specific struggles, conflicts, alliances and exercises of power, many of which are nowadays forgotten ... the idea ... is to trace the erratic and discontinuous process whereby the past became the present ... its intent is to problematize the present by revealing the power relations upon which it depends and the contingent processes that have brought it into being (see Dean, 1994). (p. 372)

Whilst in my introductory chapter I have indicated literature which reflects tensions in the theory and practice of psychotherapy in the Aotearoa New Zealand context, there has been no comprehensive research which attempts to articulate a history of the present (Garland, 2014), in which the history of the systems of thought that enable the practice of psychotherapy as it has been constructed historically and contemporarily in Aotearoa New Zealand, is explored and analysed.

In this research, I develop a genealogical history of the present in which I analyse how psychotherapeutic practice has been constructed historically in Aotearoa New Zealand: how we have come to define this notion and to think, speak, and act in certain ways with regard to it: its relations and techniques of power by which people come to know themselves as subjects of psychotherapeutic theory and practice and which produce and maintain this as a notion that can be thought and acted upon.

3.1 Foucault and Methodology

Foucault (1994) famously emphasised,

> I would like my books to be a kind of tool-box which others can rummage through to find a tool which they can use however they wish in their own area … I would like the little volume that I want to write on disciplinary systems to be useful to an educator, a warden, a magistrate, a conscientious objector. I don't write for an audience, I write for users, not readers. (pp. 523–524)

Foucault did not prescribe his methodology. Rather, in a wide range of writing and interviews, he enunciated principles that might guide critical discourse analysis. Foucault's emphasis on his methodological principles as a "tool-box" from which researchers might forge their own methodological task is reflected in Rabinow and Rose's (2003) comment that,

> In his relation to Nietzsche, Foucault demonstrates that genealogy has to be invented anew as situations change. So perhaps the detailed and meticulous labour that needs to be done to unsettle our conventions must find other forms, other points of action on our present. These might be comparative, conjunctural, or ethnographic, or they may take a form that has yet to be invented or named. Thus, the practice of criticism which we might learn from Foucault would not be a methodology. It would be a movement of thought that invents, makes use of and modifies conceptual tools as they are set into a relation with specific practices and problems that they themselves help to form in new ways. (pp. xiv–xv)

With Foucault's encouragement in mind, writers such as Hook (2001) and Nicholls (2009) write of the risks of more prescriptive maps outlining a 'Foucauldian' discourse analysis. Indeed, Nicholls (2009) indicates the problematic nature of the phrase 'Foucauldian' discourse analysis, given Foucault's own advocacy that his methodological approach should be used as a toolbox from which researchers design their own methodologies, consistent with his philosophical principles, but specifically designed for their own research undertaking. Hook and Nicholls encourage researchers to develop research methods appropriate to the specific nature of their own enquiry, whilst aiming to be theoretically and philosophically consistent with Foucault's philosophical and methodological principles.

By contrast, a range of more prescriptive methodological outlines have been developed by writers in fields such as discursive psychology and critical discourse analysis, as more 'mapped out' guides for the task of undertaking discourse analysis (Wodak & Meyer, 2015). Whilst this has the advantage of providing a map for researchers, it also has the risk that such maps do not necessarily match the specific territory a researcher is attempting to navigate. Moreover, such maps have a tendency to encourage researchers to focus on the discourses arising out of specific texts, with the

risk that the research does not broaden to consider how the texts act as exemplars of discourses that operate well beyond the specifics of the particular text being analysed and, more importantly, missing the opportunity to analyse and explore the effects of these discourses in a broader sense. That is, what the discourses materialise, fabricate, and produce beyond the specifics of the text being analysed. Hook (2001) in particular describes how the effects of discourse, what they produce, which he terms 'extra discursive', should be central to a discourse analysis.

Nicholls (2009), for example, outlines an alternative to a prescribed methodological approach, which is to design a specific methodology for a particular field of enquiry, drawing on and coherent with Foucault's underlying philosophical and methodological principles but specifically designed to answer the research questions the subject of a particular study. Whilst this is a challenging task, it is one which facilitates a creative design intended to meet a particular research task and to ensure that the analysis of discourse is beyond the specifics of a particular text, but explores what the discourses underpinning a particular text produce. In the current study this latter methodological approach will be the one which I utilise. I am interested to understand not only what the systems of thought are that make possible the manifestation of psychotherapy in Aotearoa New Zealand but 'what the doing does': what the discourse of psychotherapy itself, via its manifestation in Aotearoa New Zealand, produces in its interaction with the broader sociocultural field.

3.2 Literature Informing the Design of My Methodology

There is a vast amount of literature generated by Foucault, including lectures provided by him and interviews, as well as his own archaeological and genealogical histories (for example, 1977/2010b, 1963/2003a, 1972/2008) which provide information on the philosophical and methodological principles underpinning his approaches. In particular, in regard to a history of the present, Foucault outlines archaeological and genealogical principles (explicated in more detail below) for interrogating the discourses revealed through historical analysis that make possible contemporary practices and cultural artifacts. His book *Archaeology of Knowledge* (1969/2010a), a book published in 1969 and available in English in 1972, and his inaugural lecture in 1970 at the Collège de France, published as the *Order of Discourse* (1970/1981), are key texts outlining his methodological approach. In this research, I supplement my distillation of research

principles from the above Foucauldian texts, with guidance gained from a range of writers, exploring from different angles their own methodological approaches to specific research tasks (including, Fadyl et al., 2012; Garland, 2014; Hook, 2001; Nicholls, 2009; Tamboukou, 1999) in distilling the specific methodological research principles which underpin the current research. I provide a fuller overview of my research enquiry in the following section.

3.3 Focus of the research

As noted earlier, the practice of psychotherapy, as it has been constituted by European systems of thought, in Aotearoa New Zealand has a relatively short history. However, the discourses (or systems of thought) which have made possible psychotherapy within the Aotearoa New Zealand context have a much longer history. This research will utilise the principles of genealogical discourse analysis to analyse pivotal moments in the history of psychotherapeutic practice and in the conditions of possibility that enabled psychotherapy to manifest in Aotearoa New Zealand, with the aim that this might reveal the systems of thought underpinning conventional notions regarding the nature and practice of psychotherapy in Aotearoa New Zealand and ways in which these are thrown into doubt, including the resistance revealed by the challenges which Māori have made during some of these periods of rupture.

My specific research questions are outlined in my introduction chapter. Below I outline key Foucauldian methodological principles which underpin this research. I will also differentiate how this research differs somewhat from Foucault's own investigations. In describing these specific methodological principles below, when these principles relate to specific aspects of this research, I describe how the principle relates to the research methodology in this thesis, within this chapter, and then describe in more specific detail how I operationalise the relationship between these principles and this research, in my method chapter (Chapter 4) which follows this chapter.

3.4 Key Methodological Principles

3.4.1 Archaeology, Genealogy, the Subject and the Self

It is often argued that Foucault's research can be divided into three periods: his initial research being considered archaeological and focused on making visible discourses that made possible much that is taken for granted; his genealogical writing from *Discipline and Punish* (1977/2010b) onwards, exploring how relations of power and

knowledge enable certain discourses and discursive formations to constitute 'truth', whilst disavowing or constraining others; and his latter writing, in which he explores the constitution of the subject via discourse and questions of ethics in relation to the self and the possibility of agency for the self within the power knowledge nexus that constitutes discourse. Indeed, Foucault himself argues that throughout his writing his primary focus was to explore and analyse how we are constituted by discourse, as subjects, and the ethical challenge of thinking ourselves differently in the time of our own thought. Here I explore how I utilise Foucauldian archaeological and genealogical principles in my analysis and my use of Foucault's later writing in reflecting upon the implications of my analysis for me as a psychotherapist, as I consider the possibility for agency and for 'thinking myself differently' within my practice as a psychotherapist, and as a citizen, in this country.

Prior to Foucault's genealogical exploration in *Discipline and Punish* (1977/2010b), particularly in the *Archaeology of Knowledge* (1969/2010a), and in his lecture *The Order of Discourse* (1970/1981), Foucault articulates his archaeological methodological approach in which he explores and interrogates that which is often taken to be 'self-evident' but is, in fact, a fabrication arising out of discourse. Included in this methodological approach is a consideration of how the speaking subject is constructed by, rather than the original author of, discourse, and in so doing enabling that which it is possible to think and say and also constraining or making not possible other thoughts and statements. This is commonly considered to be Foucault's period of archaeological focus.

Whilst some have suggested that Foucault's work from *Discipline and Punish* (1977/2010b) onwards takes a different turn in which he emphasises a genealogical approach, in which an analysis of how relations of power and knowledge enable certain discourses to dominate in the manifestation of the 'true' and others to be constrained, marginalised, or disavowed, I agree with authors such as Rabinow (2010) and Hook (2001) who argue that genealogical enquiry builds on an archaeological approach: that is, that within a genealogical analysis we continue as researchers to undertake archaeological work, in making visible the discourses which fabricate that which appears to be, on the surface, 'self-evident', whilst developing alongside this a genealogical exploration of how relations of power and knowledge make possible and make more influential certain discourses whilst subjugating others.

Foucault articulates in the introduction to *The History of Sexuality Volume 2: Use of Pleasure* (1984/2020b), that archaeological and genealogy provide different methodological lenses for understanding the work of discourse analysis. He emphasises that inevitably genealogy involves archaeological analysis but goes beyond this in exploring the power knowledge nexus and how this enables and maintains the predominance of particular discourses, as Garland (2014) observes, “revealing the power relations upon which it depends and the contingent processes that have brought it into being (see Dean, 1994)” (p. 372). The archaeological perspective assists me in my research to analyse how particular discursive formations, that is objects, subjects, strategies, and tactics, emerge in relation to psychotherapy in this country. Foucault’s genealogical methodological principles assist in helping us to recognise the contingent nature of previously and currently taken-for-granted discourses, the fragility of the power knowledge nexus, that constitutes discourse and discursive formations, and how our very subjectivity is fabricated by discourse, enabling us to come to know and relate to ourselves as we do and to inhabit particular identifications within historical and cultural settings.

The archaeological perspective informs my first research question exploring the discourses that make possible psychotherapy as a thinkable thing in the Aotearoa New Zealand context. In relation to a genealogical perspective, the analysis of power knowledge relations is particularly relevant to my second research question. The work of Nikolas Rose (1998, 1999, 2007, 2019) will be particularly helpful alongside Mitchell Dean (1994, 1999) and Jeffrey Nealon (2021) in the analysis of the emergence of psychotherapy and its perpetuation as a biopolitical technology in Aotearoa New Zealand.

Regarding Foucault’s later writing, particularly his three volume exploration of the history of sexuality, it has been sometimes seen that this was in part a response to criticism perceiving Foucault as nihilistic in his perspectives regarding the possibility of the human subject having agency, and the inevitability of the construction of human subjectivity via discourse. Foucault, by contrast, however, argues not that subjectivity is imprisoned by discourse but rather that the agency of critical analysis itself is required if the subject is to be able to ‘think ourselves in the time of our own thought’. Subjectivity from a Foucauldian perspective is not illusory but requires critical analytic focus if we are not to succumb to the dangers of discursive construction.

Foucault's later work regarding the ethics and techniques of the self will be utilised to explore and reflect upon the implications generally of my analysis of the genealogy of psychotherapy in Aotearoa New Zealand. His ideas regarding the relation to the ethical challenge of being a subject in contemporary times, in which modern power's fabricating ways are so influential, inform my discussion chapter in which I reflect on the implications of my genealogical analysis for my work as a clinician and psychotherapist in Aotearoa New Zealand, and for psychotherapists generally in this country. In considering the implications of my analysis, I utilise Foucault's consideration of the value of critical thinking for the contemporary ethical subject in order to attempt to think myself differently.

3.4.2 What Discourse Makes Possible and What It Constrains

In his inaugural lecture at the Collège de France, *The Order of Discourse*, Foucault (1970/1981) advocates that analysts seek to reveal and visibilise discourse and their effects: in particular by examining what it is possible to think and to say, who is authorised or enabled to speak, and what is constrained or made impossible. He suggests that such an analysis will reveal the relationship between discourse and what is allowed to "enter the true". Similarly, Hook (2001) encourages analysts to analyse and make visible how discourse situates 'truth' within particular contingent cultural and historical systems of thought and the task of the analyst is to reveal the conditions upon which 'truth' is reliant, in order for it to retain its truth status. As Tamboukou (1999) comments,

> A key Nietzschean insight for Foucault is that truth can not be separated from the procedures of its production. The philosopher's task is therefore to criticise, diagnose and demythologise 'truth phenomena'. Consequently, genealogy is concerned with the processes, procedures and apparatuses by which truth and knowledge are produced, in what Foucault calls the discursive regime of the modern era. (p. 202)

In this sense, truth is not an inherent concept, with the analyst searching to reveal an essential and hidden truth: rather, the analyst's job is to reveal the conditions of possibility upon which that which is enabled to "enter the true" is contingent. This relates to Nikolas Rose's (1998) recognition that truth arises in the context of "contestation": as Foucault (1980b) observes, where there is power there is resistance. I seek in my analysis of the contests of the true giving rise to psychotherapy in Aotearoa New Zealand, to reveal the conditions of possibility, upon which 'truth production' is reliant. Such an

analysis is intended to reveal not only what it is possible to think, do, and say but also what is made unspeakable, unreasonable, impossible.

With these central methodological principles in mind, I now outline the specific methodological framework designed for the investigation of my research questions outlined in Chapter 1. In doing so, I articulate my use particularly of Foucault's *The Order of Discourse* lecture (1970/1981) and his *Archaeology of Knowledge* (1969/2010a), alongside Foucault's own histories of the present, particularly *Discipline and Punish* (1977/2010b) and *The History of Sexuality, Volume 1* (1976/2020a), and Dean's (1999), Nealon's (2021), and Rose's (1998 1999, 2007, 2019) writings on governmentality, and in the latter case, specifically in relation to the 'psy' disciplines, to inform the design of my methodological approach.

3.5 Application of Archaeological and Genealogical Principles for Making Visible Discourse and Its Effects

Archaeological and genealogical perspectives inform my analysis in which I seek to reveal how the following elements are enabled by discourse regarding psychotherapy in Aotearoa New Zealand:

(a) **Objects**: A Foucauldian perspective holds that objects are made manifest by discourse in the form of what can be thought and spoken. As Foucault himself puts it, discourse forms "the objects of which it speaks" (Foucault, 1969/2010a, p. 49). For example, the concept of 'insanity' is an object formed by discourse.

(b) **Subjects:** For example, the psychotherapist, the patient, are particular subject positions within psychotherapeutic discourse. Foucault (1984/2010f) notes that an important aspect of analysis of the subject is to explore, "How are we constituted as subjects of our own knowledge? How are we constituted as subjects who exercise or submit to power relations? How are we constituted as moral subjects of our own actions?" (Foucault, 1984/2010f, p. 49).

He notes that subject positions are created as a result of objects. For example, objects such as a Master's degree in psychotherapy, psychotherapy registration, or the therapist's office create the subject position of psychotherapist as expert of

the psyche, with claims to special knowledge. The link to governmentality will be an important aspect of my analysis in this research regarding the creation of subject positions, as this is of crucial significance regarding who has the authority to design the subject position. This in turn creates an intimate connection with the person one feels one wants to become, an authority figure with the authority from the state, whom other professionals, and patients, will confer with special status.

(c) **Concepts:** Foucault suggests concepts are formed by the organisation of statements within discourse: an example of a psychotherapeutic concept formed by statements might be the concept of 'ego capacity' or of 'emotion regulation capacity' or 'psychological mindedness'. Concepts refer to the dominant ideas that shape how and what we think. Concepts are formed through discourse by the organisation of statements in particular ways. For example, in psychotherapy, ideas regarding mental functions and abilities can be shown to be organised in ways that produce concepts of individual mental wellbeing and illness. Similarly, it is arguable that discourses underpinning psychotherapy create the concept of an essential or "true self" (Winnicott, 1965c) waiting to be uncovered by the skilled psychotherapist and/or the psychologically minded and courageous patient.

In addition, Foucault (1969/2010a) emphasises that statements are only the most micro aspect of discourse and only exist within a field of relations to knowledge and truth: it is only within the context of such a field that they come to be meaningful and to have effects and it is the micro of statements that comprise the text which make up discourse. For example, the statement "I am a patient" has a very different meaning and effect within the context of the psychotherapist's office as opposed to the surgeon's surgery.

(d) **Strategies:** These refer to the organisation of concepts in relation to groups of objects and types of subjects in a manner which enables the formation of "themes or theoretical structures" (Fadyl et al., 2012, p. 484). It invites exploration of how those who embody the dominant discourses implement their dominance. This has implications for my analysis as I attempt to explore how different discourses function within wider societal context, and how they serve in the governmental project of managing human material (Ransom, 1997). For example, in relation to

the current research, the creation of the NZAP as a professional Association will be explored for its possible effect in enabling the prominence of psychotherapy as a practice in Aotearoa New Zealand, thus making possible the discourse of psychotherapy itself and the effects to be analysed in this research.

(e) **Enunciative modalities:** These refer to the manner in which authority is granted to the author of a statement by qualifications and rights, these qualifications enabling the author to be regarded as offering something true. Analysis of these authorities will assist me in exploring what enables someone to claim the authority of the title, for example, of psychotherapist or of patient. This will lead to exploration of how psychotherapy might act as a strategy of disciplinary biopolitical governmentality in Aotearoa New Zealand. Texts and the statements which make up texts are not necessarily 'written' text. They may be images, such as a photograph of a psychotherapist; material physical objects, such as a psychotherapist's diary; physical spaces, such as the psychotherapist's office, all of which are texts comprising of statements, occurring within a field of relations of knowledge and truth. My analysis will commence with statements within texts and the discourses and discursive formations they reveal.

3.5.1 Discursive Formations

The above four discursive formations are described by Foucault (1984/2010e) as the formations formed by discourse. Central to my analysis will be the revealing of these formations and the discourses that fabricate them and the relations of these discourses to fields of power, knowledge, and truth. Foucault emphasised that statements have no meaning except within context. For example, in relation to psychotherapy the statement "I am depressed" has a very different meaning when seeking psychotherapy from a psychotherapist, compared to when seeking income support for a sickness benefit funding from a medical doctor; and the requirement to "honour Te Tiriti" (the Treaty of Waitangi) has a very different meaning in clinical psychotherapeutic practice than in relation, perhaps, to protesting perceived Crown land confiscation from iwi (Māori tribe). As Foucault (1969/2010a, p. 41) emphasises, a statement can only have meaning within the context of its reference to a particular field of knowledge and the truths that are

enabled by the discourse that underpins it. Thus, texts will be a central beginning point to my research. In analysing the nature by which discourse forms the above, I will explore:

(a) **Surfaces of emergence**: those spaces and situations in which an object might emerge as meaningful and nameable (Foucault, 1969/2010a). For example, the psychotherapist's clinical assessment interview, from which the object of mental illness might emerge.

(b) **Authorities of delimination**: including institutions which give significance to an object. For example, NZAP or the Psychotherapy Board of Aotearoa New Zealand (PBANZ) or the public health system, all of which give meaning to the concept of mental illness or the subject position of psychotherapist.

(c) **Grids of specification**: referring to those practices and technologies which categorise. For example, the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*; American Psychiatric Association, 2013) is a prevalent instrument of categorisation of mental illness.

The interrelationship of these elements is key to my analysis (Fadyl et al., 2012; Nicholls, 2009). For example, the interrelationship of the psychotherapist's assessment interview which enables the emergence of objects such as mental health and illness and the subject position of patient, in relation to the governance of the NZAP Governing Council and their interaction with grids for specifications such as the *DSM*. An example of an object formed by the discourse of psychotherapy, which thus manifests in order that we can speak, think about, and act upon this object, is that of 'madness' or 'mental illness' or 'psychopathology'. The surface of emergence, in relation to psychotherapy, might be the psychotherapist's office, in which the object of 'mental illness' becomes visible, "manifest, nameable and describable" (Foucault, 1969/2010a, p. 41). Grids of specific specification typically break down an object into small parts, that are then compared with others. In relation to mental illness, grids of specification enable the naming of different types of illness, depression, anxiety, post-traumatic stress disorder, and comparisons with other states of mind within the patient and within other patients. In this research, analysis of the relationship between the emergence of objects formed by discourse, such as psychotherapy and patient, the surfaces of emergence out of which they manifest, such as the psychotherapist's office, and the authorities such as the NZAP or PBANZ,

which give status to these objects and the grids of specification, such as the *DSM* or psychometric testing undertaken within psychotherapeutic practice, are an aspect of the analysis undertaken.

Foucault emphasised that it is the relationship between these “networks of power and knowledge”, that reveal how discourse is formed and produces effects, enabling some things, constraining others, and enabling certain ideas to “enter the true” (Rose, 1998). Enunciative modalities refer to the qualifications and rights which grant certain subjects and subject positions with the ability to speak and to have their utterances considered part of the ‘true’. They refer to the position of the author and what enables the author to be enabled to speak ‘the true’ in relation to a particular discourse. In “What is an Author” (Foucault, 2003c), Foucault writes more fully about the nature of the author function and its significance in relation to discursive formations. In particular, in my analysis it is significant in recognising the function of the author of particular texts, in forming other subject positions in relation to the other: for example, patient, psychotherapist, mental health consumer, et cetera. I seek to make visible in this research how the discourse of psychotherapy thus forms these objects and is given legitimacy via the enunciative modalities conferred on the author function. Discourse in this way produces expertise and the grids of emergence which lead to particular subject positions in which we relate to ourself and others in particular ways. This analysis explores how, within the emergence of psychotherapy in Aotearoa New Zealand, discourse functions to produce and fabricate expertise in surfaces of emergence that form the objects of psychotherapeutic theory and practice in this country.

Concepts are formed by the organisation of statements in relation to each other and link together in various specific ways. For example, medical statements and diagnostic statements in relation to mental health or illness can be linked to economic statements about the ‘burden’ of mental illness (Rose, 2019), leading to the formation of concepts such as ‘emotional incapacity’, linked to capacities and incapacities to contribute productively to the economy.

Analysis of the formation of such concepts can reveal the fragility of modern power. For example, in relation to psychotherapy, the statement the ‘true self’ has led to statements such as ‘best self’ or ‘being my best self’ or ‘Indigenous self’, revealing the mutability of modern power and its production of different discourses in relation to the

self. A key aspect of analysis underpinning this research, as outlined below, will be how discourses relating to the notion of 'self' altered and changed during the history of the fabrication of Aotearoa New Zealand, with significant implications for the emergence of psychotherapy in this country.

Lastly, strategy refers to the organisation of concepts, objects, and subjects into themes and structures of theory. Psychotherapy theory itself is fabricated by the arrangement of concepts, objects, and subjects, discursively formed and arranged in a particular way to organise one's understanding of the nature of psyche and therapeutic treatment of psyche. In my analysis, this will be related to the nexus of psychotherapeutic discourse, underpinned by relations of power and how this is embedded in a governmental network of power, and enables the manifestation of psychotherapy as a disciplinary and biopolitical strategy within the Aotearoa New Zealand economic fabric in the 20th and 21st centuries. My analysis of the forming of psychotherapy reveals and will include how this discursive formation leads to and interacts with modern power.

3.5.2 Ruptures

Foucault, in *The Archaeology of Knowledge* (1969/2010a), suggests,

> in the disciplines that we call the history of ideas ... attention has been turned ... away from vast unities like 'periods' or 'centuries' to the phenomena of rupture, of discontinuity. Beneath the great continuities of thought, beneath the solid, homogenous manifestations of a single mind or of a collective mentality ... one is trying to detect the incidence of interruptions ... they suspend the continuous accumulation of knowledge, interrupt its slow development and force it to enter into a new time, cut it off from its empirical origins and its original motivations ... they direct historical analysis away from the search for silent beginnings, and the never-ending tracing-back to the original precursors, towards the search for a new type of rationality and its various effects. (p. 4)

This notion of rupture will be important to my research. I will be utilising it to explore particular periods of discontinuity in which new possibilities of thinking emerge, specifically relevant to the eventual manifestation of psychotherapy in Aotearoa New Zealand. Foucault's quote above reflects the nature of rupture as involving events and experiences in which the nature of what is 'true' is interrupted and new possibilities or 'truths' are forced into consideration. As Rose (1998) notes regarding the nature of truth, it arises out of contests which 'force something into the true': "Truth … entails social processes of exclusion in which arguments, evidence, theories, and beliefs are thrust to the margins, not allowed to enter 'the true'" (p. 55).

Specifically, I will focus on exploring historical events and critical moments or in Foucauldian terms ‘ruptures’ during which conventional conceptualisations of the nature of *self* and the implications of these for the eventual manifestation of psychotherapy in this country were formed, thrown into doubt, or challenged (Fadyl et al., 2012; Garland, 2014; Hook, 2001; Nicholls, 2009; Tamboukou, 1999). It is hypothesised that through these ruptures it will be possible to explore how power is utilised and mobilised in the service of privileging certain perceptions of truth and marginalising and disabling other perceptions. The analysis will then also explore the discursive formations arising out of these possibilities for thinking.

Ruptures and the possibilities for what it is possible to think or do are often indicated by heated passions, as taken for granted truths are interrogated and new possibilities for thinking and doing arise. A unique aspect of psychotherapy within Aotearoa New Zealand has been the interface of psychotherapy with Indigenous Māori perspectives in relation to the nature of psyche and of psychotherapy. Essential aspects of the ruptures to be explored will include the interface with Indigenous Māori perspectives, the resistances these entail, and the truth claims these may reveal. I will focus on four specific ruptures underpinning the construction of psychotherapy in this country, which relate to the construction of the nature of self, a construction central to the manifestation and possibilities for thinking and acting in relation to psychotherapy in this country. These ruptures are briefly outlined in Section 3.5.3. I propose that analysis of these systems of thought, how we have come to define this practice called psychotherapy in Aotearoa New Zealand, and to think, speak, and act in certain ways with regard to it, its techniques of power by which people come to know themselves as subjects of psychotherapeutic practice, will provide a foundation from which to explore and analyse resistance to these systems of thought and the material practices they make possible.

3.5.3 Self, Subjectivity, and Subjectification

In utilising Foucault’s notion of rupture to explore the different discourses relating to the fabrication of self within the contemporary episteme, I utilise Foucault’s formulation of modern power as both productive and fragile, and that analysis of these ruptures reveals a mutability that arises from this fragility. Below, I briefly outline four ruptures regarding the notion of self in Aotearoa New Zealand, all of which I will propose are central to the eventual manifestation and fabrication of psychotherapy in this country.

These will be greatly expanded in the first four analysis chapters (Chapters 5, 6, 7, and 8).

1. Missionary discourse and the construction of self, as a soul in need of saving, in service of salvation.

2. Medical discourse and the construction of self as a sick soma in need of healing, in service of the treatment of ‘madness’.

3. Psychoanalytic discourse and the construction of self as a psyche in need of psychoanalytic interpretation, in service of liberating a ‘true self’.

4. The Indigenous Māori challenge and the construction of self as an Indigenous self, in need of liberation from colonial subjugation.

My thesis will analyse the discourses revealing and reflecting the above constructions of self and the networks of modern power that enable the manifestation of psychotherapeutic discourse arising from these constructions and the discursive formations and material effects this enables. In doing so, Foucault’s principle of reversal will also be central to my analysis.

3.5.4 Principle of Reversal

The principle of reversal, as Foucault (1970/1981) notes in the *Order of Discourse*, encourages the analyst to ‘reverse’ the usual approach to discourse: instead of perceiving the author of discourse as the originator of meaning, reversal encourages the analyst to perceive discourse as being productive of what it is possible to think, say, and do, and in so doing, shaping the nature of knowledge and the claims to truth of that knowledge. Reversal invites us to analyse how particular truth claims are enabled and made possible via discourse and that procedures of control, limitation, and selection are organised by discourse, in this way both producing and limiting what it is possible to say and do. Fadyl et al. (2012) note that

> Discourse produces what we can think, speak and do, and usually, this is just how we experience life; applying the principle of reversal is about explicitly seeking to reveal the ways in which discourse shapes our knowledge and truths by procedures that control, limit, select and organise discourse in a particular society. (p. 485)

The principle of reversal will be central to my analysis as I explore and seek to make visible the discourses which shape the above knowledges and truths. In so doing, I explore:

(a) Procedures of exclusion (external to the particular discourse).

(b) Procedures of limitation (internal to the discourse). These involve exploration of the techniques used to limit what is possible to be said or thought (Fadyl et al., 2012).

(c) Restrictions of the speaking subject.

The above all refer to the techniques by which discourse implies what we cannot say. Procedures of exclusion describe the manner in which things that may be thought or said are interpreted as inappropriate, insane, or false, making them dangerous to utter or make known (Foucault, 1969/2010a). The principle of reversal will lead me to explore sites of resistance and rupture as described above. For example, the ways in which the expertise of the psychotherapist is challenged, perhaps by tohunga (Māori expert, healer) and what psychotherapeutic discourse allows or disavows. In this respect, exploration of that which is perceived to be mad, unspeakable, dangerous will be a focus of my analysis.

3.5.5 Procedures of Exclusion

Discourse fabricates these disqualifications by inferring what will be considered false, insane, unreasonable. Foucault (1970/1981) suggests that by means of prohibition, that is, an assignment of who does and who does not have the right to say, speak, think, or act, even if certain thoughts can arise in a particular potential speaker's mind, discourse infers those who cannot have a right to speak them or a position in which discourse infers the difference between reason and madness. For example, in *The History of Madness*, Foucault's analysis of the manifestation of psychiatry as a "monologue by reason *about* madness" (Foucault, 1972/2008, p. xxviii) reveals opposition between that which is considered to be true and that which is considered to be false. This is reflected in Rose's (1998) articulation of the "contests of the true" (p. 55). In the Aotearoa New Zealand context, for example, with the enacting of the *1907 Tohunga Suppression Act*, Indigenous therapeutic and healing knowledge and practices were constructed as "mad" (Woodard, 2014), whilst by contrast in 2008, in Grant Dillon's

paper “Imagining the Other: Some Hallucinations From a Therapy”, the author describes his use of “cultural supervision”, and the possibility of treating an apparent hallucination as a manifestation of a Māori Indigenous ancestor. In doing so, a new truth claim within Western psychotherapeutic practice in this country is introduced (see Chapter 8 for a more detailed discussion).

My analysis in this research will seek to analyse what statements, truths, and knowledges discourse both fabricates and relies upon within the manifestation of psychotherapy in Aotearoa New Zealand and what is rendered false by discourse. It will include an analysis of the institutions, authorities, and practices which reinscribe certain discourses and statements as manifestations of ‘truth’ and will analyse how the nature of those truth claims alter and rupture across historical, political, and cultural settings.

3.5.6 Procedures of Limitation

These are also procedures which limit and exist within discourse itself, in terms of what it is possible to think, say, and do. Foucault articulates three aspects to procedures of limitation:

(a) Commentary.

(b) Author.

(c) Disciplines.

In regard to commentary, this invites me as an analyst to consider how certain texts are reproduced and are supported in their reproduction, in the service of securing the legitimacy of particular discursive formations. In his article “What is an Author”, Foucault (2003c) describes the author function as serving to limit what it is possible to say. In this sense, the individual author or group that articulates discourse serves in association with institutions to constrain both individual behaviour and the speaking subject. My analysis will seek to reveal how the author function, when a text is associated as arising from a specific author or group, facilitates institutions to utilise this association in service of constraining what it is possible to say. Analysis in this research will seek to reveal how attribution of authorship functions in this constraining way, in association with the utilisation of their association with institutions, governing bodies, for example, NZAP or PBANZ.

Finally, in my analysis, I will include consideration of whether a text arises in association with the author function out of a formally organised discipline and whether the perception of the text as being within a particular discipline again serves as a limiting function in terms of what it is possible to say. This will involve analysis of what criteria are utilised to judge whether a text is legitimated by its arising out of and belonging to a particular discipline, and therefore how the intrusion of these criteria support the discipline in constraining what can be thought, said, and done.

3.5.7 'Throw off the Sovereignty of the Signifier'

This Foucauldian principle invites the analyst to analyse how roles and restrictions are placed on the speaking subject (Foucault, 1970/1981): specifically, how the requirement of certain kinds of qualifications (not only formal qualifications of academic Western discourse) both legitimate and qualify a speaker, or make a speaker not legitimate in terms of a particular discursive formation. Such qualifications place restrictions on who can speak and also invite analysis of when a non-qualified speaker attempts to speak on a particular subject and to claim a particular discourse as their own or to utilise it in another sphere or in a different way from that claimed by 'speakers with qualifications'.

3.6 Additional Methodological Principles

3.6.1 Analysis of Texts, Not Interviews

As previously outlined, this research will focus on analysis of texts, in the broadest sense, including written material and photographs. I considered the possibility of conducting interviews with those involved in psychotherapeutic practice in Aotearoa New Zealand. However, there is a strong argument against the use of interviews, as implied by the above critique of the author function. Foucault was very critical of the emphasis on the authority of the author. Fadyl and Nicholls (2013) note that,

> Foucault argued that the subject, as we experience it, is a product of discourse. From Foucault's perspective, there is no 'essential' subject that can be identified outside of discursive construction … From such a perspective, a person's account of themselves and their experiences cannot be seen as a point of *origin* for the construction of meaning, because the subject is constituted through discourse, and discourse provides the means of articulation and action (Foucault 2003). (p. 25)

This leads Fadyl and Nicholls (2013) to argue that in an interview the researcher is inevitably directly participating in the subjectification of the interviewee and a confessional dynamic is generated, a power relationship which is not present in the analysis of other types of text. Fadyl and Nicholls therefore argue that interviews run the risk of perpetuating the discourses we are attempting to interrogate and of privileging the speaking subject in a way contradictory to Foucault's philosophical principles. This is an argument which I found persuasive, and I have not conducted interviews as part of this research.

I will include analysis and interrogation of my own subjectivity through analysis of texts including academic articles and conference papers, policy documents, and teaching materials generated by me in relation to psychotherapy in my own practice in this country. I have been heavily involved in the debates and tensions I outline in the introductory chapter. I was a member of the NZAP Governing Council for three years (2008 to 2010, 2012 to 2013) and am now again a member of this council (2021 ongoing). In addition, I was chair of the Te Tiriti Bicultural Advisory Committee of NZAP (2008–2010). I have taught psychotherapists for over 25 years, particularly inviting students to reflect upon the social and cultural context of psychotherapy practice in Aotearoa New Zealand. In addition, I bring my own cultural history to the material I am exploring.

In regard to the contested space of psychotherapeutic practice in Aotearoa New Zealand, I have been one of the implementers of disciplinary power, a teacher, a Council member, an academic, a clinician, embedded in the discursive practices that give rise to the subjectivities emerging in this contested space. Analysis and interrogation of texts generated by me within this analysis provide a rich source of data and such interrogation does not include the difficulties of the confessional dynamics involved in the interviewing of others. It also provides an important basis for my discussion chapter in which I consider the implications of my research for my contemporary practice as a psychotherapist in Aotearoa New Zealand, as I attempt to think differently in the time of my own thought.

3.6.2 Types of Texts to Be Analysed

Regarding the texts which are the focus of this analysis, I note that in considering historical texts this research is limited by the historical texts that are available in contemporary times. I include two types of texts in this analysis.

1. **Historical texts**: Focus on historical texts will enable the making visible of discursive systems of thought and their effects as they arose through history, giving rise to what is thinkable and doable within psychotherapeutic practice contemporarily. As Dreyfus and Rabinow (1983) note, Foucault in his own histories of the present primarily used extant historical texts as data for his analysis. Nevertheless, as Garland (2014) notes, because histories of the present have a contemporary focus:

> Genealogy is motivated not by a historical concern to understand the past … but instead by a critical concern to understand the present. It aims to trace the forces that gave birth to our present-day practices and to identify the historical conditions on which they still depend. (p. 373)

In addition, I also analyse contemporary texts.

2. **Contemporary texts**: Given the focus also on contemporary practice and the relationship between discursively generated texts and their effects historically and what is thinkable and doable today, I will also focus on contemporary texts utilised to guide psychotherapeutic practice and theory in contemporary Aotearoa New Zealand. In this respect, this research will differ from that undertaken by Foucault himself, who acknowledges that he never particularly wrote about the present but rather explored discursive formations revealed in history in order to understand the present. These texts will reflect and reveal contemporary practice and thought. Wodak and Meyer (2015) note the common utilisation in discourse analysis of both historical and contemporary texts. The focus on both will enable an exploration and analysis of the relationship between the two and the discourses which inform each.

In analysing these two sources of text, I will also consider how available historical texts may also reflect that the texts which are unavailable, including written material, objects, and images that have not endured or have endured but are not visible within historical texts dominantly available, perhaps also reflecting subjugated discourse. In particular, given the tensions previously outlined in which Indigenous Māori have persistently challenged the dominance of Eurocentric perspectives in relation to psychotherapy in this country, consideration of what is made invisible by the endurance of particular texts and the invisibility or obliteration of others, will be considered in the analysis.

Overall, my intention in my analysis when focusing on historical texts is to make visible how the discursive formations fabricated and revealed by their analysis enable the conditions of possibility for the emergence of psychotherapy in contemporary Aotearoa New Zealand, whilst my analysis of more contemporary texts is intended to reveal how modern power operates within psychotherapeutic discourse and its theory and practices in order to make visible the contingent nature of contemporary psychotherapeutic practice, discourse, and its material effects as situated within contemporary historical context, including how procedures of exclusion and limitation operate alongside 'restrictions of the speaking subject', in order to attempt to think other than who we are in the time of our own thought.

3.6.3 Genealogical Principles and The Order of Discourse

The following principles arise out of Foucault's genealogical methodological approach. In particular, they are intended to reveal and analyse the ever present and subterraneous relations of power and knowledge and how they operate to make possible contemporary psychotherapeutic practice in this country (Hook, 2001). The principles below were originally articulated in Foucault's lecture The Order of Discourse (1970/1981).

3.6.4 The Principle of Discontinuity

Foucault emphasised that discourses are not to be seen as a grand linear narrative but as haphazard and discontinuous: "Discourses must be treated as discontinuous practices, which cross each other, are sometimes juxtaposed with one another, but can just as well exclude or be unaware of each other." (Foucault, 1970/1981, p. 67).

I am not seeking a coherent linear narrative but, as Hook (2001) and Tamboukou (1999) emphasise, seeking to construct a map making visible the shifts and ruptures that reveal discourse and its discursive effects. The principle of discontinuity and the aim of revealing and calling into question the self-evidence of apparent truths informs my decision to focus on ruptures in which new knowledges are revealed and new possibilities for thinking and doing are enabled. This focus on ruptures is aligned to the principle of discontinuity, as new discursive formations and discourses are revealed within culturally situated settings and historically situated times (Hook, 2001). Foucault was at pains to emphasise that discourse analysts should be very wary of treating contemporary times

as a point of peak knowledge or peak developmental progress but rather the most recent iteration of practices that are historically and culturally contingent (Foucault, 2003b). In focusing on these four ruptures relating to the constitution of the 'self' in Aotearoa New Zealand, I specifically analyse four different time frames that relate to the four ruptures previously described. The four timeframes are:

1. 1769–1840 (The self as a soul in need of Christian salvation).

2. 1840–1913 (The self as a sick soma in need of treatment and healing, manifesting as madness and facilitating the emergence of the asylum).

3. 1913–1986 (The self as a conflicted psyche in need of psychoanalytic interpretation in service of freedom from repression).

4. 1986 to the present (The Indigenous self in need of liberation from colonial subjugation).

The above time frames are chosen as they reflect different culturally situated and historically contingent manifestations of discourse regarding the nature of self, producing and fabricating very different discursive formations, theories, and practices, eventually enabling the manifestation of psychotherapy and informing the practice and theory of psychotherapy in this country in very different ways during these different time periods. The focus on these different timeframes of rupture in the nature of self and of psychotherapeutic practice is intended to make visible the contingency of what is able to be thought at different times in relation to psychotherapeutic practice (for a similar approach in relation to physiotherapy, see Nicholls [2009]). These timeframes are, I suggest, helpful given the predominance of a particular construction of the notion of self at these times; however, it is important to note that these timeframes are also somewhat arbitrary and reflect that multiple discourses of the self are contested over these times. Indeed, I emphasise, as noted earlier, Foucault encourages that we no longer focus upon great 'periods' but rather on the discontinuity that characterises discursive construction. Thus, my focus is on the fabric of discursive formations at different times, rather than the above 'periods' themselves. For this reason, while the texts I analyse are primarily generated within the time frames described above, this is not always the case. At times texts are analysed that are not within the 'period' of discursive constructions being primarily explored in a particular chapter because of their relevance to the discursive

formations being analysed. This reflects Foucault's emphasis, as mentioned earlier, that, "Discourses must be treated as discontinuous practices, which cross each other, are sometimes juxtaposed with one another, but can just as well exclude or be unaware of each other" (Foucault, 1970/1981, p. 67). My approach is in recognition of how discourses are often multiple, in conflict, continually in a process of contestation regarding what can enter the true at any given time.

3.6.5 The Principle of Specificity

Foucault writes,

> We must not resolve discourse into a play of pre-existing significations; we must not imagine that the world turns towards us as a legible face which we would have only to decipher; the world is not the accomplice of our knowledge; there is no prediscursive providence which disposes the world in our favour. (Foucault, 1970/1981, p. 67)

Hook (2001) utilises this principle to emphasise that it is not only the discourse itself but the effects of discourse that must be analysed. In keeping with Hook's emphasis, I will be seeking to analyse texts which reveal and reflect these material effects. Particularly, I will seek texts which reflect the self-evident, taken-for-granted truths of historically and culturally situated thought and practice. I focus on texts that describe actual practices and texts which illustrate debates or tensions regarding theory and practice in relation to psychotherapy and its precursors in Aotearoa New Zealand. A particular focus, in relation to the Indigenous challenge to Eurocentric constructions of psychotherapy in this country, is texts which reveal tensions and debates regarding the 'right' approach to psychotherapeutic practice in this country and the effects of this discourse.

3.6.6 Principle of Exteriority

This principle emphasises Foucault's perspective that analysis of text does not involve seeking to uncover the hidden meaning of texts, but rather to focus on what discourse 'does': what it produces, fabricates, what it makes possible to think and act and what it constrains or makes not possible, mad, unreasonable, or not able to be thought or done. Further, Hook (2001) emphasises that this analysis leads us then to consider how the text reflects and acts within a particular discursive formation or set of texts, revealing the dominance of a particular discursive construction that has effects:

that manifests particular discursive formations. I will be analysing texts for what they produce, what they do.

This principle also gestures to the principle of governmentality. How texts might reveal the part psychotherapy plays as a governmental strategy. The work of Nikolas Rose (1998, 1999, 2007, 2019), Mitchell Dean (1994, 1999), Jeffrey Nealon (2021), and David Ransom (1997) will be important authors guiding my understanding and analysis of the ways in which the technologies of Government impact on the practical possibilities of psychotherapy, both in theory and in what is permissible to do within the sphere of psychotherapy and what is made not legitimate. Fadyl et al. (2012) note,

> Foucault emphasised that discourses are tied into complex systems of knowledge-power interplay, which are difficult to recognise in a single text, and it has been suggested that including a breadth of sources helps the analyst to conduct a more perceptive analysis (Hook, 2001). (p. 489)

For example, in relation to governmentality, I will be looking at multiple levels in which the government of psychotherapeutic practice is revealed and the governmental effects such practice and theory produce. These may include legislative regulation, professional association governance, policy documents that are fabricated by such governance, training materials et cetera. As Rose (1998) notes,

> values of the expert are grounded in truth, not politics; their credentials come from the academy and the professional organisation and not from the civil service or the secret police; they promise simultaneously effectiveness for the regulator and happiness for the regulated … But not just this – the manager, the military strategist, the teacher, the doctor, the parent, and each of us has *become* a psychologist, incorporating its vocabulary into our ways of speaking, its gaze into our ways of looking, its judgements into our calculations and decisions. Social psychology, like other modes of expertise, provided numerous powerfully labile devices for assembling technologies of government. (pp. 122–123)

Analysis of how psychotherapy emerges and operates as a technology of Government will be an important aspect of my research. Mitchell Dean (1999) outlines specific principles for analysing governmentality, with particular emphasis upon making visible when a technology has a specific and practical governmental effect. This relates to my emphasis on texts which reveal psychotherapeutic discourse, articulating an emphasis on the ‘right way’ to do psychotherapy or think about its practice and tensions regarding what is ‘true’ or ‘right’ as these, I will suggest in my analysis, reflect the effects of psychotherapy as a governmental strategy.

Whilst there is a plethora of texts available and it is beyond the scope of any thesis to analyse every text relevant to the history and practice of psychotherapy and its theory in this country, I will be selecting texts within the different periods of rupture that illustrate and reveal the discourses that formed them and the material effects fabricated by these discourses. Hook (2001) emphasises analysis of a range of texts from a range of different sources and this is reflected in my selection of a wide range of texts as better able to reflect the "regime of truth" (Foucault, 1984/2010e, p. 73) that operates to form and enable the dominance of certain discourses at different times, making possible different material effects at different times.

Analysis of texts reflecting different levels of governmentality will be included in this research, from government at the level of the state, including activities of legislation and regulation by the state, analysis of the formation of psychotherapy in the Aotearoa New Zealand context and how this arises out of a relationship to the state but also operates at a local level, in which it emerges from the 'bottom up' from particular theories, practices, and subjectivities formed by psychotherapeutic discourse, down to the very micro level of individual practitioners formed by and forming psychotherapeutic discourse within local communities.

The interaction of these networks of power and the relationship to knowledges specific to psychotherapy in Aotearoa New Zealand at different times will be analysed. This analysis will then link these practices and theories to the notion of governmentality in considering how psychotherapy plays its part within the web of modern power, to assist individuals in how they relate to themselves and how they govern their own conduct.

3.6.7 Foucault and Beyond Foucault

As noted earlier, a discourse analysis informed by Foucauldian principles attempts to remain faithful to the philosophical principles underpinning the analysis whilst adopting, adapting, and utilising the 'tools' in Foucault's "tool-box" in whatever manner is both philosophically consistent with Foucault's ideas and creatively original in relation to the particular question under investigation. With Foucault's encouragement in mind, in this research I utilise the above Foucauldian principles whilst designing my research project in a manner specific to the particular topic under investigation. In *The Use of Pleasure* for example, Foucault (1984/2020b) describes how the very process of undertaking his histories of the present informed by a genealogical methodological

approach alters and develops as the project is undertaken, with the specifics of the project shaping the methodology of the research.

It is also important to note that the nature of Foucault's genealogical histories of the present were explorations of very broad themes, the history of madness, the nature of the penal system, and discourses that made disciplinary practices possible, and an exploration of the discourses manifesting 'sexuality'. His explorations involve broad themes implicating the fundamentals of what became possible to think and do in relation to these themes, and indeed in relation to the fabrication of human subjectivity itself as it inhabited these themes.

By contrast, the topic under investigation in the current research is more specific; psychotherapy as a formal initially Eurocentric practice in Aotearoa New Zealand. Foucault's historical investigations involve consideration of foundational aspects that underpinned what it became possible to think and do in society. Ultimately, they focused on the fabrication of the self and what was made possible in terms of thinking and acting for this self. The wide ranging nature of his research makes Foucauldian genealogical discourse analysis applicable to a vast range of areas, particularly in the human sciences. With this broad Foucauldian context in mind, my research involves analysis of preceding ways of thinking and acting that have a longer history than the specific practice of psychotherapy and upon which the emergence of psychotherapy as a thinkable and doable thing in Aotearoa New Zealand is contingent. My study draws on some of Foucault's own research and analysis to inform my investigation of these preceding ways of thinking and doing. I draw on Foucauldian analysis arising out of his own genealogical research to consider, for example, different fabrications of the notion of the self and how they make possible the eventual manifestation and maintenance of psychotherapy in this country. I note that my research focus is upon a more historically recent practice, with psychotherapy being a more recent cultural artefact within the Aotearoa New Zealand context and narrower in its reach than, say, for example, the history of sexuality or of madness.

3.6.8 Focus on the Present

The current research has a more present day focus than Foucault's own genealogical explorations. Dreyfus and Rabinow (1983), for example, note that Foucault in his own histories of the present primarily used extant historical texts as data for his

analysis and that whilst his histories are described as histories of the present, he did not particularly focus on present day practices but rather through historical analysis revealed discourses that made possible ways of thinking and acting, clearly pointing to how these ways of thinking and acting underpin contemporary practices (see, for example, his *History of Sexuality, Volume 1,* 1976/2020a). Many of his lectures and interviews make clear his intention to reveal to ourselves the contingent nature of our present day thinking and acting. Indeed, as Garland (2014) notes, Foucault's histories of the present are motivated by contemporary foci. Rabinow and Rose (2003) also note that Foucault's own histories, in combination with his lectures and interviews, make clear his critique of the present within his historical focus. As Garland (2014) emphasises, whilst Foucault did not specifically focus on present day practice in his histories, his analyses are clearly a critique of and tend to reveal how contemporary practices are contingent on the historical discourses he makes visible. My focus on present day practice is in keeping with other Foucauldian health research (see, for example, Fadyl & Nicholls, 2013; Nicholls, 2009). However, in this respect, this research will differ from that undertaken by Foucault.

Nevertheless, the topics of focus of Foucault's own research, particularly those of incarceration, discipline, sexuality, and madness were resonant with contemporary events of his own time and thus the link to contemporary thought and practice would likely have been obvious to his readers. Similarly, in relation to psychotherapy in this country, the analysis I offer in which I explore discourses, including those discourses informing the colonial project in Aotearoa New Zealand, mean the link to contemporary practice and to the contemporary Indigenous Māori challenge to contemporary theory and practice of psychotherapy in this country, is inevitable and important. Given the colonial origins and the missionary discourses which informed early colonialism in Aotearoa New Zealand and the relevance these discourses have for the conditions of possibility for the emergence of psychotherapy in this country (as analysed in Chapter 5 of this thesis), analysis of contemporary texts also includes analysis of Indigenous Māori resistance and challenge to dominant discourses informing psychotherapeutic practice in this country and points to the possibilities for the emergence of new practices and theories within contemporary Aotearoa New Zealand.

This dual emphasis on both historical and contemporary texts enables an analysis of the material effects of discourse that are made possible and fabricated, producing apparently self-evident psychotherapeutic 'truths' and enables analysis of thoughts,

actions, effects, and formations of discourse that challenge or resist dominant constructions and indicate the possibilities for new possible ways of thinking, doing, and acting within and in relation to contemporary psychotherapeutic practice. Analysis of the Indigenous challenge, in particular, points to what may be emerging as possible and new within this discipline, including practices and thoughts not yet taken as dominantly 'self-evident' but which push in from the edges, evoking new "contests of the true" within and in relation to psychotherapy as a cultural artefact in this country.

3.7 Conclusion

Having outlined the methodological principles which inform my Foucauldian genealogical history of the present in this research, in the following chapter I outline in detail the specifics of the design of this study and the method informing and guiding the research in response to my specific research questions, in service of operationalising the philosophical and methodological principles outlined in this, and the preceding chapter.

4. Method and Study Design

I am interested in [the subjects of his archaeologies] because I saw in them ways of thinking and behaving that are still with us. I try to show, based upon their historical establishment and formation, those systems that are still ours today, and within which we are trapped. It is a question, basically presenting a critique of our own time, based upon retrospective analyses

(Foucault, in Simon, 1971, p. 192)

4.0 Introduction

The preceding chapter outlines the methodological principles informing this research. The following chapter outlines in more specific detail the method utilised to operationalise these methodological principles, and which guides this research undertaking.

The structure and content of the write up of this thesis is somewhat different from the University exemplar. Specifically, given that this is research which utilises a Foucauldian analysis of discourse methodology, it does not contain a literature review. Such a review, from a Foucauldian perspective, is considered to be text, to be analysed for the discourses they reveal that make possible psychotherapy in Aotearoa New Zealand, and the effects and material practices of these. A literature review would be antithetical to the methodology applied in this research as such a review would represent a continuation, amplification, and further sedimenting of discursive constructions that enable psychotherapy, rather than an analysis of what these texts enable and fabricate, what the doing of these texts does. With this in mind, this write up, following this method chapter, provides four analysis chapters as outlined in the introductory chapter to this thesis, followed by a discussion chapter, which provides analysis of the implications arising from the four analysis chapters, and a conclusion chapter, synthesising my analysis.

As is evident in Foucault's own research, the design of this research has evolved as the research has been undertaken. Whilst the theoretical principles outlined in the previous chapter informed my research undertaking from the start, specific aspects of the design of the research evolved and altered as my experience of the research undertaking developed. The following outlines both the map which guided my research

and how this map evolved and developed as my experience of the research undertaking also evolved. This chapter outlines in particular the nature of the texts which form the focus for analysis, how these texts were selected, and the detail of how the analysis was undertaken.

4.1 Research Aims: 'Thinking Myself in the Time of My Own Thought'

Given the conceptualisation that all is produced by discourse and thus our capacities for thinking and acting are constructed by these discourses, it is very difficult for us to step outside of them and to reveal to ourselves ways in which our practice and our very subjectivity is constructed. The current study in offering a genealogical history of the present is in part an attempt to reveal ourselves to ourselves and myself to myself, by exploring the historical nature of the systems of thought, how we are currently created within the Aotearoa New Zealand psychotherapeutic context, and how these historical systems of thought maintain and produce our and my subjectivity in contemporary times. By exploring how contemporary 'truths' in relation to psychotherapeutic practice in Aotearoa New Zealand have come to be and the history of systems of thought that have given rise to these 'truths' it is hoped that this research will enable me to reveal to myself how my understanding of who I am and what I do is constructed by these systems of thought and to make more visible both the constraints and possibility to which such systems of thought give rise. I note that applying this analysis to my own subjectivity is a departure from Foucault's own research undertakings, about which I say more later in this chapter. With these aims in mind the following outlines in more detail the study design and method utilised in this research.

4.2 Defining the Problem Under Exploration

Garland (2014) notes that Foucault's analysis of the emergence of the "modern prison" arose

> not in the course of studying penal history but by observing the many prisoner revolts that were occurring in the contemporary period … [and that] what was at stake was the prison's "materiality as an instrument and vector of power" (Foucault, 1977: 30). (p. 368)

Foucault's histories always began with the articulation of a specific contemporary problem, his aim being: "Simply because I'm interested in the past? No, if one means

that writing a history of the past in terms of the present. Yes, if one means writing the history of the present" (Foucault, 1977/2010b, in Garland, 2014, p. 368).

Moreover, in the *Order of Things,* Foucault (1966/2002) emphasises,

> In attempting to uncover the deepest strata of Western culture, I am restoring to our silent and apparently immobile soil its rifts, its instability, its flaws; and it is the same ground that is once more stirring under our feet. (Foucault, p. xxvi)

In 1971, Foucault notes,

> I am interested in [the subjects of his archaeologies] because I saw in them ways of thinking and behaving that are still with us. I try to show, based upon their historical establishment and formation, those systems that are still ours today, and within which we are trapped. It is a question, basically presenting a critique of our own time, based upon retrospective analyses. (cited in Simon, 1971, p. 192)

Therefore, Garland (2014), as noted earlier, emphasises that each of Foucault's histories of the present begin by identifying a "taken for granted" present-day practice, "and then seeks to trace the power struggles that produced them" (p. 373.) Similarly, this research has begun with articulation of my perception of the taken-for-granted and yet problematic nature of the practice of psychotherapy in Aotearoa New Zealand as outlined in my introductory chapter. In summary, this research was in part motivated initially by my experience of the tensions emerging in contemporary psychotherapy in Aotearoa New Zealand in relation to challenges from Indigenous Māori regarding the dominance of European theory and practice. This led to the formulation of my two specific research questions aimed at analysing the discourses that made and make psychotherapy possible in Aotearoa New Zealand, and its effects.

4.3 Thesis Terminology and Referencing

In this thesis, I refer consistently to texts as opposed to 'data', and utilise the word 'analysis' as opposed to the word 'findings', in service of ensuring coherence between my research methodology, and my description of this research. APA 7 referencing has been used throughout the thesis, with one addition. In the body of the analysis chapters where I provide texts which I utilise for the purposes of analysis, full text citations are provided both in the reference list and in footnotes on the page where the text that is being analysed appears, in service of ease of reference for the reader.

4.4 Initial Analysis and Text Selection

Two criteria informed selection of the texts that are the focus of analysis in this research. The first concerned an emphasis on texts that had specific relevance to the topic of the focus of this research: the emergence and maintenance of psychotherapy as a theory and practice in Aotearoa New Zealand. The second concerned the relevance of the text for the methodological principles underpinning Foucauldian discourse analysis, as outlined in the previous chapter. In particular, Foucault's articulation of the nature of pastoral power and of pastoral power's relationship to "reason of the state" (Ransom, 1997) as articulated in the previous chapter, and how these two combine in service of the emergence of governmental disciplinary and biopolitical technologies in countries dominantly fabricated by Western systems of thought, was particularly significant in text selection. Therefore, in my selection of texts, I was interested to analyse texts which revealed the emergence of 'confessional practices' and how they might lay the foundations for the conditions of possibility for the subsequent emergence of psychotherapy as a disciplinary practice in Aotearoa New Zealand.

4.5 Additional Criteria Guiding Selection of Texts

With a focus on selecting texts relevant to the emergence and maintenance of psychotherapy in Aotearoa New Zealand, it was necessary to define psychotherapy practice and theory. Psychotherapy is defined by the *Oxford Learner's Dictionary* as "The treatment of mental health problems by talking with a therapist (equals a person trained to do this)" (Oxford University Press, n.d.b). The *Oxford Advanced American Dictionary* defines it as "The treatment of mental illness by discussing someone's problems with them rather than giving them drugs" (Oxford University Press, n.d.a). The *Cambridge Dictionary* defines psychotherapy as "The treatment of mental illness by discussing someone's problems with them, instead of using drugs or operations" (Cambridge University Press & Assessment, n.d.).

The above definitions have at their core the process of 'talking' with a 'trained other' about 'mental health' difficulties, with the aim of alleviating these difficulties. Therefore, for the purpose of this research, psychotherapy is defined as: 'The treatment of mental health and/or emotional problems by talking with a therapist (that is a person trained to do this)'.

It is noted that this is a very broad definition. Some psychotherapists argue that only psychotherapy that draws on psychoanalytic principles is truly psychotherapy, with its appreciation of the unconscious. However, in contemporary times, many psychotherapists in Aotearoa New Zealand and worldwide draw on and practice therapeutic input guided by models and modalities that are non-psychodynamic (Roth & Fonagy, 2006; Thorpe, 2016b; Wampold & Imel, 2015). As noted in the introduction to this thesis, in particular, cognitive behavioural therapies (CBT) are increasingly prevalent, particularly in public mental health systems in Aotearoa New Zealand, as practiced by psychologists, counsellors, and clinical psychologists, as well as psychotherapists. Such models are very different from psychotherapy's psychoanalytic origins. Nevertheless, as Eli Zaretsky (1997) notes, "all forms of psychotherapy other than drugs or behavioural modification, are based on some variation of psychoanalysis" (cited in Milchman & Rosenberg, n.d., para. 4).

For the purposes of this research, particularly in Chapter 7 of this thesis, I will draw on texts that are often psychodynamic or psychoanalytic in their orientation as these reveal discourses that made possible psychotherapy in this country, and led to the plethora of psychotherapeutic maps and models utilised by psychotherapy practitioners in Aotearoa New Zealand today. In doing so, I will argue, that whilst many psychotherapy practitioners in this country now utilise maps and models very different from the original psychoanalytic origins (particularly, and perhaps most influentially, CBT), no matter what psychotherapeutic model or approach is adopted, all are a material effect of discourse whose origins arise out of Foucault's conceptualisation of the confessional practices of Christian pastoral power. This is a central theme which will be explicated further throughout my analysis. Further, whilst many psychotherapy practitioners and health professionals practice psychotherapy by utilising models very far from these psychoanalytic origins, the reach of psychoanalysis has been extensive. As Meltzer Francois notes that, "since its emergence in Europe, over the past 130 years psychoanalysis has come to influence a vast range of fields, disciplines and ways of being, including literature … linguistics, philosophy, anthropology, history, feminism, psychology, archaeology, neurology, to name some" (cited in Milchman & Rosenberg, n.d., para. 4).

The range of health professionals in contemporary Aotearoa New Zealand who make claims to practice psychotherapy by means of treating mental health difficulties by

talking with the patient includes psychologists, clinical psychologists, counselling psychologists, counsellors, psychotherapists, psychiatrists, social workers, and religious ministers (Bowden, 2018; Tudor, 2017b). Given the wide range and significant number of professional disciplines, practitioners, and writers within diverse fields which make claim to practising psychotherapy (or making use of psychotherapeutic theory) as part or one of the main aspects of the work they undertake, the range and number of possible texts relevant to the emergence and fabrication of psychotherapy in Aotearoa New Zealand is vast. With this in mind, it was necessary to narrow the specificity of the texts analysed in relation to psychotherapy in this country.

In relation to texts that were produced prior to the emergence of the formal organisation and articulation of psychotherapy in this country but which were specifically relevant to the emergence and conditions of possibility for the emergence of psychotherapy in this country, I focused on texts that reflected Foucault's articulation of pastoral power and which revealed the emergence of pastoral power in Aotearoa New Zealand and which, I will argue, reveal discourses highly relevant to the conditions of possibility for the subsequent emergence of psychotherapy in this country. This focus is particularly relevant in relation to the texts analysed in Chapters 5 and 6, texts which arose during early colonial times in Aotearoa New Zealand, but prior to the formal emergence and subsequent organisation of European psychotherapy in this country.

In relation to texts specifically regarding and articulating the theory and practice of psychotherapy in this country, I primarily prioritised texts which were generated by practitioners and theoreticians who self-identify as psychotherapists and/or psychotherapy practitioners, and I focus on texts that reflect the psychodynamic and psychoanalytic origins of psychotherapeutic practice, given that these origins were particularly relevant to the emergence and maintenance of psychotherapy by those who self-identify as psychotherapists and psychotherapy practitioners in this country. Whilst this is not an exclusive focus, it is a primary focus of the texts analysed in this research.

Regarding texts reflecting the emergence, practice, theory, maintenance, and development of psychotherapy in Aotearoa New Zealand, texts which revealed the *practices* of psychotherapy, in keeping with the definition of psychotherapy provided earlier, were a particular criterion upon which I focused in the selection of texts, in keeping with Foucauldian principles of specificity and exteriority.

4.6 Text Selection and the Principles of Specificity and of Exteriority

Given the link to governmentality that I explore in my analysis, I was specifically interested in texts revealing debates which reflected tensions regarding the 'right' way to do or think about psychotherapy in Aotearoa New Zealand. Thus, texts which reflected the ruptures as the focus of my analysis were a specific criteria guiding text selection. I was interested in texts that revealed the contingent nature of psychotherapy theory and practice. I utilise these to reveal the "contests of the true" (Rose, 1998) that such debates reflect. In relation to the Indigenous Māori challenge, Foucault's assumption of resistance wherever there is power, and the inevitable emergence of subjugated knowledges, were criteria for the selection of particular texts in Chapters 5 and 8. My focus on the material practices which texts revealed also assisted in analysing how psychotherapy might operate as a disciplinary and biopolitical strategy within governmentality's web of modern power. Analysis of points of resistance and particularly texts which reveal practices that were controversial, and which generated debate, were particularly revealing.

4.7 Initial Searches

Given that this research was originally motivated by my experience of the tensions in relation to psychotherapy in Aotearoa New Zealand particularly generated by challenges by Indigenous Māori psychotherapy practitioners, I began my initial searches by reading widely regarding Aotearoa New Zealand history, particularly this country's early colonial history. I looked for texts which revealed the discourses which made possible the colonial project in this country. I held in mind Foucault's ideas regarding the origins of psychoanalytic and psychotherapeutic theory and practice in the confessional practices of pastoral power. This led me to hone my focus, regarding the early colonial project in Aotearoa New Zealand on humanitarian and missionary discourses arising out of Christianity. These early searches were particularly helpful in developing my analysis as articulated in Chapter 5 and 6.

4.8 Initial Analysis and Further Text Selection

With this focus on the emergence of pastoral power, I then read a very broad range of texts from a wider historical period, from the earliest colonial times in Aotearoa New Zealand though until the present day. I searched and read widely. Many hundreds of texts were retrieved from a wide range of sources including New Zealand university libraries, professional associations, particularly the NZAP, and websites. These archives

are outlined more specifically below. In reading widely across the historical periods outlined earlier, I sought to identify texts particularly revealing of ruptures in what it was possible to say, do, and think in relation to the emergence, theory and practice of psychotherapy in this country. This wide reading assisted in revealing the four timeframes of rupture regarding the nature of self outlined earlier. As different themes emerged, the ruptures became more clearly evident.

4.8.1 Texts Related to 'Ruptures' in the Construction of the Self in Aotearoa New Zealand

In the first timeframe from 1769 to 1840, I began to hone my focus on texts which revealed Christian missionary discourse and its relationship to Foucault's articulation of the notion of pastoral power and the Christian confessional. Analysis of the second timeframe from 1840 to 1913 led me to explore texts revealing a rupture in the construction of self as a 'body', and specifically as a sick soma, and the link to the emergence of the concepts of mental health, insanity, and of medical discourse and how this informed the emergence of asylum treatment in Aotearoa New Zealand. Exploration of the third period led me to focus on texts revealing contests regarding the dominance of the hegemony of medical discourse and psychiatric discourse in relation to mental health, with the emergence of psychoanalytic and psychotherapeutic discourse in the timeframe 1913 to 1986. Whilst in my final analysis chapter, my exploration of the timeframe from 1986 to contemporary times led me to analyse the emergence of the Indigenous challenge to the dominance of Eurocentric knowledge, theory, and practice in relation to psychotherapy in this country, and the articulation of an Indigenous self, with a focus on texts revealing discursive formations in relation to this Indigenous challenge and of the subjugated Indigenous knowledge and self these texts revealed. The theme of governmentality in relation to all of the above periods and ruptures is woven throughout the analysis. It is important to note that whilst I provide a date frame for each of the above periods, these historical periods are perceived in my analysis as events in which certain discursive formations are enabled and others constrained. All texts were in the form of physical manifestations: articles, pamphlets, educational material, newsletters, newspaper reports, books, websites, academic articles, images, et cetera.

4.8.2 Historical Texts Directly Related to Psychotherapy in Aotearoa New Zealand

As my research focus became clearer I undertook a wide ranging search for material specifically in relation to psychotherapy in Aotearoa New Zealand, focusing on texts generated by self-identified psychotherapy practitioners and theoreticians. My searches within digital databases, particularly via the AUT Library, Auckland University Library and Alexander Turnbull Library (including New Zealand publications and extensive unpublished material), and Auckland Public Libraries, involved utilising searches using keywords: primarily the words “psychotherapy”, “psychoanalysis” “psyche”, and/or “psycho” in combination with “asylum”, “mental”, “mental health”, “Indigenous”, and “Māori” depending on the time period being researched, and nature of the subject and department searches. A wide range of databases were searched, with new ideas often arising out of previously conducted searches. This generated many large files of information. In addition, I was grateful to the New Zealand Association of Psychotherapists (NZAP) for access to their entire archive of historical material generated from its inception in 1947 to the current day. As I became more experienced in my searches, I was more able in identifying and retrieving material which particularly revealed the conditions of possibility for the emergence of psychotherapy and debates, ruptures, and tensions concerning the practice and theory of psychotherapy in this country. Below is an outline of the archives most significant in generating the texts the focus of my analysis.

Alexander Turnbull Library, Wellington

Auckland University of Technology (AUT) Library and inter-loan service (enabling access to catalogues in other Aotearoa New Zealand universities)

The archive of the New Zealand Association of Psychotherapists (NZAP)

Auckland University Library

Papers Past Database

Auckland Medical School

4.8.3 Contemporary Texts

Contemporary texts were particularly relevant to my analysis in Chapters 7 (exploring the formal emergence of psychotherapy discourse) and 8 (analysing the Indigenous Māori challenge to and within psychotherapy discourse), and in my discussion and conclusion chapters in which I consider the implications of my analysis for my own theory and practice as a psychotherapeutic practitioner in Aotearoa New Zealand, and, by implication, for all of us in this country. Given my embeddedness within psychotherapy in this country, analysis of contemporary texts was particularly emotionally challenging. Indeed, I suggest that this is one of the primary challenges of Foucauldian discourse analysis, one which Foucault does not articulate, but which I explore in Chapter 9, the emotional demands for the "specific intellectual" (Foucault, 1988b) to be able to 'think ourselves in the time of our own thought'. I note that this is a significant departure from Foucault's own histories as I turn the lens of my analysis upon my own subjectivity, something Foucault did not attempt and of which he was notably avoidant. Indeed, Foucault appears suspicious of critics attempting to make links between his theorising, and his personal history, given his critique of the idea of the author as an originator of meaning. However, in this thesis, in Chapter 9, my discussion chapter, I argue that Foucault's emphasis that his writing is an attempt to "tear" (Foucault, 1981/1991, p. 32) himself from himself, and the challenge to specific individual intellectuals to 'think ourselves in the time of our own thought', invites me to interrogate the fabrication of my own subjectivity, specifically within the discourse of psychotherapy in this country.

Over the years undertaking this research I have searched multiple sites for texts regarding contemporary theory and practice in Aotearoa New Zealand and contemporary tensions and debates in this regard. The range and plethora of texts generated is vast. It was not only emotionally challenging to be able to think myself in relation to the discourses these texts revealed, and which fabricate myself within this discipline, it was moreover a significant task to focus my analysis on a realistic range of texts. The texts analysed in this research are only a small proportion of the texts accessed during this research, and represent those considered most relevant to revealing the discourses that make possible psychotherapy in this country and the material effects of this theory and practice.

It is relevant to note that the nature of contemporary texts were in some ways different to the more historical texts. A focus on the contemporary allowed me to access more texts in more transient forms: hardcopy photographs, hard copy pamphlets and training materials, handwritten notes, et cetera. It also allowed me to reflect on where the boundaries and limits of practice are currently being stretched, revealing the edges of the taken-for-granted nature of practices in contemporary times. Given the vast range of potential texts for analysis, I utilised the guidance of authors who have written about their own history of the present undertakings, particularly Tamboukou (1999), Garland (2014), Nicholls (2009), and Graham (2011), all of whom emphasised the value of focusing on texts which are 'closer to hand' and those which challenge the orthodoxy of contemporary practice, that such texts might reveal what is otherwise taken for granted as true regarding theory and practice. This was particularly helpful in selecting texts concerning the Indigenous Māori challenge in relation to psychotherapy and texts which reveal other contemporary challenges to taken-for-granted truths in relation to psychotherapy in this country.

Given the vast range of texts, cataloguing and organising these was a challenge. Whilst I explored electronic methods for the storing of texts, in the end, I found hard copy forms most accessible for me. I generated a vast collection of texts which were catalogued in hard copy files and organised according to the timeframes within which they were generated. In my analysis of these, I then dictated and typed up relevant quotations from these texts, which I stored electronically and utilised for my analysis. Where I found texts which were repetitive of key texts already included in my analysis, these were excluded in my analysis chapters. My electronic archive of quotes taken from hard copy texts proved valuable in enabling me to cross-check and compare texts and the discursive formations they revealed across time, assisting in my analysis of the situated nature and material effects of discourse.

4.9 Process of Analysis

In keeping with the Foucauldian principles outlined in Chapter 3, both archaeological and genealogical discourse analysis principles underpinned my analysis. After reading a text in total to get a feel for its relevance and the timeframe within which it fitted, I would read the text again, utilising archaeological principles to analyse the discursive formations within the texts, whilst interrogating these formations via the

Foucauldian principles articulated in the previous chapter. My analysis would then involve a relay between the text, the Foucauldian principles, and the cultural and historical situatedness of the text, in service of making visible the discourses fabricating the specific text and the material effects such discourses produced. Reading and referring to broader sociocultural and historical literature assisted in locating the texts within their historical and social context.

The objects formed by these discourses within specific texts were then further analysed in order to reveal the discursive formations constructed and how these discourses produce particular specific statements within texts. Central to my interrogation was to reveal how these texts reflected a “contest of the true” in which the discourses fabricating particular statements within texts form particular objects which relied on these discourses in order to make them thinkable within a particular enculturated historical period and how these texts played a part in the contests of the true of particular times, enabling certain truths and constraining others. This then led me to utilise genealogical principles to analyse how the nexus of power and knowledge enabled particular conditions of possibility which in turn produced certain discourses with specific material effects.

It is important to note that the range of texts generated were seen as not individual pieces of text but part of the fabric, the textuality of specific historical and cultural settings. In analysing texts, I would look for patterns or themes that revealed a discursive formation running through a range of texts and how this theme enabled or constrained certain possibilities, whilst disabling others. Largely in each analysis chapter that follows, I focus on texts within that particular time period but on occasions I reflect on the relationship between the text of one culturally and historically situated context and texts from another period and the relationship between these. In the writing up of my analysis, I regularly refer to and incorporate broader sociocultural and historical literature in order to assist in analysing the situatedness of the text within its specific historical setting.

4.10 Final Analysis Chapters

Chapter 9 is what is usually called the discussion chapter in most theses. However, I also consider this a further analysis chapter as I consider the implications of my Foucauldian analysis in the previous four analysis chapters, for my own psychotherapeutically fabricated subjectivity, practice, and theory within Aotearoa

New Zealand. This includes analysis of texts generated by myself, including educational material and written academic articles, as I seek to tear myself (Foucault, 1981/1991) from myself, to think myself differently, in the time of my own thought. This was a particularly emotionally and intellectually challenging task and one which I think has in itself significant implications for all psychotherapeutic practitioners in Aotearoa New Zealand. It is intended to encourage psychotherapeutic practitioners in this country, and perhaps elsewhere, to utilise discourse analysis in order that we might become visible to ourselves as fabrications of discourse, whilst also utilising our psychotherapeutic capacities to bear the emotional challenge of this, in order that we might 'think' and 'do' differently. In addition, my concluding chapter, Chapter 10, synthesises the essence of my analysis, particularly as this relates to broader themes in relation to governmentality.

4.11 Conclusion

Inevitably, of course, this analysis is incomplete. Like all genealogical analysis, it is but one interrogation of the discourses that form psychotherapy and have effects. Given the vast range of texts and material generated, no analysis could cover every possibility, but my aim in this analysis is to provide a sufficiently clear analysis that it might inform my capacity to think myself in the time of my own thought and that in doing so, this may generate the capacity for other psychotherapeutic practitioners and inhabitants in this country to similarly think themselves in the time of their own thought.

Ultimately, I emphasise that Foucauldian discourse analysis is primarily in the service of making discursive constructions visible. As Rose (1998, 1999) emphasises, there is always within discourse and discursive formations a "contest of the true" in which different truths are seeking to enter the true. I am not attempting to reveal a particular 'truth' but rather to make visible these contests, how they enable certain things and constrain others, and in making these visible, gesture to the possibilities for something new, creative, and different to continually emerge as the fragility of modern power is revealed by my analysis and the mutability of the cultural artefacts which are the discursive formations which arise out of discourse are revealed in this analysis. In this sense, it is important to note that the quotes from texts that I analyse are not evidence of a particular truth in a particular time period but rather are illustrative of particular

discourses, the discursive formations they fabricate, and the cultural artefacts that are thus produced.

The next four analysis chapters provide analysis of texts in relation to the ruptures during the four periods previously described, in relation to the construction of the nature of self and how these ruptures and the discourses that enabled them and were enabled by them, allowed for the emergence, maintenance, and challenges to psychotherapy in Aotearoa New Zealand. Each chapter explores the link to the theme of governmentality and draws on Foucault's own research to inform the analysis, as well as authors who have built on Foucault's analysis. The following chapter is my first analysis chapter, considering the time frame 1769 to 1840.

5. Discourses Informing the Colonial Project in Aotearoa New Zealand: Sin and the Self

Their [the Māori] minds appear like a rich soil that has never been cultivated, and only want the proper means of improvement to render them fit to rank with civilised nations. I knew that they were cannibals – that they were a savage race, full of superstition, and wholly under the power and influence of the Prince of Darkness – and that there was only one remedy which could effectually free them from their cruel spiritual bondage and misery, and that was the Gospel of a Crucified Saviour.

(Reverend Samuel Marsden, 1814/1815) [5]

5.0 Introduction

This chapter provides an analysis of a range of texts which reveal the discourses that enabled the early colonial project in Aotearoa New Zealand. In particular, it explores texts which reveal discourses reflecting the motivations for the colonisation of Aotearoa New Zealand, and how these discourses constructed Aotearoa New Zealand, and the Indigenous people who inhabited this land immediately prior to and during early European contact. Given the focus of this thesis on understanding and articulating how psychotherapy came to be a doable and thinkable thing in Aotearoa New Zealand, the aim of this chapter is to explore the proto-discourses which preceded the establishment of psychotherapy as a practice, a way of thinking and being: that is, how these discourses produce the conditions of possibility for the emergence of psychotherapy in Aotearoa New Zealand. The analysis in this chapter will primarily focus on texts arising from the first European contact with the land constructed as Aotearoa New Zealand in 1642 to the signing of Te Tiriti o Waitangi in 1840.

I will argue that all of these texts reveal a central conceptualisation of self which underpins and informs the colonial project in Aotearoa New Zealand: a self in which the God of European Christianity is at its heart. This is a conceptualisation of self which the Christian soul is assumed to inhabit, a priori of discourse. Specifically, the focus of the analysis in this chapter is upon Christian missionary discourse, a discourse arising in Great Britain, and which informed Britain's colonial endeavours in many countries (for example, Australia and Canada (Lindqvist, 2007; D. B. MacDonald, 2016; Reid, 1995),

[5] Observations and Journal of Rev Samuel Marsden's First Visit to New Zealand, HL MS 176/1, 11, 1814/1815 (cited in Salmond, 2017, p. 61).

in the latter part of the last millennium. I will propose that this missionary discourse had effects in Aotearoa New Zealand which were in some ways similar to those in other countries colonised by Britain, and in other ways, given British colonisation and thus Christian missionary discourse was later to arrive in Aotearoa New Zealand than in many other British colonies, were notably different within the unique Aotearoa New Zealand cultural, political, and temporal context. I will suggest that Christian discourse constructs Māori, the first peoples of Aotearoa New Zealand, as promising prima materia, but in need of alchemical Christian transformation: the transformative substance being Christianity itself. At the heart of this Christian discourse of the self is the universal Christian soul, a self and soul that is God's creation and in need of God's salvation.

I will also propose that the discourses which enable and inform this conceptualisation of the Christian self produce specific conditions of possibility for the arising of psychotherapy as a thinkable and doable thing in Aotearoa New Zealand over more than 200 years after initial colonial contact. The conditions of possibility which, I will argue, the analysis in this chapter reveals, are:

1. The hierarchical ordering of the human and nonhuman world, arising out of the 'Great Chain of Being' discourse.

2. The construction of Māori, within this 'Chain of Being' as inferior and nevertheless worthy of saving, as 'fertile ground' for the Christian civilising project.

3. The construction of compulsive 'missionary zeal' in service of saving the 'heathen native', as a spiritual calling and vocational imperative.

4. And thus, the utilisation of 'soft power'[6] as a governmental strategy informing the colonial project in Aotearoa New Zealand, in which Māori are fabricated as a "needing and wanting entity" (Mika & Stewart, 2016, p. 305), a biopolitical strategy in which Māori are 'killed' via racist constructions which serve biopolitical ends in service of the management of human material (Ransom, 1997) in Aotearoa New Zealand.

[6] 'Soft power' is a concept, developed by Joseph Nye (1990) in his 1990 book *Bound to Lead: The Changing Nature of American Power,* which he describes as the capacity to influence others by attraction and persuasion rather than solely by force or monetary inducement.

I begin by providing an overview of the historical contextual background for the colonial project in this country, and then provide an analysis of texts that reveal the motivations for this project, and how the discourses which enabled this project provide the beginnings of the discursive framework for the production of psychotherapy and the subjects who inhabit it in Aotearoa New Zealand.

5.1 Background to the Colonisation of Aotearoa New Zealand

Consideration of the contextual background which informed the colonial project in Aotearoa New Zealand have been articulated by numerous historians (for example, Anderson et al., 2015; Belich, 1996; O'Malley, 2016; C. Orange, 1987, 2015; Salmond, 1991, 1997, 1999, 2017). Central to all of these histories is the description of a web of motivations comprising primarily economic and imperial considerations, entwined with Christian missionary zeal, in which Aotearoa New Zealand was constructed as a country rich in fantasised natural resources, ripe for exploitation by its imperial colonists, and inhabited by savages in need of civilising. For example, Belich (1996), in reflecting upon the motivations for the Dutch journey to Aotearoa New Zealand in 1642 led by Abel Tasman, comments, "The expedition aimed not at discovery for its own sake but at wealth, power and fame for its authors and their fledgling nation" (p. 119). He cites as evidence of this motivation the instruction from Antonio van Diemen, Governor General of the Dutch East Indies, that the crew of Tasman's ship, "Pretend to any natives they meet 'that you are by no means eager for precious metals, so as to leave them ignorant of the value of the same'" (Van Diemen et al., 1642, cited in Belich, 1996, p. 119).[7] In this early text, the 'native' is constructed as 'ignorant' and the European colonialist as both economically motivated and duplicitous.

After Tasman's visit, without landing on Aotearoa New Zealand's shores in 1642, it was 127 years before Aotearoa New Zealand was again visited by European voyagers, in 1769. Belich (1996) notes that "motives varied" (p. 120), with competition between the French and the English to "get there first", which Belich notes, "has been compared to the American-Soviet space race of the 1960s" (p. 121), with an aim, in part, to advance the reach of Enlightenment science, personified in Joseph Banks, the wealthy botanist keen to 'discover' the flora and fauna of the south, in which imperial and economic

[7] Van Diemen et al. to Tasman, August 13, 1642, in McNab, Historical Records, ii, 4–13 (cited in Belich, 1996, p. 119).

motives converged. Belich (1996) writes of the fantasised “El Dorado” (p. 124) of this land of the south, and

> another belief that burgeoned in the nineteenth century was that contact would inevitably lead to empire. It was never universal. Some humanitarians and free traders maintained that empire was immoral or unnecessary. But many expected empire to arise naturally from contact, or from the need to control contact, and so render it more humane. (p. 125)

Belich (1996) goes on to describe that the “classic agencies of conversion were commerce, civilisation and Christianity” (p. 125). As will be outlined below, early texts revealing the motivation for colonial contact in the late 18th and early 19th centuries reflect these agencies. In particular it was the construction of Māori ‘New Zealanders’ as uncivilised natives in need of Christian conversion, which was a key discourse in the colonial project, justifying as it did the economic and empire building motivations, and it is these Christian and missionary discourses which, I suggest, were central to providing the conditions of possibility for psychotherapy to subsequently arise in Aotearoa New Zealand.

5.2 Christian and Missionary Discourses

Mika and Stewart (2016) suggest that the West

> has a very primal need … to control how and when Māori will manifest *as* this or that, including as a wanting entity. In quite basic ways, the West has for some time canonically guessed Māori in advance as either needing or wanting something in particular, or generally being needing and wanting. (p. 305)

This “primal need” is evident in the following section in which I analyse a range of texts illustrative of the prevalence of Christian and missionary discourse and its discursive effects in relation to the colonial project in Aotearoa New Zealand. These texts also reveal the discourses of self which informed the British colonial project in its earliest colonial contact with Aotearoa New Zealand: namely, a self imbued with a Christian soul, a spiritual and Christian pre-discursive self. They also evidence the beginnings of the implementation of ‘soft power’, particularly Christian missionary activity, so central to the colonial endeavour in Aotearoa New Zealand.

5.3 Early Contact

Captain James Cook’s 1769 voyage to New Zealand was sponsored by the admiralty in the Royal Society in London (Salmond, 1991, 2017). The Royal Society

invested in this voyage ostensibly for scientific reasons; Cook and his men, accompanied by Joseph Banks, the botanist referred to above, set out to track the orbit of Venus, and to reach lands previously unreached or at least not landed upon by British sailors. The President of the Royal Society, the Earl of Morton, provided Cook with a set of what he described as "hints", intended to guide Cook and his men in how they should interact, should they encounter "natives" during their Pacific voyages. The Earl (Beaglehole, 1968, as cited in Salmond, 1991), in part, advocates:

> *'Hints'* offered to the consideration of Captain Cook, Mr Bankes, Doctor Solander, and the other Gentlemen who go upon the Expedition on Board the *Endeavour*:
>
> To exercise the utmost patience and forbearance with respect to the Natives of the several Lands where the Ship may touch …
>
> To have it still in view that shedding the blood of those people is a crime of the highest nature:- They are human creatures, the work of the same omnipotent Author, equally under his care with the most polished European: perhaps being less offensive, more entitled to his favour.
>
> They are the natural, and in the strictest sense of the word, the legal possessors of the several Regions they inhabit. …
>
> Therefore should they in a hostile manner oppose a landing, and kill some men in the attempt, even this would hardly justify firing among them, 'till every other gentle method has been tried.
>
> There are many ways to convince them of the Superiority of Europeans, without slaying any of those poor people - for Example, -
>
> By shooting some of the Birds and other animals that are near them [*sic*] (cited in Salmond, 1991, pp. 112–113)[8]

The Earl's conceptualisation of "human creatures [as] the work of the same omnipotent Author" reflects the influence of the discourse of the 'Christian self', with the Christian God at its centre. In embracing the discourse of the Christian self, the Earl attempts to have it both ways: on the one hand recognising the essential equality of all humans as "the work of the same omnipotent Author", and therefore equal in the eyes of God, whilst nevertheless asserting the superiority of "polished" Europeans, whose use of the military power of guns can be justified when "every other gentle method has been tried". The discourse of the humanitarian Christian is implicit in this text. For the text

[8] Beaglehole, J. C. (Ed.). (1968). *The Journals of Captain James Cook: Vol. 1. The Voyage of the Endeavour 1768-1771.* Cambridge, at the University press, for The Hakluyt Society (cited in Salmond, 1991, pp. 112–113).

assumes the universal truth of one Christian God and sets the scene for later missionary zeal in relation to Indigenous 'New Zealanders', for civilising the heathen native via this "omnipotent Author". The juxtaposition of the polished European with the "Natives", whilst ostensibly articulating equality, is undone by the representation of "the Superiority of Europeans". Thus, from the beginnings of the colonising project in New Zealand, the Indigenous other is imagined as Mika and Stewart (2016) suggest, as a needing and wanting entity (p. 305), in need of the superiority which the Christian colonialist proffers. As Salmond (1991) notes, in the Earl's view "Natives" are "undoubtedly inferior to Europeans, as the power of European guns would always in the last resort convince them" (p. 113).

In her 1991 book *Two Worlds*, Salmond gestures to the Darwinian world view such discourse implies, well before Darwin articulated this, "By placing 'savages' below Europeans in a hierarchical arrangement, [the Earl of Morton] echoed the old idea of the Great Chain of Being, which in Georgian England was still a powerful metaphor for organising both nature and society" (Salmond, 1991, pp. 112–113).[9] A hierarchical cosmology, in which the "same omnipotent Author", the Christian God of European Britain, is at the apex as an unquestioned 'truth', is implicit in the Earl's advice to Cook and his men. It is the beginnings of a collision of cosmologies between British colonisers and Indigenous Māori that infuses early British and Māori contact in Aotearoa New Zealand and has infused these relations ever since.

5.4 Colonialism and Contests Over 'The True' in Aotearoa New Zealand

Foucault (1970/1981) suggests "even the word of the law could no longer be authorized, in our society, except by a discourse of truth" (p. 55). Similarly, McNay (1994) observes, "any society – but especially modern industrial societies – is typified by a 'will to truth' which establishes a distinction between truth and falsehood and hence

[9] Salmond (1991) describes "The Great Chain of Being" more fully, as follows:

> The earth was seen not as an inanimate object but as alive – living, breathing and even thinking, and the universe was inhabited by a hierarchy of beings which stretched downwards in a 'Great Chain of Being' from God through cherubim and seraphim, archangels and angels, kings, princes of the Church, magistrates and merchants, to the great mass of peasants and labourers; and beyond the human order to animals and plants and finally stones and earth, which had no soul at all. God was worshipped in churches and cathedrals built with high, vaulting archers and spires, carvings and stained glass; and common notions of how the world began were based on the opening verses of Genesis. (p. 52)

determines how knowledge is put to work, valorised and distributed" (p. 86). And Nikolas Rose (1998) notes,

> Truth … is always enthroned by acts of violence. It entails a social process of exclusion in which arguments, evidence, theories, and beliefs are thrust to the margins, not allowed to enter 'the true'. (p. 55)

As described in Chapters 1 and 4, Rose has written extensively about the discourses that have made possible the now relentless prevalence of what he described as the 'psy' disciplines (a prevalence I analyse more fully in Chapter 8 of this thesis). He suggests that the discourses of the psy disciplines have 'entered into the true' in contemporary society, and have claimed as their exclusive territory the lens through which we come to understand and know the 'truth' of the workings of human subjectivity; the very fabric of ourselves. In relation to the proto-discourses that fabricated the conditions of possibility that I will suggest eventually made possible psychotherapy in Aotearoa New Zealand, this violence of the contest of the true preceded colonisation. In considering the idea that what is enabled to "enter the true" arises out of an endless process of contestation, and utilising this as a tool for analysis of the colonial project in Aotearoa New Zealand, I suggest that the power knowledge nexus implicit in this project enabled the 'truth' of the self as a pre-discursive self with a Christian soul to "enter the true" within the Aotearoa New Zealand context. Moreover, I suggest that the violence of these contests regarding cosmological and ontological truths in relation to the nature of God and the nature of self emerged over time, ultimately with significant implications for the emergence of psychotherapy in Aotearoa New Zealand.

5.5 Death of Ruatara

Salmond in her seminal article "Māori and Modernity" (1999) describes the death in 1815 of Ruatara, a Māori Chief central to the missionary project in Aotearoa New Zealand. Salmond suggests, "When Marsden and Ruatara met at Port Jackson [Australia], it was a turning-point in Māori European relations" (p. 43). They met first in 1806 in Port Jackson, leading Marsden to want to develop the Church Missionary Society (CMS) mission station in New Zealand (Salmond, 1999, p. 44). Subsequently, Ruatara journeyed to England, but instead of visiting King George as he had hoped, kanohi ki te kanohi (face-to-face), he was forced to stay aboard the ship where he was beaten and abused (Salmond, 1999, p. 44). Marsden joined the ship for the return journey to Port Jackson and was angered and deeply concerned by Ruatara's treatment. Marsden wrote

of Ruatara's terrible experiences to Dr Good (a name full of Christian idealism), to which Dr Good replied,

> Poor Duaterra! [*sic*] How sincerely do I pity him that he should have fallen into the hands of a wretch so unworthy of the British name, and so careless about its reputation: But [there are] yet savages among Englishmen, and philosophers among savages. I rejoice most ardently … that he at length fell so marvellously into your care; whose kindness, and moral and religious instruction have already, I doubt not … atoned for all the brutal treatment of his first master (Good, 1810, cited in Salmond, 1997, p. 410).[10]

This text again reveals a Christian discourse in which the native other is constructed as in need of missionary healing, and the European Christian coloniser constructed as that healer. Salmond (1999, 2017) articulates a clash of cosmologies some years later in 1815 as Ruatara's body succumbs to illness, and Marsden, now in Aotearoa New Zealand having set up the CMS Mission station, seeks to tend to his 'friend's' illness. Salmond (1997, 1999, 2017), in exploring the death of Ruatara, describes that for Māori attending to Ruatara when he fell sick,

> The life force, *hau ora,* had been affected and was showing signs of failure (Best, 1900). Ruatara's illness, just weeks after bringing Samuel Marsden and his missionaries to Rangihoua from Port Jackson, was thus a sign of existential danger (*mate*). The *tohunga* (or priest) took his *hau* to be under attack, probably by the Gods of the Europeans. (Salmond, 1999, p. 40)

> Convinced that Ruatara's hau was being assailed by Atua (powerful ancestors), perhaps those of the Europeans, the tohunga (priest) isolated the young chief from all but his closest relatives, and tried to prevent the missionaries from visiting the tapu enclosure. The Europeans, on the other hand, understood Ruatara's affliction to be a 'violent cold … attended with inflammatory symptoms'. Accordingly, they visited him, and tried to assist his recovery with gifts of food, drink and medicines. The scene was set for an ontological collision, with Ruatara's life in the balance. Competing cosmologies swirled around his sick bed. Ideas of ora and life, mate and death, tapu and a Christian God, atua and Satan, hau and the immortal soul battled it out over his wracked, tormented body. (Salmond, 2017, p. 58)

Salmond (1999) further notes,

> On one side of this ontological tug of war were the *tohunga*, or priests, who were concerned about Ruatara's *hau*. On the other were Marsden and his missionaries, who were trying to save his soul, so that he could go to heaven.

[10] John Mason Good to Samuel Marsden, April 29, 1810, MI. AI992: 485 (cited in Salmond, 1997, p. 410).

> They wanted to bring him into the light of God, to free him from the Prince of Darkness. (p. 41)

This is one of many examples of an ontological collision of cosmologies and contests over what is allowed to enter the true, which, I suggest, is central to the conditions of possibility that eventually made European-informed psychotherapy possible in Aotearoa New Zealand nearly a hundred years before European-informed psychotherapy arose as a practice in this country. For, in the construction of the Indigenous other, both prior to and during early Aotearoa New Zealand colonial contact, as a "wanting and needing entity", Christian missionary discourse was central. In Ruatara's death we have an early example of Māori, in the eyes of Christian missionaries, created as the patient suffering from an illness, and the Christian missionary as the providers of healing ministration. And a contest over what can "enter the true" is well under way.

5.6 Christianity and The Great Chain Of Being

In *Two Worlds*, Salmond (1991) offers another text illustrating the influence of the assumption of European superiority embedded in the discourse of the Great Chain of Being. She describes Joseph Banks "self-justification for adding Tupaia, a [Tahitian] priestly ariki (high chief) and navigator from Raiatea, to his entourage, when he drew a commonplace European analogy between animal and human 'curiosities'" (p. 116):

> The Captn refuses to take him on his own account, in my opinion, sensibly enough, the government will never in all human probability take any notice of him; I therefore have resolved to take him. Thank heaven I have a sufficiency and I do not know why I may not keep him as a curiosity, as well as some of my neighbours do lions and tygers [*sic*] at a larger expense than he will probably ever put me to; the amusement I shall have in his future conversation and the benefit he will be of to this ship, as well as what he may be if another should be sent into these seas, will I think fully repay me. (Banks, 1769, cited in Salmond, 1991, p. 116)[11]

Tupaia is Tahitian and the text above is reflective of colonial missionary discourse which placed Pacific Island "natives", and Māori specifically, on the Great Chain of Being continuum, somewhat lower down than their European counterparts. Indeed, many historians have suggested that Māori were 'fortunate' that in this Great Chain of Being discourse, informed as it was by biblical Christian origins, Māori were ranked in a place

[11] Beaglehole, J. C. (Ed.). (1962). *The Endeavour Journal of Joseph Banks 1768-1771, Vols I and II*. Angus and Robertson, pp. 312–313 (cited in Salmond, 1991, p. 116).

clearly inferior to Europeans, but higher in the chain than many other Indigenous peoples in different contexts and in earlier British colonial endeavours, particularly in Africa, North America, India, and Australia, in which Indigenous people were often constructed as less than human. For example, Sorenson (1975) observes,

> Indeed, the Māori had the good fortune to be ranked higher than most other 'savages'. Exponents of the old theory of a Great Chain of Being invariably put the Māori somewhat above the unfortunate Hottentots or Australian Aborigines who were usually placed in the last links in the chain between man and the apes. It was much the same if a more modern though still pre-Darwinian evolutionary scheme was used, for the Māori, with their sedentary agriculture and skilled arts, were usually placed on the border between savagery and barbarism, and assumed to be capable, with proper guidance, of graduating to civilisation. (p. 97)[12]

Thus Marsden (1814), for example, commented,

> The natives of New Zealand are far advanced in Civilization, and apparently prepared for receiving the Knowledge of Christianity more than any Savage nation I have seen. Their Habits of Industry are very strong … they only want the means … the more I see of these people the more I am pleased with, and astonished at, their moral Ideas and Characters. They appear like a superior Race of men. (Marsden, 1814, cited in C. Orange, 2013, p. 14)[13]

> Their [the Māori] minds appear like a rich soil that has never been cultivated, and only wanted the proper means of improvement to render them fit to rank with civilised nations. I knew that they were cannibals – that they were a savage race, full of superstition, and wholly under the power and influence of the Prince of Darkness – and that there was only one remedy which could effectually free them from their cruel spiritual bondage and misery, and that was the Gospel of the Crucified Saviour. (Marsden, 1814/1815, cited in Salmond, 2017, p. 61)[14]

The soft power of colonialism, and its civilising mission in Aotearoa New Zealand, is evident in Marsden's words. Māori are not constructed as non-human, as other Indigenous peoples have been in earlier British colonial endeavours in other lands (for example, Australia [D. B. Macdonald, 2016]). Rather they are created as "of the same omnipotent Author", with a Christian soul at the heart of the self, and in need only of the balm of Christian salvation to bring them from the 'dark' to the 'light'.

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[12] See for example, Aborigines Protection Society. (1846). *On the British colonization of New Zealand*. Smith and Elder (p. 1).
[13] Marsden (1814) cited in Orange, C. (2013). *Story of a treaty*. Bridget Williams Books. (p. 14).
[14] Observations and Journal of Rev Samuel Marsden's First Visit to New Zealand, HL MS 176/1, 11, 1814/1815 (cited in Salmond, 2017, p. 61).

McNay (1994) notes Foucault's (1966/2002) proposition that "the central problem of contemporary thought is its inability to think the other: 'we are afraid to conceive of the Other in the time of our own thought'" (McNay, 1994, p. 80). As Foucault (1966/2002) observes in *The Order of Things*,

> The history of madness would be the history of the Other – of that which, for a given culture, is at once interior and foreign, therefore to be excluded (so as to exorcize the interior danger) but by being shut away (in order to reduce its otherness); whereas the history of the order imposed on things would be the history of the Same. (p. xxvi)

The discourse of The Great Chain of Being and of European Christianity constructs the 'other' of the Aotearoa New Zealand early colonial context as in need of Christian salvation. The perception of the Indigenous 'New Zealand' "natives" in this manner enables the construction of Māori as Mika and Stewart's (2016) "wanting and needing entity" (p. 305), informed by a Christian discourse which perceived the inferior though benign Indigenous other as in 'need' of 'salvation'. There are a plethora of texts revealing this construction in subsequent engagement between Māori and European colonists. Moreover, this construction which I suggest informs the colonial project in Aotearoa New Zealand for the first 150 years following European contact with Māori, laid the foundations for the conditions of possibility for the construction of psychotherapy in this country. And central to these discourses is the assumption of a Christian soul at the centre of all 'selves' as 'sameness' is imposed upon 'otherness'.

5.7 Christianity and the Pre-Discursive Self

Christian colonial discourse constructed Māori not as soulless and inhuman, but rather as human and as potentially soulful as their Christian colonists, as prima materia rich with potential, imbued with a pre-discursive Christian soul, filled with the possibility for transformation, but in need of the transformative substance that is Christianity. And at the centre of this Christian discourse is the conceptualisation of a pre-discursive self and a soul, a self and soul that is God's creation and in need of God's salvation. This enables the construction of the Māori soul and self as 'needing' missionary salvation. The 'truth' of the nature of this self arises from the biblical Christian tradition in which the 'true' nature of the self and the soul is revealed. Salmond (1999) notes that the origins of the British missionaries' cosmological understandings arose out of a Christian perspective embedded within the following passage (abridged) from the Book of Genesis in the Christian Bible.

> In the beginning God created the heaven, and the earth,
>
> And the earth was without form, and void; and darkness was upon the face of the deep. And the Spirit of God moved upon the face of the waters.
>
> And God said, Let there be light: and there was light.
>
> And God saw the light, that it was good; and God divided the light from the darkness. And God called the light Day, and the darkness he called Night. And the evening and morning were the first day …
>
> On the fourth day God made the sun and moon; on the fifth day he created fish and birds: and on the sixth day he created animals, and man and woman in his own image. He blessed them, and said, 'Be fruitful, and multiply and replenish the earth, and subdue it: and have dominion over the fish of the sea, and over the foul of the airr, over every living thing that moveth upon the earth.' On the seventh day he ended his work and rested and sanctified that day, 'That in it he had rested from all his work, which God created and made'. (The Book of Genesis, cited in Salmond, 1999, pp. 41–42; also see Salmond, 1991, pp. 52–55 and Salmond, 2017, p. 58–59)[15]

Implicit in Christian discourse is a construction of self in which the Christian God is at the centre of this self. This God is anthropocentric and Eurocentric. It is the God of the Christian Bible, the one author of all, with European civilised humans next in this hierarchy and Indigenous Māori some way below, and with God at the centre of the European notion of self, he is also at the centre of truth. Salmond (1999) notes this is in contrast to an Indigenous Māori understanding of creation, in which "the cosmos began with a burst of primal energy" (p. 42). By contrast in the Christian account, God dwells *within the void*, and is the creator of all. Moreover central to this construction is the Christian centric and Eurocentric idea that at the heart of the subjectivity of the self is a pre-discursive soul, the creation of an "omnipotent Author" to utilise the phrase in the Earl of Morton's "hints" to Captain Cook, and that the southern land of Aotearoa New Zealand should itself be treated as the Christian colonialists' canvas, onto which they might impose their dominion (to use the words of the Book of Genesis). In this, the Christian colonialist is constructed as the saviour of the heathen native's soul. As Salmond (1999) notes, regarding early Christian missionaries in Aotearoa New Zealand,

> Marsden and his companions took the biblical account of the cosmos for granted. It is fascinating to see how it resonated with other contemporary ideas that influenced them. The European idea of the Great Chain of Being, for instance, so often echoed in their writings, took the notion of dominion from the creation story

[15] The Book of Genesis, cited in Salmond, 1999, pp. 41–42; also see Salmond, 1991, pp. 52–55 and Salmond, 2017, p. 58–59.

> and turned it into a cosmic hierarchy (Lovejoy 1950). All forms of life were ranked, from an omniscient and omnipotent god to the angels, to cherubim and seraphim, kings and queens, princes of the church and aristocrats, down to ignorant commoners, barbarians and savages. From the savages the chain descended to apes and other intelligent animals, through insects and plants and finally stones and earth, which had no sentience whatever. At the end of the great chain of being was lit with the light of knowledge and understanding: the lower end was sunk in ignorance and darkness. The missionary enterprise was understood as taking the gospel of God to savages lost in epistemic murk, and raising them up to enlightenment. (Salmond, 1999, pp. 42; also see Salmond, 2017, pp. 58–59)

Thus, the Enlightenment project of saving the heathen native was central to the colonial project. Belich (1996) notes that whilst missionary zeal did not lead to conversion of many Māori in the early part of the 19th century, by the 1830s conversion of Māori to Christianity became prevalent. And he describes the technologies of soft power which facilitate the colonial project of conversion:

> The classic agencies of conversion were commerce, civilisation and Christianity. But such things as European technology, governments, treaties, laws and settler-neighbours were also thought to convert. Conversion could be intended, as with missionaries, or unintended, a side effect of trade; it could be unofficial – the work of private organisations; or official – the work of governments. It could be soft – the gentle persuasion of idealised evangelism: or hard – the coercions of economic pressure. Associated with the relatively benign White Savage lens, and with 'monogenist' beliefs in the original unity of humanity, there was something almost generous about the European desire to convert, and something wonderfully naïve about their confidence in their capacity to do so. Europeans had something marvellous to share – themselves and their things, and thoughts. Surely conversion would be the heart's desire of the whiter and brighter kinds of native? (Belich, 1996, p. 125)

This naïve faith is exemplified in Marsden's comment in 1815 following the death of Ruatara.

> At the very time of these arrangements being made, Ruatara was laid on his dying bed. I could not but look on him with wonder and astonishment as he lay languishing under his affliction, and scarcely bring myself to believe that the Divine goodness would remove from the earth a man whose life was of such infinite importance to his country, which was just emerging from barbarism, gross darkness and superstition. (Elder, 1932, p. 70, cited in Salmond, 1999, p. 49)[16]

Foucault's conceptualisation of the order of things assists us in analysing the discourses at work in these texts, and their material effects. As Salmond (1999) notes,

[16] Elder, J. (Ed.). (1932). *The letters and journals of Samuel Marsden, 1765-1836*, Coulls, Somerville, Wilkie (cited in Salmond, 1999, p. 49).

> As Foucault has pointed out, early modern thinkers used analytical grids to order people and places … (Foucault 1967). Utilitarian philosophies came to prevail, in religious as well as civil administration. Within this system of thought, the missionaries understood Ruatara as an individual with a soul to be 'saved', in a population of unimproved heathens. His death was seen as a moment of choice between heaven and hell, between grace and eternal torment. (p. 53)

For Foucault, this hierarchical ordering was the foundation of the disciplinary society. Salmond (1999) observes:

> The elaboration of grids based on hierarchical control, as Foucault has pointed out, led to forms of life based on surveillance and domination (Foucault 1977). This was equally true of early modern science, 'rational administration', missionary enterprise and imperialism (which may be just one type of evangelism). In such systems, exchange was almost always unequal. Most missionaries, for instance, saw themselves as having everything to offer, and Māori as having nothing to teach them. (p. 55)

Certainly, in the early colonial period of Aotearoa New Zealand, cross-cultural contact between European arrivals and Indigenous Māori was viewed by Europeans as a one-way epistemological transaction. By contrast, for example, Alison Jones and Kuni Jenkins (2008) offer an Indigenous Māori reading of the so called 'first Christian sermon' in this country (an event that has often been presented by European historians as the first Christian sermon in Aotearoa New Zealand, one conducted by Samuel Marsden in 1814) as, through an Indigenous Māori lens, in fact an occasion when there was no sermon at all, but rather an Indigenous Māori political hui, one in which Māori were very much the ones in charge.

The perspective of one-way transactions held by European colonists is very much evident in multiple subsequent colonial texts. Te Tiriti o Waitangi and its translation, the Treaty of Waitangi (documents which outline an 1840 agreement between Indigenous Māori and New Zealand's British colonists and which are often cited as central to Aotearoa New Zealand's history, formation, and contemporary constitutional arrangements [C. Orange, 1987]), and their history, reflect the tensions of this one-way epistemological transaction perspective, and of the humanitarian and economic motivations underpinning the colonial project in Aotearoa, as much as any historical Aotearoa New Zealand text.

5.8 Te Tiriti o Waitangi (1840)

On February 5, 1840 (the day prior to the signing of Te Tiriti and the Treaty), Henry Williams, the missionary who the day beforehand had been largely responsible for the creation of the Māori text of Te Tiriti o Waitangi (translated into the Treaty of Waitangi), stood to address the Māori chiefs who had gathered to contemplate the proposed document. In subsequently reflecting on that day, Williams (1841) wrote:

> I told them all to listen with care, explaining clause by clause to the chiefs, giving them caution not to be in a hurry, but telling them that we, the missionaries, fully approved of the Treaty, that it was an act of love towards them on the part of the Queen, to secure them their property, rights and privileges. (cited in C. Orange, 1987, p 45)[17]

We see in this text the intertwining of discourses of missionary 'love', with commercial and imperial motivations. C. Orange (1987) notes that Henry Williams' comment that the Treaty was an act of love from the Queen towards Māori, reflected a

> tradition of a personalised, caring Crown … Williams … perceived, too, that for Māori converted to or associated with Christianity there was an additional spiritual dimension – under one sovereign, Māori and British could be linked as one people with the same law, spiritual and temporal. (p. 56)

Psychotherapy has often also been conceptualised as an act of love (for example, Lewis et al., 2001). Of course, as difficult and complex an act as love always is. But love nevertheless. Belich (1996), Durie (2001), and C. Orange (1987) also suggest that Te Tiriti was in part motivated by humanitarian 'loving' concern for Māori. Indeed, the cultivation of spiritual care from the Crown to Māori by the British is similarly reflected in earlier exchanges. Salmond (2017) records an occasion in 1825, during a meeting between missionaries and chiefs at Kerikeri to persuade them to give up fighting. She notes that the Chief Hongi Heke would not agree though he believed the missionaries had spoken out of love.

> *Missionaries*: … But you see now – we possess all things. Our friends, seeing you had nothing – no axes, no blankets, no corn, no pigs, no potatoes etc., sent a ship to visit you – Captain Cook … Well, we can speak to you and express our great love. Is it not from love that we have thus addressed you? …
>
> *Hongi*: Yes, truly, the white people have spoken to us from love … My heart is as hard as a piece of wood. I cannot stop. I must go. I must kill that one man Toko,

[17] Carleton, Henry Williams, vol. 2, p. 12; Hobson, February 5, 1840, GBPP, 1841 (311), p. 8 (cited in C. Orange, 1987, p. 45).

> and the principal chief of Kaipara. But I believe that you have spoken to us out of love. (Davis, 1825, cited in Salmond, 2017, p. 190–192)[18]

Whatever the degree to which humanitarian ends were well intentioned, the love that the missionaries and Williams refer to was paternalistic, the offer of the coloniser to the native, and the shadow of this act was inherently hostile, violent, and underpinned by economic motivations. These tensions are reflected in Māori Rangatira Kawepo's words in 1861, 20 years after the signing of te Tiriti:

> Behold the Treaty of Waitangi has been broken. It was said that the Treaty was to protect the Māoris [*sic*] from foreign invasion. But those bad nations never came to attack us; the blow fell from you, the nation who made that same Treaty. Sir, it is you alone who have broken your numerous promises. (Renata Kawepo, 1861, cited in O'Malley, 2016, p. 32)[19]

As Mika and Stewart (2016) note, beneath the West's longing for the Indigenous 'other' is its shadow: "repulsion" (p. 305). And with this violence came the subjugation of Indigenous knowledge, including in relation to the theory and practice of what came to be known as psychotherapy in this country, a subjugation preceded and signalled by the passing of the *Tohunga Suppression Act 1907*. For Tohunga are Indigenous spiritual Māori healers who had practiced in Aotearoa New Zealand for centuries prior to colonial contact in this country. But in 1907, the now well-established New Zealand Parliament, a Parliament modelled on British Westminster principles, passed an Act attempting to obliterate tohunga practices by making them illegal.

5.9 The Passing of the *Tohunga Suppression Act 1907* (TSA)

Voyce (1989) suggests that the *Tohunga Suppression Act 1907* (TSA) was ostensibly concerned with colonial anxieties about the impact on Māori of tohunga healers, commenting that "with the advance of colonialism went the advance of medicine to protect the native population from what was considered to be quacks and unqualified personnel" (p. 112). However, he proposes that this ostensible concern was entwined with maintenance of colonial state power. He writes, "I am sceptical of any humanitarian motive in passing the *TSA*. Rather, humanitarian motives added support to the need to

[18] Richard Davis, November 15, 1825, HL MS 66/10; Conversations of the missionaries with the Chiefs, 'Shunghee, Rewa, Titori, Hihi, Uduroa, Pakida, Tenana' at Kerikeri, November 13, 1835, CN/M4, 48 (cited in Salmond, 2017, pp. 190–192).

[19] Renata Kawepo, 1861, cited in V. (2016). *The Great War for New Zealand: Waikato 1800–2000*. Bridget Williams Books. (p. 32).

appease electoral opinion to ensure the liberal party continued in political office" (p. 110). And Aotearoa New Zealand Māori psychotherapy practitioners Morice et al. (2017) propose that

> The TSA was, in part, specifically designed to suppress the uprising of Tuhoe prophet Rua Kenna (Binney, Chaplin & Wallace, 2011), legitimise his arrest, and authorise the subsequent destruction of the Indigenous community at Maunga Pohatu in 1917. (p. 123)

Thus, the TSA is one of many examples in which humanitarian motivations were proffered to justify the colonial project in Aotearoa New Zealand, but which concealed motivations which were primarily political and economic (C. Orange, 1987). Māori Psychotherapy practitioner Wiremu Woodard (2014) asserts that the *Tohunga Suppression Act 1907* is a painful example of an attempt to maintain the dominance of Western approaches to psyche and to disable Indigenous knowledge. He notes in his 2014 article "Politics, Psychotherapy, and the 1907 Tohunga Suppression Act"*,*

> Tohunga incorporated a dynamic repertoire of healing methods ranging from rongoa Māori (pharmacopeia) to mirimiri (massage), karakia (incantation) and waioroa (water therapy, infusions and heat applications) (Durie 1998; Gillies, Tinirau and Tinirau, 2011). As well as possessing specialised knowledge about remedies and ailments, traditional healers combined physical treatments with ritual, interpretation of symbols and signs (such as dreams), prognostication, spirituality, and understanding of human interaction, including interaction with the environment. Like all medicine and medical practice, these methods and methodologies were embedded within the wider cultural context and drawn from culturally specific epistemologies (DiGiacomo, 1987; Gaines, 1991; Kleinman 1998). … Simply put, the interconnected realities of our universe and intimate relationships within this universe create a complex system of symbolic understanding of the human beings. As Durie (2003) observed, tohunga function to mediate between the interconnected realities of the patient, families, communities, and society. (p. 42) [For one detailed description of a Tohunga practice see Edward Shortland, 1882, *Māori Religion and Mythology*, Longmans Green, pp. 32–33, cited in Leckie, 2024, pp. 53–54.]

Woodard suggests, drawing on research from Durie (2001), that the passing of the *Tohunga Suppression Act*, "effectively outlawed traditional healing methods, driving the tohunga and an entire system of organising knowledge and conceptualising the inner and outer world, underground" (p. 43). He argues (Woodard, 2014) that the act was intended to undermine Indigenous knowledge and establish the primacy of Western knowledge, commenting,

> as one of many mechanisms used to colonise, assimilate and acculturate the Indigenous peoples of Aotearoa, the TSA effectively suppressed previously existing Indigenous systems of healing, and thereby created an apolitical void in which Western 'biomedicine' and psychological models have flourished, thereby privileging biological and intrapsychic determinism (Davis-Floyd & Gaines, 2004; Orange, 2011). (p. 39)

Similarly, R. Horrocks (2016) in his article exploring the history of the intellectual in Aotearoa New Zealand*,* cites Linda Tuhiwai Smith who describes the TSA as the outlawing of "a whole class of traditional Māori intellectuals" (L. Smith, 1997, cited in R. Horrocks, 2016, p. 143).

In Chapter 8 I will argue that Woodard (2014) and Morice et al.'s (2017) views reflect Indigenous psychotherapy practitioners' views of how state power sought to subjugate Māori knowledge, constructing Indigenous knowledge as primitive, and European settler knowledge as superior, a significant legislative action which played its part in setting the scene for psychotherapy to be discursively produced in the Aotearoa New Zealand context in which, initially, and inevitably, Māori are constructed as the 'patient', and non-Māori as the 'psychotherapist', thus ontologically matching not only the expectations but also the needs of the European coloniser. In this construction, Western perspectives on the nature of psyche come to dominate. Māori are constructed as the inevitable recipients of colonial wisdom. And with the driving 'underground' of Indigenous knowledge and perspectives regarding the nature of and practice in relation to psyche, the 'Māori patient' is inevitably positioned as marginalised resisters of this dominance, a theme which runs throughout the life of psychotherapy in Aotearoa New Zealand subsequently. Māori resistance to this legislation also reflects a broader Indigenous Māori challenge to psychotherapy and its perceived Eurocentric hegemony in this country. This resistance, so invisible to European psychotherapists during the forming of the New Zealand Association of Psychotherapists in 1947, as I outline in Chapter 7, has become painfully visible over the past 40 years, with the emergence of Indigenous challenges in Aotearoa New Zealand generally, and particularly in relation to psychotherapy knowledge and practice in this country, a resistance the manifestation of which I will analyse in detail in Chapter 8 of this thesis. Indeed, whilst Eurocentric psychotherapy in this country has often presented itself to itself and to others, as Woodard notes, as "apolitical", Woodard (2014) asserts that psychotherapy in this country has indeed always been political, and throughout its history has been particularly

effective as a political tool for the subjugation of Indigenous wisdom and knowledge, and the colonisation of Indigenous Māori minds, an assertion I will analyse more fully in Chapter 8.

In relation to the initial colonial project more generally in Aotearoa New Zealand, the above texts, I suggest, reflect how missionary and humanitarian discourses infused with the construction of the European as superior, morally and spiritually, and of the natives as heathen and in need of salvation, informed the colonial project, metaphorically and literally placing Māori on the spiritual sick bed, and placing the white settler by his side, tending to the needs of his soul.

5.10 Imperial and Economic Motives

Many historians have proffered the idea that humanitarian impulses camouflaged economic and imperial motives. However, perhaps, from a European perspective, the economic discourses which inform the colonial project and the Christian ones reflected in the texts analysed above were not in conflict, but in harmony. The tensions of humanitarian impulses, and the impulses of European superiority are evident in the work of the Aborigines Protection Society and its production of the House of Commons Committee Report in 1837, a report which preceded and informed the colonial project, and in particular the development and signing of Te Tiriti o Waitangi. Claudia Orange (1987) notes,

> The Treaty was also an answer to contemporary humanitarian interests. At the peak of its activities in the 1830s, the humanitarian movement succeeded in emancipating slaves, in establishing the Aborigine Protection Society and in producing the House of Commons Committee's report on Aborigines in British settlements. Humanitarians shared a conviction that the trusteeship of native races should be complementary to the expanding British Empire. This was expressed in concern to 'protect' native races from the worst effects of uncontrolled European contact – disease, loss of land, degradation, depopulation, and ultimately racial extinction. In New Zealand, they hoped to avert this 'fatal impact', to redeem the British record. This 'salvation', however, was not intended to preserve traditional Māori society but ultimately to destroy it and to amalgamate Māori with the settler community. The treaty laid the basis for this amalgamation. (p. 2)

The 1837 House of Commons Select Committee report undertaken prior to Hobson's journey to Aotearoa New Zealand for the signing of Te Tiriti included the following in its introduction:

> The Select Committee appointed to consider what Measures ought to be adopted with regard to the Native Inhabitants of Countries where British Settlements are made, and to the neighbouring Tribes, in order to secure them the due observance of Justice and the protection of their Rights; to promote the spread of Civilisation amongst them, and to lead them to the peaceful and voluntary reception of the Christian Religion. (p. 1)
>
> …We are apt to class them under the sweeping terms of savages, and perhaps, in so doing, consider ourselves exempted from the obligations due to them as our fellow men. This assumption does not, however, it is obvious, alter our responsibility; and the question appears momentous, when we consider that the policy of Great Britain in this particular, as it has already affected the interests, and, we fear we may add, sacrificed the lives, of many thousands, may yet, in all probability, influence the character and destiny of millions of the human race. (*Report of the Parliamentary Select Committee of Aboriginal Tribes*, 1837, p. 1)[20]

The tensions of humanitarian impulses and assumptions of European superiority are evident. These tensions inform Lord Normanby's instructions to Captain William Hobson in England prior to Hobson's journey to New Zealand to seek agreement with Māori for the signing of Te Tiriti o Waitangi, the Treaty of Waitangi (given to Hobson on August 14, 1839). These instructions include the following:

> Believing, however, that their own welfare would, under the circumstances I have mentioned, be best promoted by the surrender to Her Majesty of a right now so precarious and little more than nominal, and persuaded that the benefits of British protection and laws administered by British judges would far more than compensate for the sacrifice by the natives of a national independence which they are no longer able to maintain, Her Majesty's Government having resolved to authorise you to treat with the aborigines of New Zealand in the recognition of Her Majesty's sovereign authority over the whole or any part of those Islands which they may be willing to place under Her Majesty's dominion.…
>
> There are yet other duties owing to the aborigines of New Zealand which may be all comprised in the comprehensive expression of promoting their civilisation, understanding by that term whatever relates to religious, intellectual and social advancement of mankind. For their religious instruction liberal provision has already been made by the zeal of the missionaries, and the Missionary Societies in this kingdom, and it will be at once the most important and the most grateful of your duties to this ignorant race of men to afford the utmost encouragement, protection and support of their Christian teachers.… and until they can be brought within the pale of civilised life, and trained to the adoption of its habits, they must be carefully defended in the observance of their own customs, so far as these are compatible with the universal maxims of humanity and morals. But the savage practices of human sacrifice and cannibalism must be promptly and decisively interdicted; such atrocities, under whatever plea of religion they may take place,

[20] *Report of the Parliamentary Select Committee of Aboriginal Tribes*. (1837). Retrieved January 7, 2025, from https://nationalunitygovernment.org/pdf/2020/aboriginal-report-London-1837.pdf

> are not to be tolerated within any part of the dominions of the British Crown (Normanby, 1839, para. 10). [21]

C. Orange (1987) suggests Normanby's introduction to these instructions are, in effect,

> a lengthy dissertation which amounted to an apology for British intervention. It reflects Colonial Office difficulty in reconciling conflicting principles and in accommodating the interests of opposing pressure groups. Normanby had to recognise Māori independence, even a sovereignty of sorts, but he also had to negate it; he had to allow for British colonisation and investment in New Zealand, yet regret its inevitability; and he had to show that justice was being done the Māori people by British intervention, even while admitting that such intervention was nevertheless unjust. (p. 30)

The texts of Normanby's instructions also reveal the centrality of Christian discourse in enabling and justifying the colonial project despite the inevitable, anticipated, and unjust harm that would result to Indigenous Māori. Once again, the centrality of the Christian God at the heart and soul of all human beings, and the need to save the uncivilised native from their savage selves enables the colonial project and its violence.

5.11 The Biopolitics of Racism in Aotearoa New Zealand

Despite the ostensibly humanitarian motivations for the colonisation of Aotearoa New Zealand, the shadow of violent economic motivations was soon to be revealed. Woodard and O'Connor (2019) note Dalal's (2002) summary of Frantz Fanon's (1982) writing. Dalal comments,

> 'The mythology that colonialism constitutes itself by itself is that it is a civilising project of humanising of the primitive native, and so disguises its true intentions which are exploitative and economic' (Fanon 1982, p. 94). Fanon (1982) writes powerfully about the dehumanisation implicit in the colonial project. 'Every colonised people, in other words every people in whose soul an inferiority complex has been created by the death and burial of its local cultural originality – finds itself face-to-face with the language of the civilising nation'. (Fanon, 1982, cited in Woodard & O'Connor, 2019, p. 98)

Woodard and O'Connor (2019) cite writers such as Wolfenstein (1993) who build on Fanon's work, in offering a reading of colonial discourse in which the construction of the Indigenous other as dehumanised is emphasised. They note that within the Aotearoa

[21] Normanby. (1839). *Lord Normanby's written instructions given to Hobson on the 14th of August 1839 in England*. The Treaty of Waitangi || Te Tiriti O Waitangi. Retrieved January 7, 2025. https://www.treatyofwaitangi.net.nz/LordNormanbysBrief.html

New Zealand context (Durie, 2001; Goldie, 1989; Kawharu, 2003, R. Walker, 1987; S. Walker, 1996), writers describe, in a manner similar to that suggested by Salmond (2017) above, of early constructions of Indigenous Māori as romanticised and idealised (the 'noble savage'), suggesting that this assisted early settler contact; but that as the economic imperative of colonisation became more pressing in the mid- and late-19th century, the constructions of Māori become more violent. As Wolfenstein (1993) suggests, "the black race serves as a mirror in which white people see reflected their own unconscious repressed or alienated selves … the black person is what the white person is not. He is the alienated white self" (cited in Woodard & O'Connor, 2019, p. 98).

Woodard and O'Connor (2019) also cite writers, such as Beets (2003), Hokowhitu (2004), Park (2006), L. Smith (1999), S. Walker (1996), who describe the construction of Māori as the primitive or savage other. For example, in the Wellington Independent (July 21, 1868): "We must spite and spare not … they are determined to fight and we, in self-protection must treat them as a species of savage beasts which must be exterminated to render the colonisation of New Zealand possible" (cited in Woodard & O'Connor, 2019, p. 98).[22] And Woodard and O'Connor (2019) quote Wakefield (cited in Best, 1925, p. 120) who, in describing Māori when telling a story, suggest "nothing can remind one more forcibly of a monkey as one who has seen a Māori relating the news". Further, Woodard and O'Connor (2019) quote Park (2006), who, in citing Darwin, comments,

> Whenever Darwin remembered New Zealand during the writing of the origin of the species, it was Kororareka's Māori being so 'filthily dirty' and his fear of the 'cunning and ferocity'. On his evolutionary scale of civilisation with terra del fuegians as zero, 'I am afraid the New Zealanders would rank but a few degrees higher, while Tahiti … would occupy a respectable position. (cited in Woodard & O'Connor, 2019, p. 98)[23]

And Arthur Thompson (1859) claims,

> It was ascertained by weighing the quality of millet seed skulls contained … that New Zealander's heads are smaller than the heads of Englishmen, consequently the New Zealanders are inferior to the English in mental capacity … this analysis shows the New Zealanders have the minds of children. (cited in Woodard & O'Connor, 2019, pp. 98–99)[24]

[22] July 21, 1868, cited in Archer (1975), cited in Woodard and O'Connor, 2019, p. 98.
[23] Park, 2006, p. 85, cited in Woodard and O'Connor, 2019, p. 98.
[24] Thompson, 1859, cited in Woodard and O'Connor, pp. 98–99.

The texts above illustrate that by the 1860s, and the commencement of the Aotearoa New Zealand land wars (O'Malley, 2016), Māori were constructed as a dehumanised and denigrated other. Thus, by the 1850s, Donald McLean, a settler historian of the time commented,

> The offensive term 'bloody Māori', 'black nigger', 'treacherous savage' are frequently applied to them, and though uniformly kind and hospitable to strangers, they are themselves often treated with cold indifference, and sometimes with contempt when they visit the English towns. (cited in O'Malley, 2016, p. 91) [25]

The above texts reveal increasingly violent constructions of Indigenous Māori in Aotearoa New Zealand, as inferior and denigrated, in confluence with the more overt emergence of more economic and capitalist motivations, in relation to the colonisation of this country and its land and people. Foucault (1976/2020c) suggests the racism inherent in the above texts reveal how racism, and its 'killing' effects, act as a biopolitical strategy for the management of human material in colonial contexts.

5.12 Smoothing the Pillow of a Dying 'Race': The Biopolitics of Racism in Aotearoa New Zealand

In an article entitled "The Passing of the Māori", published in 1924 (previously orally presented to the Royal Society of New Zealand, in 1922), Te Rangi Hiroa (P. H. Buck) reviews the data which had previously been used to assert that Māori would inevitably die out as a result of colonisation (the 'fatal impact' theory). He comments

> In 1881, Dr Newman (1, p. 477) stated: 'Taking all things into consideration, the disappearance of the race is scarcely subject to much regret. They are dying out in a quick, easy way, and are being supplanted by a superior race.' Thus, he relegates us to the Shades, and we cease to be as important as the carvings our brains designed, and our hands executed.
>
> In 1884, Sir Walter Buller (2) in speaking before the Wellington Philosophical Society, said that it was a 'fact that the Māori race was dying out very rapidly; that, in all probability, five and twenty years hence there would only be a remnant left'. He quotes Dr. Featherston, as saying in 1856, 'The Māoris, are dying out, and nothing can save them. Our plain duty, as good, compassionate colonists, is to smooth down their dying pillow. Then history will have nothing to reproach us with'.
>
> … In a paper read before this Institute in 1907, Archdeacon Walsh (5), after ably summing up the exterminating factors introduced by civilisation, sounded our

[25] McLean in O'Malley, V. (2016). *The Great War for New Zealand: Waikato 1800–2000*. Bridget Williams Books. (p. 91)

> requiem in a more soothing and sympathetic manner, in keeping with his cloth. He said: 'The Māori has lost heart and abandoned hope. It, [the race] is sick unto death, and is already potentially dead'. He quotes Von Hochstetter as observing, in 1865, 'The Māori's … look forward with a fatal resignation to the destiny of the final extinction of their race. They themselves say, 'As clover killed the fern, and the European dog the Māori dog, as the Māori rat was destroyed by the *pākehā* rat, so our people also will be gradually supplanted and exterminated by the Europeans. (Te Rangi Hiroa, 1924, pp. 362–363)[26,27]

Foucault, in his March 17, 1976 lecture, as part of his *Society Must Be Defended* lectures (1976/2020c) observes that whilst racism does not necessarily mean physical death, it inevitably kills. Indeed, Foucault suggests, that the racism inherent in the above text reflect and reveal discourses which have as their material effect a biopolitical consequence for the management of human material (Ransom, 1997), one which serves economic and governmental purposes. In this lecture Foucault describes the emergence of a biopower which he distinguishes from disciplinary power. He comments,

> We saw the emergence of techniques of power that were essentially centred on the body, on the individual body. … Now I think we see something new emerging in the second half of the 18th century: a new technology of power, but this time it is not disciplinary. This technology of power does not exclude the former, does not exclude disciplinary technology, but it does dovetail into it, integrate it, modify it to some extent, and above all, use it by sort of infiltrating it, embedding itself in existing disciplinary techniques. … Unlike discipline, which is addressed to bodies, the new nondisciplinary power is applied not to man-as-body but to the living man, to man-as-living being; ultimately, if you like, to man-as-species. … We have … at the end of [the 18th century], the emergence of something that is no longer an anatomo-politics of the human body, but what I would call a 'biopolitics' of the human race. (pp. 242–243)

Foucault describes the emergence of a biopolitics of the human species, in which processes such as birth rate and the need to increase birth rate, mortality rate, and the need to increase longevity, come to be preoccupations of power's operations. With the emergence of the biopolitics of the human race, Foucault articulates the processes and purposes of racism. For he suggests, in the service of life, racism operates as a strategy

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[26] Te Rangi Hiroa (P. H. Buck). (1924). The passing of the Maori. *Transactions and Proceedings of the Royal Society of New Zealand*, *55*, 362–363. https://paperspast.natlib.govt.nz/periodicals/TPRSNZ1924-55.2.10.1.24

[27] Hiroa (1924) goes on to argue that predictions of the death of the Māori "race" were premature, and that indeed,

> available data from the census returns has been used to show that the rapid rate of decrease that occurred in the early half of the nineteenth century has ceased, and that the pendulum has begun to swing in the other direction. … the steady increase of the last twenty years shows there is something in the old tribal proverb, "We will never be lost, for we spring from the Sacred Seed which was sown by Rangiatea". (p. 374)

of biopolitical governmental power, that kills in service of enhancing life. In considering this, Foucault (1976/2020c) asks the piercing question, “Given that power’s objective is essentially to make live, how can it let die? How can the power of death, the function of death, be exercised in a political system centred upon biopower?” (p. 254). He proposes that racism has a particular and important biopolitical function in the service of these questions, commenting,

> It is, I think, at this point that racism intervenes. … What in fact is racism? It is primarily a way of introducing a break into the domain of life that is under power’s control: the break between what must live and what must die. The appearance within the biological continuum of the human race of races, the distinction among races, the hierarchy of races, the fact that certain races are described as good and that others, in contrast, are described as inferior: all this is a way of fragmenting the field of the biological that power controls. It is a way of separating out the groups that exist within a population. It is, in short, a way of establishing a biological type caesura within a population that appears to be a biological domain. This will allow power to treat that population as a mixture of races, or to be more accurate, to treat the species, to subdivide the species it controls, into the subspecies known, precisely, as races. That is the first function of racism: to fragment, to create caesuras built within the biological continuum addressed by biopower. (Foucault, 1976/2020c, pp. 254–255)

In Christianity’s Great Chain of Being, so influential in the process of the colonial project in Aotearoa New Zealand, the hierarchies implicit in this chain enable fragmentation in service of enabling life, whilst facilitating death. And Foucault (1976/2020c) makes the crucial point that the killing which racism facilitates for biopolitical ends, in service of the management of human material, does not necessarily mean a literal, physical death.

> When I say ‘killing’, I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on. (p. 256)

Thus, Foucault (1976/2020c) recognises how racism facilitates the colonial project.

> And we can also understand why racism should have developed in modern societies that function in the biopower mode; we can understand why racism broke out at a number of privileged moments, and why they were precisely the moments when the right to take life was imperative. Racism first develops with colonization, or, in other words, with colonizing genocide. If you are functioning in the biopower mode, how can you justify the need to kill people, to kill populations,

> and to kill civilisations? By using the themes of evolutionism, by appealing to a racism. (p. 257)

Foucault (1976/2020c) links theories such as the Great Chain of Being, and Darwin's evolutionary theory, so influential in the facilitation of the colonial project in Aotearoa New Zealand, as facilitating political objectives.

> Basically, evolutionism, understood in the broad sense – or in other words, not so much Darwin's theory itself as a set, a bundle, of notions (such as; the hierarchy of species that grow from a common evolutionary tree, the struggle for existence among species, the selection that eliminates the less fit) – naturally became within a few years during the nineteenth century not simply a way of transcribing a political discourse into biological terms, and not simply a way of dressing up a political discourse in scientific clothing, but a real way of thinking about the relations between colonization, the necessity for wars, criminality, the phenomena of madness and mental illness, the history of societies with their different classes, and so on. Whenever, in other words, there was a confrontation, a killing or the risk of death, the nineteenth century was quite literally obliged to think about them in the form of evolutionism. (pp. 256–257)

Thus, the biological hierarchies that came to enable and constitute the colonial project in Aotearoa New Zealand utilised evolutionary discourse for biopolitical ends. For, as Foucault (1976/2020c) suggests, racism's second and primary function is to facilitate death in the service of life. Or as he puts it "The very fact that you let more die will allow you to live more" (p. 255). And so, in the above texts, from the Earl of Morton's 'hints' to the instructions to Cook from the Royal Society, or the 1837 House of Commons Select Committee on Aborigine matters, all articulate apparently benign approaches to the 'native' other, but are infused by a biblical and evolutionary hierarchy of superiority, that facilitates the 'death' of the Indigenous other, in service of the life, purity, and superiority of the European colonial. In this way racism facilitates the biopolitical management of human material, in which life is enhanced, by the 'killing' of Māori, as they are 'supplanted by a superior race', a 'race' whose life is enhanced by this biopolitical strategy. For example, Marsden's observation that Māori minds are "rich soil" needing only the "cultivation" enabled by Christian missionary discourse, is infused with the discourse of racism, in which Indigenous Māori are 'killed', in service of superior 'life'. And these hierarchies of racism cast a long and enduring shadow in the Aotearoa New Zealand context.

On March 19, 2019, a few days after the Christchurch mosque attacks in which 51 Muslim New Zealanders were killed in a violent, premeditated, and unprovoked attack,

Anne Salmond wrote an article in the *New Zealand Herald* in response to Aotearoa New Zealand Prime Minister of the time Jacinda Ardern's statement that "They are us"; that those who have been hurt and killed are us, and Ardern's assertion that "he", the violent perpetrator of this killing, is "not us". This is an idea that quickly took hold in the collective, that the violence that was perpetrated was not us, that the violence was in the other. In response, in an article in March 2019 in the *New Zealand Herald* newspaper, Salmond comments that, in fact, the doctrine of white supremacy was foundational to the fabrication of New Zealand. She writes,

> White supremacy is a part of us, a dark power in the land. In its soft version, it looks bland and reasonable. Eminent New Zealanders assure their fellows that Māori were lucky to be colonised by Europeans, that Te Reo Māori is worthless, that tikanga Māori have nothing to teach us. ... [And] in its hard version, it's violent and hateful, spewing out curses, incarcerating young Māori in large numbers, denying them a decent education, homes, and jobs, telling them they have no future and are better off dead. (Salmond, 2019, paras. 1, 2, 4)[28]

Murderous racial violence is embedded in the discourse of this country, and inevitably, in the practice of psychotherapy in Aotearoa New Zealand. As revealed in the texts above, the construction of the 'Indigenous other' prior to European contact was profoundly influenced by Christian missionary discourse, in which the self is constructed as a soul to be saved, intertwined with Christianity's Great Chain of Being hierarchy, later supplemented by evolutionary Darwinian discourse, with God at the apex, white British men just below, and natives much further down. (For discussion of how racialised hierarchies became mapped on to the Great Chain of Being see Robert Young's [2004] *White Mythologies)*. It is this Christian discourse, and the missionary zeal it informed, which enabled the construction of the 'other' in the eyes of the British colonists, as a heathen native, inferior and in need of, indeed worthy of, saving.

Moreover, the tensions of humanitarian and Christian impulses to save, and the risk of considerable harm to the Indigenous 'other' are further resolved by the assumptions of European superiority, the genesis of which arises in their European reading of the Christian Bible, and by the Calvinist assumptions of predestination of the human European soul, as articulated by Max Weber. These Calvinist assumptions provide further justification for economic motivations which underpinned imperial colonial

[28] Salmond, A. (2019, March 19). Racist underbelly seethes just beneath surface. *New Zealand Herald*. https://www.nzherald.co.nz/kahu/dame-anne-salmond-racist-underbelly-seethes-just-beneath-surface/S564NH64JNI3YDPMZ75VFFX2AQ/

activity in Aotearoa New Zealand, and in particular a capitalist economically extractive approach to the colonial project in this country and its land.

5.13 Weber and the Capitalist Christian

Many have argued (for example, Belich, 1996; C. Orange, 1987) that exploitative economic motivations were camouflaged by these humanitarian and Christian aims. However, perhaps such aims were not in fact in conflict. Weber in his 1905 *The Protestant Ethic and the Spirit of Capitalism*, suggests that his view of Calvinism stood in contrast to Lutheranism, and proposed Calvinism as "a dynamic faith eminently suited to the progress of the modern world, the advance of the bourgeois, and the evolution of capitalism" (Hamilton, 2000, p. 153). Weber (1905/1930) proposed that the ideal capitalist was a man who

> avoids ostentation and unnecessary expenditure, as well as conscious enjoyment of his power, and is embarrassed by the outward signs of the social recognition which he receives. His manner of life is… often… distinguished by a certain aesthetic tendency… He gets nothing out of his wealth for himself, except the irrational sense of having done his job well. (Weber, 1905/1930, cited in Hamilton, 2000, p. 155)[29]

Weber (1905/1930) argues that the doctrine of predestination, developed in the 16th and 17th century, suggests that human beings could evidence the outcome of their afterlife by the choices and actions they undertook in life. He suggests that this doctrine implies that one's destiny is predetermined, but one's favourable actions in the here and now can confirm for the Christian believer their fate in the afterlife. In brief, as Hamilton (2000) puts it, "Good works, successfully rewarded, became a sign of divine approval" (p. 156; see also, Weber, 1905/1930, pp. 114–115). Moreover, as Weber himself put it, an individual's industrious capitalist economic activity in this life can be evidence of a predestined and favourable outcome in the next,

> If God shows you a way in which you may lawfully get more than in another way (without wrong to your soul or to any other), if you refuse this, and choose the less gainful way, you cross one of the ends of your calling, and you refuse to be God's steward, and to accept His gifts and use them for Him when he requireth

[29] Weber, M. (1905/1930). *The Protestant ethic and the spirit of capitalism* (T. Parsons, Trans.). George Allen & Unwin Ltd, p. 71 (cited in Hamilton, 2000, p. 155).

> it: you may labor to be rich for God, though not for the flesh and sin. (Weber, 1905/1930, cited in Hamilton, 2000, p. 158)[30]

Thus Weber (1905/1930) notes,

> In conformity with the Old Testament and in analogy to the ethical value of good works, asceticism looked upon as the pursuit of wealth as an end in itself is highly reprehensible; but the attainment of it as a fruit of labor in a calling was a sign of God's blessing. And even more important: the religious valuation of restless, continuous, systematic work in a worldly calling, as the highest means to asceticism, and at the same time the surest and most evident proof of rebirth and genuine faith, must have been the most powerful conceivable lever for the expansion of that attitude towards life which we have here called the spirit of capitalism. (Weber, 1905/1930, cited in Hamilton, 2000, p. 159)[31]

Weber's Calvinist perspective conceptualises a good Christian not as someone who rejects worldly wealth, but someone who answers God's call and makes use of the gifts offered by his God, to work hard, to succeed, and accumulate, and in so doing to do the work of God. Thus, economic and humanitarian motivations combined. By contrast, with the perspective that the colonial project in Aotearoa New Zealand was disguised as a humanitarian and Christian initiative, in order to camouflage economic and imperial imperatives, Weber's perspective brings those things together; to undertake colonial endeavour in other lands, such as Aotearoa New Zealand, in service of cultivating both the land, and from a missionary perspective, the people, is to be a good Christian, and is evidence that you are one of the predestined chosen ones. To travel across the world to succeed in the conquest of Indigenous Māori natives, and to offer salvation and civilisation, is another indication that you are one of the chosen people. Mika and Stewart's (2016) argument that Māori were, even prior to European contact, guessed as a "wanting and needing entity" (p. 305) is to create Māori as not only heathen souls needing to be saved, but also to create Europeans as hard-working Christians destined for heaven, the proof of which is the very act of their colonial industry.

And, from a Foucauldian perspective, the racism inherent in the Great Chain of Being discourse that informed the colonial project in Aotearoa New Zealand, and which underpins and enables the missionary activity that seeks to cultivate the land and 'rich soil' of the minds of Indigenous Māori, enables a biopolitical strategy for the management

[30] Weber, M. (1905/1930). *The Protestant ethic and the spirit of capitalism* (T. Parsons, Trans.). George Allen & Unwin Ltd, p. 71 (cited in Hamilton, 2000, p. 158).
[31] Weber, M. (1905/1930). *The Protestant ethic and the spirit of capitalism* (T. Parsons, Trans.). George Allen & Unwin Ltd, p. 71 (cited in Hamilton, 2000, p. 159).

of human material via the ‘killing’ of the Indigenous other, ostensibly in service of the civilising colonial project, and the enabling of ‘life’ that it facilitated.

5.14 Conclusion

Central to Foucault’s critique of modern conceptualisations of the self is his critique of the idea of a pre-discursive essential self. For Foucault, subjectivity arises as an effect of discourse (or as Nikolas Rose [1998, 1999] proposes, subjectification involves the “enfolding” of our discursive context). In the Christian account (outlined above) God is placed at the apex of The Great Chain of Being with European humans emerging from the work of this omnipotent creator. And central to the notion of self from the Christian perspective, is that we are works of God, created in his image, with the task from close to the apex of this chain of being, to have dominion over the rest of creation. Rose (1998) notes Foucault’s description of what is allowed to “enter ‘the true’” (p. 55), as arising out of discursive contests. In Christian discourse a single omnipotent creator God is at the centre of ‘the true’, and it is this ‘truth’ which was also central to the colonial project in Aotearoa New Zealand. And, in this chapter I am suggesting that not only did the discourses informing Christian missionary zeal, The Great Chain of Being, and the assumption of European superiority enable the colonial project in Aotearoa New Zealand, but also that these discourses and the material effects they enabled provided the conditions of possibility for psychotherapy to subsequently manifest in Aotearoa New Zealand, an argument I explicate further in Chapter 7 of this thesis in considering Foucault’s ideas suggesting that the genealogical origins of psychoanalysis are to be found in the pastoral power of the Christian confessional.

Colonisation itself is a discursive effect of discourses which assume a Eurocentric cosmology, in which the European man, the colonial saviour, is constructed as superior, and as a healing and civilising presence, in relation to an inferior, heathen, a “needing and wanting” other in desperate need of salvation, whilst Weber’s Calvinist Christian perspective suggests that Christian, economic, and imperial motives are further enabled by a Calvinism that perceives that Christians are able to evidence and confirm the pre-determined destination of their own soul by the industry they undertake on earth, and the success and material benefit that arises as the result of this hard work.

I suggest that the discourses and their effects revealed in the above textual analysis not only enabled the colonisation of Aotearoa New Zealand, but also provided

the conditions of possibility for the construction of psychotherapy in Aotearoa New Zealand. Specifically, the conditions of possibility enabled by these discourses included the discursive effect of a binary pair which existed in the minds of European colonialists from the beginnings of, and indeed preceding, the colonial project in Aotearoa New Zealand. On the one hand, the construction of Indigenous Māori 'natives' as in 'need' of something, namely the civilising input of Christianity, and with this the saving of the heathen soul, and on the other hand, the creation of the colonial saviour, the Christian missionary, who facilitated both the provision of the saving balm of Christianity, and enabled the hard working colonialist, who, by the very act of their vigorous colonial activity, participated in a Christian 'act of love' towards Māori in the land of Aotearoa New Zealand.

The construction of the above binary pair via the discourses of industry, imperialism, racism, and Christianity provided a prototype, I suggest, for the subjectivity of the healer, and of the one in need of healing. The beginnings of the country constructed as Aotearoa New Zealand involve a binary pair, a saviour and one to be saved, a healer and one to be healed. And it is this prototype which I will suggest in subsequent chapters provided the conditions of possibility for the beginnings of the construction of psychotherapy in this country.

5.15 A Rupture in the Discourse of the Christian Self: Enlightenment Rationality and the Medical Man

In this chapter I have suggested that psychotherapy is initially enabled by the discourses of Christianity, salvation, civilisation, and colonisation; in the following chapter I suggest the medicalisation of the human 'soul' provides a further discourse underpinning the conditions of possibility that emerge which subsequently enable the establishment of psychotherapy in Aotearoa New Zealand as a governmental technology which manages both Indigenous and non-Indigenous people. These discourses combine, I will suggest, in eventually enabling psychotherapy's micropower to play its part in civilising the uncivilised, and places the madness of the wayward citizen under the gaze of psychotherapy's normalising lens, enabling the production of docile colonial bodies, whose Christian pre-discursive essence psychotherapy seeks to potentiate, allowing them to become the hardworking, industrious, Christian souls at the essence of their being.

Specifically, in the following chapter I will analyse texts reflective of discourses that emerged out of a rupture in the notion of the self in Western thought as Enlightenment science gained greater traction, and the influence of medical model discourse emerged with greater strength, leading to the emergence of the first attempts at 'mental health' treatment informed by European perspectives in Aotearoa New Zealand, with the advent of lunatic asylums (and the so-called 'moral treatment' they provided) in the 'colony' from 1854 onwards. The emergence of these asylums coincided with the emergence of different discourses of the self as Enlightenment science began to question the idea that Christianity held the entire truth of the nature of the human self/soul. In particular, the medicalisation of the nature of human beings and the discourses underpinning this began to produce the 'mad' self as afflicted not necessarily by sin, but now by sickness, and the medical man of Enlightenment science comes to the fore in early colonial Aotearoa New Zealand, with the emergence of the lunatic asylum, as the first site of European mental health disciplinary practice, in which the normalising gaze of the medical model converts and constructs human suffering into mental sickness, to be enclosed in the panoptic lens of the asylum with all the soft power and governmental technologies such treatment involves. With the emergence of the asylum, I will suggest the baton was (at least partially) passed from Christian Missionary discourse to 'Medical Men' and their discourse of medicine and mental unwellness, as the truth of the 'other' gradually becomes constructed not just as the one to be saved, but rather as the one who is physically and therefore mentally unwell, and who needs to be 'treated'.

6. From Soul and Salvation, to Soma, Sickness, and Insanity

SIR - On page 2 of the Nelson Examiner, February 20, 1864, I see the Lunatic Asylum subject is again revived. What, then, is lunacy? And the answer to this question becomes all the more important to be clearly defined, since a person's liberty and property is dependent thereon. … although lunacy (or what they call lunacy) is not called crime, yet it is treated as such, beyond all question, in depriving a person (accused and supposed to be lunatic) of his liberty and property.

We know the common idea of lunacy is, that a person deprived of reason is mad, or does not know what he is doing, &c. But … as the case now stands, lunacy is made to signify anything or everything, according to the views of the parties concerned. This is quite evident, when a man is sent to a Lunatic Asylum for 'sleeping in the open air.' … But what does lunacy mean? Is it to believe that to be true which is false? or, as the phrase is, to be 'labouring under delusions'? Very well; let us see how this rule will work in practice. One sect in religion believes that to be true which another believes to be false and absurd. Are, then, those who are thus 'labouring under delusion,' as they say, to be put into a Lunatic Asylum, or, rather, Lunatic Prison? I should say, By no means. And yet, according to the principles of the firm of Lunatic Asylum and Co., it ought to be done.

I am, &c., THE GHOST OF SAMUEL (1 Sam., xxxviii., 15.) [*sic*]
(Correspondence, 1864, p. 3)[32]

6.0 Introduction: The Medical Gaze

If the discourses of Christianity underpinned missionary zeal and were central to making possible the colonial project in Aotearoa New Zealand, then the proliferation through transnational networks of British medical discourses of the body made possible the emergence of 'insanity' and its treatment within lunatic asylums in Aotearoa New Zealand. These discourses of the 'insane' body/mind enabled disciplinary intervention via the lens of a medical gaze. The construction and operation of lunatic asylums were a material effect of these discourses and were the first manifestation of mental health 'treatment' provided from a Western British colonial perspective within Aotearoa New Zealand. Moreover, these discourses gave birth to the subjectivity of the 'insane other', a subject position significant to the subsequent manifestation of psychotherapy as a thinkable and doable thing in Aotearoa New Zealand. This chapter analyses the emergence of the discourse of 'insanity', and its material effects, the 'asylum' and the 'moral treatment', a central precursor to psychotherapy, which occurred within these 'mental health facilities', alongside treatment via psychiatric medication and,

[32] Correspondence. (1864, March 3). *Nelson Examiner and New Zealand Chronicle*, *XXIII*(27), 3. https://paperspast.natlib.govt.nz/newspapers/NENZC18640303.2.10

eventually, psychosurgery, and the rupture the emergence of this ‘medical’ discourse reflects, regarding the nature of the truth of the ‘self’ in Aotearoa New Zealand.

6.1 A Rupture in the Nature of the ‘Truth’ of the Self, and the Birth of ‘Insanity’ in Aotearoa New Zealand

I suggest that the arrival of the asylum in the Aotearoa New Zealand context in the 1850s reflects a rupture in the discourses predominantly informing the fabrication of the nature of the ‘truth’ of the ‘self’ in the mid-19th century: namely, the self as a body, and in relation to the construction of insanity, a ‘sick soma’ in need of treatment via the gaze of the Western medical man. That the asylum, as the first manifestation of Western mental health medical practice in Aotearoa New Zealand, arose at this time reflects, I suggest, the importation into Aotearoa New Zealand of this profound rupture in the discourses informing the nature of self and the ‘regimes of truth’ which underpinned it. As Foucault (1984/2010e) observes,

> Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its ‘general politics’ of truth: that is, the types of discourse which it accepts and makes function as true. (pp. 72–73)

In the “contests of the true”, to which Nikolas Rose (1998) refers, the nature of the ‘essential’ ‘truth’ of the ‘self’, profoundly shifted with the emergence of Enlightenment discourse. Nietzsche (1887/1994) argues that in the generations pre-dating Luther, the authority of the Church as the holder of the truth of the human soul, was beyond question (see also Bluhm, 1956). Priests, and the written bible, readable only by the minority literate population, to which priests and monks were a central part, were the holders of all knowledge, and indisputable truths arose from the word of God. However, with the emergence of industrialisation and the Enlightenment emphasis on science arose a perspective in which the world could be known, the universe measured, a perspective which, for example, gave rise to the subjectivity of the botanist Joseph Banks, and his scientific endeavours to measure the botany of the South Pacific in his voyages with Captain James Cook (Salmond, 2017). As Salmond (2017) notes in her book *Tears of Rangi: Experiments Across Worlds*, in which she explores the interactions between British colonialists and Indigenous Māori throughout the history of colonial contact in Aotearoa New Zealand,

> the *Endeavour* expedition was a travelling sideshow of the Enlightenment, lavishly provided with scientific equipment to scan the heavens, collect and examine plants and animals, and explore the remote corners of the planet. Just as the *Endeavour* arrived in New Zealand, modernity was taking shape in Europe. As Frängsmyr, Heilbron and Rider have noted, in the mid-eighteenth-century Europe, a mechanistic, quantitative vision of reality was going viral. (p. 34)

And with this mechanistic and quantitative vision came an endless stream of practices and implements and disciplines which embraced this 'knowable' view of the world. Science, with its vast range of ways of measuring via its 'specialist knowledges' such as botany in the case of Joseph Banks, captured the natural world with its knowing gaze. Further, human beings became populations, the subject of endless measurement, via birth rates, death rates, and censuses, whilst the industrial world embraced routine, regulation, and mechanistic ways of manufacturing parts that became wholes. As Salmond (2017) observes,

> This particular strand of enlightenment thought traces at least as far back as the 17th century, when the philosopher René Descartes had a new vision of reality … In his dream, the Cogito – the thinking self – became the eye of the world, which in turn became an object for inspection. As the mind's eye replaced the Eye of God, people were separated from Nature, and eventually from each other. As mind (*res cogitans*) and matter (*res extensa*), subject and object and Culture and Nature were split, different realms of reality were set apart and subdivided, producing arrays of bounded objects that could be classified, counted, and examined. This 'Order of Things', as Michel Foucault has called it, lay at the heart of Enlightenment science. Here, the cosmos was understood as a singular, bounded, law governed entity (or uni-verse) – a view of reality sometimes described as a 'one world ontology'. In modernist science, the aim was to examine, analyse, count, classify and record everything that exists, and discover the laws that govern these phenomena. (p. 34)

In relation to Banks, Salmond (2017) notes once again the use of the hierarchical grid of the Great Chain of Being, to classify and 'know' the nature of humanity.

> The grid was hierarchical … with God at the apex … In this cosmic model, men ruled over women and children, free men over slaves, and 'civilised' people over 'barbarians' and 'savages'. …Coupled with notions of 'progress' and 'improvement', the 'Order of Things' gave an air of virtue to imperial expansion, the Industrial Revolution, global capitalism, and models of technocratic control. With its focus on discovery, instrumental recording, mathematical and taxonomic description, the *Endeavour* voyage epitomised this way of understanding the world.… Not surprisingly, these divergent views were also echoed on board the *Endeavour*. As a member of the landed gentry, Joseph Banks found hierarchies and gridded models congenial. …he invoked the Great Chain of Being, and took it for granted that he and his fellow Europeans (especially the gentry) occupy a

higher place on the cosmic ladder than the people he met in the Pacific. (p. 35–37)

Thus, for example, Joseph Banks comments in relation to Indigenous Māori engaging in cannibalism:

> nature recoils at the thought of any species preying upon itself …. anyone who considers the admirable chain of nature in which Man, alone endowed with reason, justly claims the higher rank, will easily see that no Conclusion in favour of such a practise can be drawn from the actions of a race of beings placed so infinitely below us in the order of Nature. (Banks, 1769, cited in Beaglehole, 1962, pp. 19–20)[33]

From this hierarchical stance, Banks, later to become President of the Royal Society, sought to make the fauna and landscape of Aotearoa New Zealand and its Indigenous people, knowable, measurable, and ultimately a resource for the superior British human, via identification and classification, in-service of the British economy, both back 'home' and in the colony itself.

Such scientific rationalism made the world and the 'souls' who inhabited it knowable in a way that the priesthood never could. And not only was the gaze of Enlightenment science turned upon the natural world, and the hierarchy of human 'races', but moreover this gaze through the lens of medical science came to penetrate the inner world of 'man'. Gradually, the truth of what a human being was became increasingly contested, with the Church no longer the sole arbiter of the truth of the human soul. Eventually this claim on 'truth' was wrested from the Church, as was the very notion of who could hold this truth. With the emergence of scientific Enlightenment discourse, and a corresponding decline in the faith of the Church as the holder of all truth about the nature of the human self, there emerged an increasing interest in the workings of the body and the mind from a scientific perspective. With the development of Enlightenment-informed capacities to understand, categorise, measure, diagnose, and medicalise the selves who comprised 'society' arose a movement away from an idea of a monolithic truth, held by God, and the Church as its representative, and the emergence instead of a contest for the nature of the truth of the soul and self of human beings. This contest is reflected in relation to the practice of the emergence of Western mental health treatment in Aotearoa New Zealand by the manifestation of 'insanity' in the Aotearoa New Zealand

[33] Banks, Joseph (1769) in J. C. Beaglehole, 1962. *The Endeavour journal of Joseph Banks 1768-1771*, Volume II, Angus & Robertson, pp. 19–20.

context, and the fabrication of lunatic asylums in the mid-19th century, eventually built throughout Aotearoa New Zealand, reflecting a Western medical lens that gazed piercingly into the mind and body of the human soma, and constructed madness as a thing to be disciplined, contained, surveyed, controlled, and perhaps even cured.

6.2 The Emergence of Asylums: Transnational Medical Discourse and Its Manifestation Within the Aotearoa New Zealand Context

Many authors have written about the transnational nature of medical discourse, and its transportation from Britain to Aotearoa New Zealand. Coleborne (2015) for example wrote of the transnational nature of the networks of medical discourse in relation to the construction of insanity and its treatment across the Empire. She noted that,

> Institutions for the insane were part of an imperial network of solutions to the problem of madness which followed Europeans to new places of settlement, and which continued to present colonisers with serious challenges in the form of ill populations among both settlers and their subjects. (p. 4)

Elizabeth Knewstubb (2011) in her thesis *Respectability, Religion and Psychiatry in New Zealand: A Case Study of Ashburn Hall, Dunedin, 1882–1910* notes Coleborne and MacKinnon's (2006) agreement "that practices in New Zealand and Australian psychiatric treatment [in the 19th century] developed based largely on British principles and that this was part of a wider set of developments in the western or Anglo-American world" (p. 6). Knewstubb specifically tracks the transnational nature of medical discourse in relation to Ashburn Hall (Ashburn Hall changed its name to Ashburn Clinic in 2001; Leckie, 2024, p. 196), the only private asylum established in Aotearoa New Zealand (and the only one currently still operating), and the manifestation of this discourse via the subjectivities of three British trained doctors who were the original medical superintendents at Ashburn. She notes Colborne's observation that "colonial asylums were based largely on the 'English imperial model'" (Knewstubb, 2011, p. 21), and that settlers were "eager to reflect developments in Britain" (Coleborne, 2001, p. 109) "by establishing the asylum in the colonial landscape" (Knewstubb, 2011, p. 21)[34,35]. In her exploration of psychiatry, and its relationship to religion and "bourgeois respectability",

[34] See also Catharine Coleborne (2001) 'Making "Mad" Populations in Settler Colonies: The Work of Law and Medicine in the Creation of the Colonial Asylum', in D. Kirkby & C. Coleborne (Eds.) *Law, History, Colonialism: The Reach of Empire* (pp. 106–109). Manchester University Press.

[35] For further literature regarding the transnational nature of imperial medicine, and the dominance of British precedents informing New Zealand approaches to mental health in the 19th century, see Brunton (2004), Colborne and McKinnon (2006), Scull (1979), and Scull et al. (1996).

Knewstubb encountered a discursive contest for the ‘true’, as Enlightenment science met Christian discourse. She comments,

> The historical lacuna with regard to religion and the asylum is in part due to a conception amongst historians of medicine and the asylum that doctors were taking over from the clergy as guardians of normality and morality. New definitions of mental disease incorporated behaviours which had previously been construed as sinful. Suicide, alcoholism and homosexuality had all made the transition from sin to sickness by the early 20th century. (p. 11)

The migration of medical knowledge in relation to insanity reflected not only the emergence of Enlightenment discourse, and a faith in the ‘truth’ of medical scientific discourse as it challenged the Church’s monopoly on the truth of the human ‘soul’, but also produced material effects that profoundly influenced the treatment of those who fell under its gaze. The prominence of the medical gaze combined with hierarchical and ‘imprisoning’ discourse on the bodies and minds of those constructed as ‘insane’ in Aotearoa New Zealand is starkly illustrated in the photographic text below, of Avondale, Auckland Lunatic Asylum staff in the 1890s, with women staff appearing in nursing attire of the time, and men appearing more custodial.

Figure 3: Asylum staff at Avondale Lunatic Asylum in Auckland (White, c. 1895)
Originally called the Whau Lunatic Asylum, later to be named Auckland Mental Hospital, and later still, Oakley or Carrington hospital in the 1890s. No known copyright.

Angela McCarthy (2015) provides a comprehensive overview of the historical appearance of asylums in Aotearoa New Zealand. In doing so she also reveals the transnational nature of medical discourse, and its transportation to Aotearoa New Zealand. She comments,

> New Zealand's early provision for the insane echoed the situation in other Australian colonies, with initial accommodation available in jails or hospitals (some with separate lunatic wards) as well as immigration barracks. There were also attempts to send the insane to Australia or back to their homelands rather than offer care in New Zealand. By the 1850s, however, provinces established asylums to cater to their populations. The chronology of the development is well documented with the earliest public asylum to open being Karori (Wellington) in 1854, followed by Dunedin and Sunnyside (Christchurch) in 1863, the Whau (Auckland) in 1867, Seaview (Hokitika) in 1872, and Nelson in 1876. Further asylums included Seacliff (which gradually began to replace the Dunedin asylum from 1879), the private asylum Ashburn Hall (Dunedin) in 1882, and Porirua in 1887. … Control of the asylums rested with provincial governments from 1852 until 1876, when, with the abolition of provincial administrations, responsibility

> passed to central government. The Lunatic Asylums Department was therefore established to operate and inspect asylums, to administer lunacy law, and to advise ministers on policy. The Department was led by an Inspector-General with expertise in psychiatry. Two of the first three Inspectors-General were of Scottish birth and had trained at the University of Edinburgh: Frederick Skae (1876-81) and Duncan McGregor (1886-1906). (pp. 30–31)

Similarly, Sally Swartz (2010) explored an episode in the history of lunatic asylums in Kingston, Jamaica, in the early 1860s, as a central and pivotal event in the transnational spread of medical science within British colonies, as the panoptic gaze of British Enlightenment medical science took as its object of focus the colonial insane. She describes the

> emergence of the psy-sciences in colonial settings. … the establishment of 'a ribbon of power, a continuous, mobile, and anonymous ribbon' between the colonial office and the colonies, a panoptic gaze in which there is the illusion that it is possible for 'everything to be seen all the time' [Foucault, 2006, pp. 76-77] … It made forms of provision for the colonial insane a governable discursive space, by rendering the colonial insane 'knowable, calculable and administratiable'. The regulation of medical officers, lunatic attendants, and hospital boards began the process of creating a professional psychiatric workforce. … As the insane came into view as a sizeable population, the 'technical devices of writing, listing, numbering and computing' associated with administration of the asylum network rendered it governable. (pp. 161–162)

As elsewhere in the colonies, record keeping in Aotearoa New Zealand asylums became increasingly significant and evident (Burke, 2006; Knewstubb, 2011). As Swartz (2010) again notes,

> a massive accumulation of written reports and statistics, inscribing the insane as measurable, if not curable, developed alongside a growing body of scientific writing based on those measurements. The emergence of the asylum doctor as an 'expert' in mental illness is one consequence. (p. 162)

Significantly, Swartz (2010) notes the notable resonance between missionary discourse, the saving of the heathen soul, and medical discourse, and its relationship to the development of humanitarian governance:

> There is a striking synergy between the debates about humanitarian imperatives under colonial rule, and the ongoing public concern for the conditions in British lunatic asylums. The common thread was the construction of a colonised subject, a childlike innocent, in need of both civilising influence and humane care. (p. 165)

6.3 Aotearoa New Zealand Asylums: Humanitarianism, Emancipation, and Discipline

The parallels with the humanitarian and missionary discourse that informed the colonial project in Aotearoa New Zealand are striking. Sasha Finer (2023a) notes that the establishment of the first Asylum in Auckland, the Auckland Whau Asylum, eventually established in 1867 and preceded by a smaller hospital asylum at Auckland Hospital, arose out of apparent concerns by the citizens of Auckland for the fate of the 'insane' who, as Finer notes, were placed in jails (or gaols) both prior to and after the establishment of the Auckland Hospital Asylum. As early as the 1840s, humanitarian arguments for the need for an Asylum in Auckland which might facilitate removal of the medically insane from the horrors of imprisonment in 'gaols', in service of better caring for the mental health needs of the insane via 'medical' treatment were underpinned by emancipatory desires to 'free' the medically insane from the torture of their mad bodies. Such humanitarian and Christian religious discourse informs, for example, the text below from an article appearing in the *Auckland Times*, on February 9, 1843:

> Auckland has not yet been so unfortunate as to require a mad-house, - but one unhappy man under the dreadful affliction of lunacy died in the gaol on Saturday morning … The Sheriff had no legal custody of the man, be it remembered, beyond what his own humanity Prompted [*sic*], and the turnkeys of the gaol have of course their own business to attend to. Religious feeling and common sense require alike that these things should be properly attended to. The jury returned a verdict of 'Died by the visitation of God.' (Untitled, 1843, p. 2)[36]

Such 'humanitarian' concerns eventually contributed to fabrication of a very small 'asylum' adjacent to Auckland Hospital. However, humanitarian discourse continued to disturb the sensibilities of the New Zealand Christian populace. The following text appears in the *Colonist* newspaper on February 27, 1863:

> The building is over-crowded by one-half; the rain comes pouring in by the roof in wet weather; three or four maniacs are compelled to sleep together in a miserable room, and the handful of keepers are 'often' aroused by the shrieks of the weak or helpless, attacked in the night-time by infuriate companions. (Lunatic asylum, 1863, p. 3)[37]

[36] Untitled. (1843, February 9). *Auckland Times*, *1*(33), 2 (Supplement). https://paperspast.natlib.govt.nz/newspapers/AKTIM18430209.2.1.4

[37] Lunatic asylum. (1863, February 27). *Colonist*, *VI*(558), 3. https://paperspast.natlib.govt.nz/newspapers/TC18630227.2.13

Subsequently these ostensibly humanitarian and emancipatory motivations are reflected in the report of the daily *Southern Cross* on March 9, 1867, which describes the transportation of asylum 'lunatics' from the Auckland Hospital asylum site to the newly completed Auckland 'Whau' Asylum:

> The removal of the lunatics to the new Asylum on the Great North Road took place yesterday morning, when three of Mr Hardington's 'buses conveyed them out in two trips. The ride appeared to give them much pleasure, and the manner in which they conducted themselves was really sur-prising. The keepers accompanied them, but not the slightest trouble was given, and all were conveyed in safety to their new home in charge of Dr Fisher. Every praise is due to the drivers, who not only showed proficiency in the manner they conveyed the patients out, but also behaved in a most kindly manner, giving every comfort that lay in their power. The inmates of the Asylum are to have more liberty and open-air exercise in future. They will work at their respective trades, and those who have no trade will be employed in cultivating the grounds. (Retrenchment and Economy.—No. 2.,1867, p. 5)[38]

The above text reflects an emancipatory dream and evokes the sense of a journey that is not merely a bus ride, but, like Pinel's release of patients from the chains of the Salpetriere (Foucault, 1972/2008), a voyage from degradation and imprisonment to 'liberty', and meaningful engagement in the productive activities of life. Thus, the *New Zealander* newspaper report below, from December 1, 1865, in considering the intention that the Auckland Whau Asylum ideally accommodate a maximum of 54 people, though this number could be extended to up to 100 if necessary, comments,

> That the number will be well and kindly treated we have no doubt, but whether the number confined be small or large the Whau Asylum must ever rank as one of the most charitable and necessary institutions which has ever been founded in the colony of New Zealand. (The New Lunatic Asylum at the Whau, 1865, p. 3)[39]

And so, just as missionary discourse utilised evolutionary ideas to enable missionary zeal to free the heathen native soul, so humanitarian discourse informed the emancipatory intent to free the insane from their somatic madness via the wonders of medical science and moral treatment, with its emphasis on productive activity in the open air. Nevertheless, like the hierarchical racism that underpinned the Christian missionary discourse which informed the original colonial project in Aotearoa New Zealand, the

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38 Retrenchment and Economy.—No. 2. (1867, March 9). *Daily Southern Cross*, *XXIII*(3002), 5. https://paperspast.natlib.govt.nz/newspapers/DSC18670309.2.21

39 The New Lunatic Asylum at the Whau. (1865, December 1). *New Zealander*, *XXIII*(2593), 3. https://paperspast.natlib.govt.nz/newspapers/NZ18651201.2.10

underpinning disciplinary and governmental aims for the management of problematic human material, in which like the 'dark other', the 'mad other', is ranked and ordered low down on the hierarchy of humanity, lurk in the texts of the time that ostensibly assert benign humanitarian intentions. The shadow of these apparently benign intentions underpins a letter to the editor of the *Daily Southern Cross* on August 8, 1851, in which concerns regarding the proximity of 'lunatics' to be housed on the proposed site of the new Auckland Asylum, and therefore near 'sane' members of the community, are passionately expressed:

> The Lunatic Asylum.-… what spot it is intended to be built on… With respect to the report that the building is about to be founded in Auckland Park, we can only suppose such a report to have originated with some hair-brained dreamer. A Lunatic Asylum planted in a domain set apart for public recreation, and for embellishment of a nascent city? Expose females and children to the freaks of some of its chance escaped inmates? Preposterous! The very idea is an insanity, and requires but a marked expression of public disapprobation to set the project at rest for ever. (The Southern Cross. Friday, August 8, 1851, 1851, p. 2)[40]

Whilst humanitarian concerns ostensibly informed the fabrication of asylums intended to provide humane care to the insane other in Aotearoa New Zealand, the hierarchy of humanity that informed such humanitarianism, and its close companion, religious Christianity, was never far from the surface, enabling and facilitating the management of problematic human material by keeping them separate from the higher ranked 'sane' populace. Moreover, such hierarchical ordering underpinned the emergence of the specialism within medical discourse in service of the 'treatment' of the insane other, psychiatry.

6.4 The Emergence of Psychiatric Medical Discourse Informing the 'Treatment Of Choice' of the 'Insane Other' in Aotearoa New Zealand Asylums

The first piece of legislation dealing with insanity in Aotearoa New Zealand was the *Lunatics Ordinance of 1846*. The ordinance in part provides

> An Ordinance to make provision for the Safe Custody of and Prevention of Offences by Persons dangerously Insane, and for the Care and Maintenance of Persons of Unsound Mind [18th November 1846].

[40] The Southern Cross. Friday, August 8, 1851. (1851, August 8). *Daily Southern Cross*, *VI*(429), 2. https://paperspast.natlib.govt.nz/newspapers/DSC18510808.2.6

> … Justices of the Peace… may …. call to their assistance in any two legally qualified medical practitioners, and if upon view and examination of such person and upon proof on oath by the said medical practitioners to the effect that in their opinion such person is a dangerous lunatic or a dangerous idiot, and on any further proof the said Justices shall be satisfied that such person is a dangerous lunatic or a dangerous idiot, then it shall be lawful for the said Justices by warrant under their hands and seals to commit such person to some gaol house of correction or public hospital. (*Lunatics Ordinance*, 1846)[41]

The wording of the Ordinance reflects disciplinary and governmental aims, as the hierarchies informing the ordering of society, interacted with discourses of law, order, medicine, and liberty. It also anticipates the emerging influence and indeed eventual dominance of medical discourse in relation to the 'medically insane', with its reference to the possibility of committal to a 'public hospital', given the absence of any such public mental health hospital in Aotearoa New Zealand in 1846. The Ordinance's wording was to prove prescient, as psychiatric discourse quickly emerged, and has continued to dominate the understanding and treatment of the 'insane other' in Aotearoa New Zealand ever since its emergence.

Philp (1996/2001), in his chapter "Scientific Pastors: The Professionalisation of Psychiatry in New Zealand 1877–1920", provides an overview of the emergence of psychiatry as a medical practice in Aotearoa New Zealand and explores how "the psychiatrists with their medical training promoted themselves as the only people capable of treating the mad" (p. 185). He notes in relation to the *Lunatics Ordinance* of 1846 that it "stipulated that lunatics who endangered public safety were to be apprehended and incarcerated" (p. 185). Philp (1996/2001) observes:

> Insanity was still seen more as a threat to law and order than a health problem. A continuing association of lunacy with gaols was shown by the involvement of a magistrate in the system of committal. … [however] Attitudes began to change from the late 1860s. The Lunatics Act of 1868 introduced asylum inspectors, some of whom were doctors, who began to emphasise the curative role. Inspectors praised keepers such as James Hume of Dunedin and Edward Seager of Christchurch, who introduced 'moral treatment' to try and cure their charges. (pp. 185–186)

Philp (1996/2001) notes the growing influence of medical discourse throughout the 1860s, commenting,

[41] *The Lunatics Ordinance of 1846*. https://www.nzlii.org/nz/legis/hist_act/la184610v1846n21232.pdf

> After registration of doctors began in 1867, the medical profession became increasingly influential and began lobbying to have control of asylums … [And that] an inspector-general should be appointed who had 'knowledge and experience in the treatment of the insane and the management of asylums'. (p. 186)

As Julius Vogel stated in 1875 (preceding the asylum system coming under the control of central government in 1876), regarding the appointment of the first inspector-general,

> He must be a medical man; and … He should have considerable experience and knowledge of the treatment of lunatics. He should possess more than ordinary ability, so that he might carry with him a prestige that would give to his recommendations, and to his communications with medical men, weight, and authority. (Vogel, 1875, cited in Philp, 1996/2001, p. 186)[42]

In the "contests of the true", the first forays of the 'medical man' were potent and influential, as medical discourse and its fabrication of the subject position of 'Doctor' increasingly gazed upon the colonial insane. Dr Frederick Skae was appointed the first Inspector General of lunatic asylums in Aotearoa New Zealand in 1876.

> He had the right credentials. His father had been the Physician Superintendent of the Edinburgh asylum and President of the Association of Medical Officers of Asylums, while Skae himself had spent five years as Medical Superintendent of the Stirling District asylum and came highly recommended by the Scottish Commissioners in Lunacy. The British *Journal of Mental Science* predicted that he would reshape New Zealand's asylum system according to the most improved ideas. (Philp, 1996/2001, p. 187)

Skae, in his first report as Inspector General of asylums in Aotearoa New Zealand, revealed both his horror at Aotearoa New Zealand's asylum approach, and his faith in a medical discourse that might save the mad other. Philp (1996/2001) notes,

> Skae thoroughly indicted New Zealand's system of treating the insane, which seemed to him to have been constructed on the 'wild beast' theory of insanity. At Auckland, in spite of medical management, most of the patients were 'simply prisoners' with 'neither occupation or amusement' and Wellington was also poorly run. Christchurch and Dunedin had excellent lay superintendents but [Skae (1877) comments] 'so sure as knowledge is power, so sure it is that competent Medical Superintendents will accomplish better results than non-medical ones, no matter how zealous, kind hearted, and devoted these may be … Insanity is in all cases a bodily disease, and disease is the field of the physician …one cannot but entertain feelings of uneasiness and distrust seeing what is universally

[42] Vogel, J. (1875) AJHR, 1875, H-2, p. 3 (cited in Philp, 1996/2001, p. 186).

> regarded as medical work performed by non-medical men'. (Skae, 1877, cited in Philp, 1996/2001, p. 187)[43]

Skae's reference to "prisoners" accords with Foucault's (1977/2010b) question, "Is it surprising that prisons resemble factories, schools, barracks, hospitals which all resemble prisons?" (p. 228). And McNay's (1994) observation that,

> In these diverse institutions key disciplinary strategies can be seen to function: reliance on a strategy of 'enclosure', in which a space heterogeneous to all others is set apart to facilitate the operations of a 'disciplinary monotony'; a strategy of 'partitioning' within enclosed space, in which each individual is designated their own place to eliminate their imprecise circulation and possible disappearance. (p. 93)

As a disciplinary strategy, medical discourse and its material effects, the asylum and the 'medical treatment' which they proposed to offer, were now highly influential in the Aotearoa New Zealand context. By the mid-19th century the medical monopoly of madness that had been transported from Great Britain was firmly in place in colonial settings, including in Aotearoa New Zealand, with Knewstubb (2011) noting that even the majority of private asylums had a resident doctor by 1858.

> These were the years of high imperialism in which the medical profession played an important part. Britain trained doctors for colonial settlements in imperial administrations as well as the armed forces and medical missions. Medical networks operated across national boundaries and the role of doctor as an agent of empire is the story unfolding. (Crowther & Dupree, 2007, cited in Knewstubb, 2011, p. 27)

> Lunatic asylums were no exception for the operation of these medical 'webs of empire'. Doctors for colonial asylums brought British medicine as part of the expansion of 'civilisation' to the new world. (p. 27)

Medical discourse and its transnational migration from the 'centre', Great Britain, to the 'colony', Aotearoa New Zealand, made possible the first mental health treatment that arose from a Western perspective in Aotearoa New Zealand in the form of the lunatic asylum. But what did these material effects of medical discourse, arising from a rupture in the nature of the truth about the soul, body, and self of 'man', enable and make possible, and what did they constrain? I suggest the historical dominance of medical discourse and the construction of insanity as an unwell body in 'public mental health' treatment in this country, post-European colonisation, has meant that throughout the 19th

[43] Skae, AJHR (1877), H-8, pp. 4–5 (cited in Philp, 1996/2001, p. 187).

and 20th centuries, and arguably into the 21st century, treatment by psychiatric drugs, and for much of the 20th century, electrically and drug-induced shock treatments and pscyhosurgery, alongside what was initially described as ‘moral treatment’ (the manifestation of which I analyse shortly) have been the dominant treatments of ‘mental health’ in Asylums (in 1910 renamed ‘Mental Hospitals’; Leckie, 2024), and in public mental health treatment centres more generally in this country. Leckie (2024), for example, describes the dominance of medication, and later electro-convulsive therapy (ECT) and psychosurgery, as mental health treatments of choice for depression in Aotearoa New Zealand throughout the 19th and much of the 20th centuries. She comments, “only a minority of psychiatrists and psychologists were drawn to treatment through talking; physical and pharmaceutical treatments for depression remained dominant during the twentieth century” (p. 200).

The violence of this ‘truth’ (Rose, 1998), is illustrated in a frightening reflection of the dangers of the medicalising of emotional distress, in which biographer and historian Michael King (2000) writes of soon to be renowned Aotearoa New Zealand author, Janet Frame’s disturbing ‘treatment’ experiences in a mental hospital in Aotearoa New Zealand in the first half of the 20th century. In 1945, prior to publication of her first book, Frame was first admitted to Seacliffe Mental Hospital. There her subjectivity was arguably constructed by medical psychiatric discourse leading to an inaccurate diagnosis of schizophrenia and numerous ECT treatments. King (2000) described how close she came to a leucotomy, before the publication of her first book garnered positive attention. In 1951 in Avondale Hospital, King further described:

> Because of what her hospital notes described as a ‘strong resentment’ of ECT, medical staff attempted to reduce the severity of the symptoms by the prolonged use of insulin shock therapy. This treatment produced comas and convulsions, accompanied by writhings and moanings, and was believed to have beneficial effects for schizophrenics. It had no discernible beneficial effect on Frame, other than to leave her drowsy and ‘mentally numb’ in the immediate aftermath. (King, 2000, p. 105)

Arguably the subjectivities of the clinicians of the time in these hospitals were also fabricated by psychiatric discourse that medicalised emotional distress. Subsequently, when in England in 1957 Frame was admitted to the Maudsley clinic where Dr Alan Miller advised, as Frame herself put it,

> I had never suffered from schizophrenia, … I should never have been admitted to a mental hospital. Any problems I now experienced were mostly a direct result of my stay in hospital. I smiled. “Thank you”, I said shyly, formally, as if I had won a prize. (Frame, 1959, cited in King, 2000, p. 186)

The physical ‘violence’ of ECT treatment is reminiscent of Foucault’s reflections on ‘moral treatment’ as implemented by Pinel in the 18th century (about which I write shortly), in which ostensibly benign attempts to alleviate human suffering require acts of physical and often vigorous restraint. That the medical treatments of medication, and later ECT, and surgery were a first port of call in 19th and 20th century Aotearoa New Zealand reflects the construction of ‘insanity’ as an unwell soma, is reflected in the text below from 1898 appearing in the *Auckland Star*, reporting on a lecture from a Dr Burnet from Kansas City medical College, who comments

> the first important symptom of simple melancholia is sleepiness. Another symptom of the greatest importance, is a dull pain in the back of the neck, extending to the back of the head … The third symptom is depression of spirits, accompanied by slower mental movements and retarded speech and actions. (Incipient melancholia, 1898, p. 3)[44]

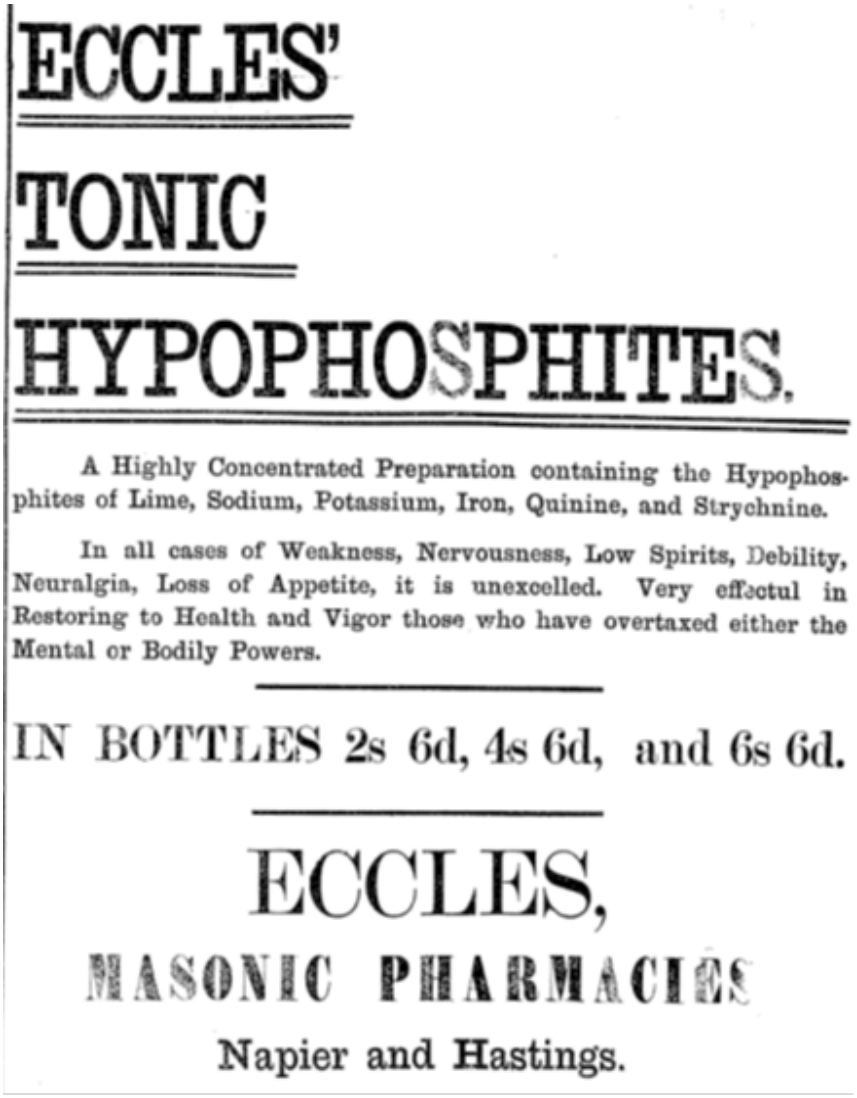
Similarly in 1898, political reformer, Edward Tregear in an address to the Wellington Philosophical Society, notes the work of Scottish Dr Alexander Haig regarding how bodily functions impact on mental health (Leckie, 2024, p. 40), and asserts,

> mental illness soon reacts fatally on the physical forces. We know also that gloom or despair may induce jaundice; that good news will make the heart beat vigorously, that cheerfulness will calm and regulate its beat; that fear and anxiety may paralyse digestion. (Tregear, 1898, cited in Leckie, 2024, p. 40) [45]

The construction of the self of the insane other as a sick soma, and that the treatment of choice for such somatic insanity was ‘medication’ of one description or another in 19th century Aotearoa New Zealand is illustrated in the text below from the *Hawke’s Bay Herald* 21 April 1900 Advertisements Column, advertising the curative properties of “Eccles Tonic” for all manner of mental ailments, the legacy of this ‘medication’ emphasis reflected in Rose’s (2007) consideration of medical neuroscientific

[44] Incipient melancholia. (1898, May 30). *Auckland Star*, *XXIX*(128), 3. https://paperspast.natlib.govt.nz/newspapers/AS18980530.2.14
[45] Tregear, E. (1898). Inaugural address. *Transactions and proceedings of the Royal Society of New Zealand, 31*, 622, cited in Leckie, 2024, p. 40

discourse and its construction of contemporary Western citizens as “neurochemical selves”.



ECCLES'

TONIC

HYPOPHOSPHITES.

A Highly Concentrated Preparation containing the Hypophosphites of Lime, Sodium, Potassium, Iron, Quinine, and Strychnine.

In all cases of Weakness, Nervousness, Low Spirits, Debility, Neuralgia, Loss of Appetite, it is unexcelled. Very effectul in Restoring to Health and Vigor those who have overtaxed either the Mental or Bodily Powers.

IN BOTTLES 2s 6d, 4s 6d, and 6s 6d.

ECCLES,

MASONIC PHARMACIES

Napier and Hastings.

Figure 4: Eccles’ Tonic Hypophosphites (Page 5 Advertisements Column 3, 1900)
A patent medicine or nostrum from 1900, intended to cure ‘nervousness, irritability of temper, want of strength and energy, fear, dread, neuralgia, hysteria, disturbed sleep, melancholy, insomnia, and all nerve pain and diseases’. No known copyright.

The friction between these ‘medical’ treatments and psychotherapy’s talking therapies will be explored more fully in Chapter 7, in which I analyse the emergence of psychotherapy as a more visibly articulated practice in this country, from the beginnings of the 20th century. I note here that dialogue and friction between medical discourse and its emphasis on the treatment of emotional distress via a medical lens and particularly an

emphasis on provision of psychiatric medication, as opposed to the treatment of mental distress by talking therapies, is ongoing.

Alongside medication intervention, ECT, and eventual 20th century psychosurgery practices, 'moral treatment', with its emphasis on routine, and occupational therapy, in the form of outdoor meaningful routines and indoor domestic tasks whilst held in the care of the medically trained other was a significant precursor of the psychotherapy to come. But the violence of so-called moral treatment (and of the contests for what was allowed to enter the 'true' and which underpinned this treatment) which predominated as a treatment method in these 19th century's asylums is reflected in texts which I analyse below, an analysis which resonates with Foucault's own critique of 'moral treatment' and its hidden violence.

6.5 Asylums and 'Moral Treatment'

Foucault in the *History of Madness* (1972/2008), writes that,

> The asylum was thus a religious domain stripped of religion, a domain of pure morality and ethical uniformity … The asylum was now to figure the great continuity of social morality…
>
> 'Nowhere else, other than in novels, have I come across… people more attached to their duties than most of the alienated who are happily brought to the period of convalescence' [Pinel, 1801].
>
> The asylum was to reduce difference, repress vice, and eliminate irregularity. … Debauchery, bad behaviour and 'extreme perversity of morals' got the same treatment:… 'the most certain and perhaps the sole guarantor of health, good morals and social order is the law of a mechanical work, rigorously executed' [Pinel, 1801]. The asylum's aim was the homogenous reign of morality, and its rigorous extension to all those who attempted to escape from it. (pp. 493–494)

As McNay (1994) notes, for Foucault "the doctor is an alienating figure", and, even after the emergence of the apparently liberating discourse of psychoanalysis, is "the key to psychoanalytic practices" (p. 24). The emphasis on morality and its intermingling with 'scientific' medical discourse is evidenced by the nature of the 'treatment' ostensibly offered in Aotearoa New Zealand lunatic asylums for much of the 19th century. Alongside medication, the treatment of choice was what was termed 'moral treatment', and was captured by medical discourse, though, as described below, there was nothing very 'medical' about it. However, it was certainly relentless, routined, and, it appears, gendered, as the photographic text below illustrates.

Figure 5: Patients of Cherry Farm Mental Hospital, Dunedin
Aotearoa New Zealand, circa 1960. From the private collection of Warwick Brunton, reproduced with permission from: https://teara.govt.nz/en/photograph/29408/asylums-outdoor-work-cherry-farm

'Moral treatment' was the predominant 'therapeutic' treatment offered within Aotearoa New Zealand asylums for much of the 19th and early 20th centuries.[46] As Duder (2007) notes, in his history of Ashburn Hall,

> Psychiatric care at Ashburn Hall in the late nineteenth and early twentieth century fulfilled the principles of 'moral treatment'. Moral treatment was developed at the end of the eighteenth century and worked from the assumption that insanity was curable. Practitioners thought that with an orderly routine, everyday work tasks and a comfortable environment, patients would recover their self-control and master their illness.
>
> The idea of moral treatment is usually attributed to Phillipe Pinel and to the York Retreat, under the administration of the Tuke Family. Pinel's system of a timetable of daily activities for patients, participation in work and recreation, good nutrition

[46] Whilst the ostensible use of moral treatment waned after the early decades of the 20th century, it is arguable that its legacy remains to this day, in manualised talk therapies such as dialectical behavioural therapy (DBT), with its emphasis on 'emotion regulation' skills development including undertaking 'mastery' tasks, in service of building 'a life worth living' (Linehan, 1993).

> and fair treatment aimed to gain patients' confidence and help reintegrate them into society. The York Retreat was founded in 1796 by the Quaker merchant William Tuke, who was opposed to the usual treatment of those with psychiatric illnesses. The Retreat used both moral and medical methods and limited the use of restraint. *The individuals own desire to restrain him or herself was to be encouraged through social reinforcement, expectations and rewards* [emphasis added]. (p. 24)

As a description of a disciplinary technology, the idea that 'moral treatment' might lead the individual to discover their "own desire to restrain him or herself" is evocative. Thomas Clouston, who along with Skae, "was renowned for leading advances in psychiatry out of Edinburgh" (McCarthy, 2015, p. 31), and who had taught Dr Truby King,[47] subsequently to be Medical Superintendent of Seacliff Asylum from 1889 to 1921, in a two-week postgraduate course on lunacy (p. 180), comments, in "a lecture to nursing staff of the York retreat" (Duder, 2007, p. 25), in relation to moral treatment,

> It is a law of our being that we must all be orderly to some extent in our lives, while for the mentally unsound, order is a specially healing process. It is one of the chief symptoms of our patients that they have lost the sense of normal time and order which characterises sane and civilised men and women, and we must by our hospital arrangements endeavour to restore it to them. (Clouston cited in Duder, 2007, p. 26)[48]

This text reveals and reflects a disciplinary discourse in which the mind and body of the 'mad other' was confined within the asylum walls of the Aotearoa New Zealand context, informed by transnational medical discourse, imported from colonial Britain, that sought to contain, order, and cure the mad mind of the colonial and colonised other. The reference to 'civilised' men and women reflects a handing of the baton from missionary discourse which informed the original colonial project in Aotearoa New Zealand in which the mind of the Indigenous other, 'psyche-nullius', was 'discovered' as 'fertile soil', to be transformed by the civilising substance which was Christianity; now civilisation was to be ensured by a medical discourse that permitted a moral regime to enable the transformation of the mad body and mind of the other to turn upon itself, to gaze into its own madness, and transform itself into a civilised being. The moral aspects of 'moral

[47] King perhaps more famously founded the Plunkett movement for the education of parents in child rearing practices in Aotearoa New Zealand.
[48] Clouston, T. How the scientific way of looking at things helps us in our work, cited in Duder, 2007, p. 26.

treatment', as medical discourse transported itself from the British 'centre', is reflected in the debates in newspapers of the time.

> Mr Laurenson, M.H.R., also wrote stating that he had been successful in getting two Bills through their second reading, namely, an amendment of the Divorce Act, which provides seven years' continual confinement in an asylum should constitute grounds for divorce, … It was resolved to congratulate Mr Laurenson on the passage of this Bill. In the course of the discussion on the first-named Bill, the general management of lunatic asylums was considered, and it was suggested that if there were proper classification and the institutions were well staffed by properly paid officials, most patients could earn more than their keep. In addition, the employment would prove most beneficial to the inmates. (Canterbury Women's Institute, 1904, p. 4)[49]

The article reflects a discourse seeking to produce the insane body as a docile body, productive rather than a burden on 'society'. And whilst the amendment to the *Divorce Act* was never passed, its consideration reflected the hierarchical ordering of society, and the asylum's place within this ordering, in which 'lunatics', as opposed to other citizens, could be considered as lower in the hierarchy and thus justifiably divorced. In addition, the gendering of moral treatment is reflected in *The White Ribbon* article of August 1896,

> From the recently issued report of the Inspector of Lunatic Asylums we learn that two medical superintendents lament the lack of out-door occupation for their women-patients. In our Canterbury Asylum the men are largely employed in agricultural pursuits, with most beneficial results – physical and financial. The woman 'compare unfavourably as regards rowdiness, noisy and destructive habits, and sleeplessness.' Precisely so. Walt Whitman says: - 'Now I see the secret of the making of the best persons. It is to grow in the open air, and to eat and sleep with the earth.' And why should these poor women be denied this recreative life? What is there to prevent them – clad in suitable garments – from taking a share in fruit, vegetable, and flower growing? Why should they not tend to poultry, bees, etc.? Such work, in conjunction, with the preserving of fruit and vegetables, and the distilling of sweet perfumes, is quite the feature in connection with Home for Inebriate Women recently established in England through the agency of Lady Henry Sommerset. … we believe there are to be found in our colony women quite capable of overseeing ordinary gardening operations. We suggest that the authorities of the asylum should at once consider the advisability and practicability of such an innovation. (Out-door employment for the insane, 1896, p. 7)[50]

[49] Canterbury Women's Institute. (1904, August 15). *The White Ribbon*, Volume X(111), p. 4. https://paperspast.natlib.govt.nz/periodicals/WHIRIB19040815.2.6

[50] Out-door employment for the insane. (1896, August 1). *The White Ribbon*, Volume 2, Issue 14, p. 7. https://paperspast.natlib.govt.nz/periodicals/WHIRIB18960801.2.12

That asylums and the discourses which made possible their fabrication in Aotearoa New Zealand served a purpose of restoring order where there was 'chaos' is also reflected in how they functioned to maintain class and gender stratifications inherited from colonial Britain and to address concerns regarding the degeneration of the British 'race' in colonial settings based on heredity and racial degeneracy concerns (Dawson, 2012). Indeed, the relationship to maintenance of class structure and order, and lunatic asylums and their moral treatment as material effects which functioned as a disciplining technology is evidenced by Ashburn Hall's early emphasis on providing for the 'higher classes'. Edward William Alexander (1864), one of the founders of Ashburn Hall, identified a need for better provision for middle class patients, stating,

> To mix indeterminately, men or women holding good positions, with the insane poor, would be revolting to the feelings of friends, and detrimental to the recovery of the former class. (Alexander, 1864, cited in Knewstubb, 2011, p. 4)[51]

Thus, Ashburn Hall patients' families were willing to pay to have them taken care of in a 'suitable' environment. As a private asylum it was necessary to ensure the maintenance of a 'certain station in life' for those who are mad, but nevertheless of superior position to the 'insane poor'. The discourse of the Great Chain of Being and its relentless hierarchy is reflected in the functioning of asylums as maintainers of class and gender hierarchies.

6.6 Asylums, Insanity, and the Indigenous

In addition, the links between humanitarian discourse, and medical discourse in relation to the insane is profoundly revealed in the treatment of the 'Indigenous insane'. As Swartz (2010) noted,

> Although not clearly apparent in the 1860s, colonial asylum doctors were soon to be faced with the problem of managing an insane population diverse not only in terms of class, but also of race, culture, and illness presentation. This opened a Pandora's Box of speculation on the psyche and insanity of Indigenous populations, their intelligence and personality structure, emotions, and habits. Scholarly work inscribing the insanity in colonized populations as intrinsically different from that found in European countries became a thriving industry lasting well into the 20th century. (p. 171)

[51] E. W. Alexander, "Observations on Hospitals and Lunatic Asylums with Reference to the Dunedin Hospital and Lunatic Asylum", in "Report of the Commission of Enquiry into the Constitution and Management of the Dunedin Hospital and Lunatic Asylum", *Appendix to Votes and Proceedings of the Provincial Council – Session XVIII, 1864* (Otago Provincial Council, 1864), 47 (cited in Knewstubb, 2011, p. 4).

Similarly, Burke's (2006) thesis, *The voices caused him to become porangi*, examining the archive of the Auckland Asylum in relation to the treatment of Māori patients, 1860 to 1900, reveals the 'civilising' and 'ordering' discourses infusing this treatment. She notes,

> In the colonial period, asylum authorities and physicians were preoccupied with the 'civilising mission' for both Māori and non-Māori patients. The visibility of this language was particularly noticeable in descriptions such as 'industrious in her habits,' or 'quiet and industrious, but stupid'. Moreover, patients were categorised as 'clean and orderly', as having 'dirty habits', or as 'prevailed on to stop his filthy habits'. For Māori, like non-Māori, civilisation included cleanliness, orderliness and Christianity. However, for Māori, unlike non-Māori, it also meant the acceptance of Eurocentric notions of the self, based on whiteness. For example, Hemi Te K's acceptance of this was expressed in his case records when he revealed that 'he thinks he will have to lose his dark skin and become white'. (p. 55)

The final sentence of this text reflects Fanon's (1982) exploration of the "white mask" with which the Indigenous are violently required to identify. Indeed, the colonisation of Indigenous minds by European medical discourse is painfully, graphically, and disturbingly illustrated in the following 1958 text, in which Dr Rina Moore of Te Whānau-ā-Apanui, Ngāti Kahungunu, Rangitāne Māori ancestry, one of the first with Māori ancestry to graduate as a psychiatrist in Aotearoa New Zealand (Leckie, 2024) outlines her provision of therapy in the form of what she calls "therapeutic disassociation", by ECT treatment. In this treatment she describes therapy intended to cause temporary amnesia in order to relieve the patient of psychotic experiences. She writes in the *New Zealand Medical Journal* of 1958,

> Eventually complete aphasia and agnosia occur, and finally there is a breaking up of the personality organisation. It is important at this stage that the treatment be continued until there is complete loss of personality. The patient may show gross regression until she curls up into the antenatal position.… Towards the end of treatment the patient loses all touch with the environment except response to those conditioned reflexes which are so habitual … after her recovery from the therapeutic disassociation by ECT she had no memory of how she felt prior to treatment and did not realise subjectively the complete change that had taken place, with her social adjustment to other people. A month after treatment her memory had completely returned, and she decided she would like to get married, which she did three months after discharge. (Moore, 1958, cited in Leckie, 2024, p. 209)[52]

[52] Moore, R. (1958). Therapeutic Dissociation by Electro-convulsive Therapy. *NZMJ*, *57*, no. 320, August 1958, pp. 361 and 363 (cited in Leckie, 2024, p. 209).

Perhaps what is most striking however, is the very small number of Māori who entered lunatic asylums in Aotearoa New Zealand in the 19th century. As Leckie (2024) notes,

> the small number of mentally distressed Māori who came to the attention of the colonial medical establishment [in the nineteenth century, reflecting] the racial framing of mental illness, the complexities of cross-cultural diagnosis, and the paucity of detail within asylum and colonial records about the mental state of Māori and any others who were not European. (p. 50)

Cohen (2014) notes that the low rate of Māori admissions to asylums and later mental hospitals, in the 19th and early 20th century, has been argued by some as evidence that Māori retained much of their own relational connections to iwi (tribe), hapū (subtribe), and whānau (wider kinship group), mātauranga Māori (Māori knowledge), and to te ao Māori (Māori worldview) generally during this period, and that this provided some protection from the psychological impacts of colonisation. But that with the dramatic urbanisation of the previously largely rural Māori population from the second half of the 20th century onwards, breakdown in Māori community structures led more and more Māori to experience significant 'mental health' difficulties. However, Cohen considers whether this hypothesis reflects earlier racist constructions of Māori as struggling to 'adapt' to 'civilisation'. He suggests that urbanisation may have actually assisted in enabling Māori to recognise shared experiences of cultural alienation, and "helped create the base from which a major 'Māori Renaissance' was firmly in place in the mid-1970s" (Hill, 2012, p. 257). Cohen (2014, 2021) proposes that the greater visibility of vociferous Māori protest against the subjugation of indigenous Māori knowledge and worldviews from the 1970s onwards led European colonial mental health treatment providers to play their governmental part in making docile increasingly visible indigenous Māori voices, in turn leading to a huge statistical increase in the Western diagnosis of Māori struggling with 'mental health' difficulties, as "colonial psychiatry normalises colonial rule while pathologizing local resistance" (Cohen, 2014, p. 332) in the latter part of the 20th century. I consider this hypothesis further in Chapter 9. In addition, the greater visibility of Māori 'local revolt' and increases in mental illness diagnoses also coincided with the neoliberal economic revolution of the 1980s in this country (a phenomenon I analyse in Chapters 7 and 8).

Similarly, Leckie (2024) notes British psychiatrist Daniel Tuke's suggestion in 1878 that Indigenous people "did not suffer mental illness"[53] (cited in Leckie, 2024, p. 65). However, sadly the hierarchical ordering of colonising 'race' theory and its 'killing' effects are evident in the following 1910 text from medical doctor and anthropologist Peter Henry Buck (Te Rangi Hiroa) of both Māori descent (Ngāti Mutunga) and Pākehā heritage, who suggested a racialised propensity towards emotional reactivity, in the 'savage':

> The nervous system of the savage, along certain directions, is more unstable than that of the more civilised races. To a certain extent it is more liable to respond to stimulation of an emotional or exciting nature … The lack of judgement of the higher centres, combined with defect of inhibition or of control by the higher centres, combined with defect of inhibition or of control by the higher over the lower centres which exists in childhood, is true to a large extent of the less educated brain. The result is that some powerful emotional stimulus such as that of fear of witchcraft or the transgression of tapu, owing to defective inhibition or control of the higher centres, is communicated to the lower centres. The vital processes are depressed; shock and fatal melancholia are produced. (Buck [Te Rangi Hiroa], 1910, cited in Leckie, 2024, p. 65)[54]

And Maree Dawson (2012) considers the history of eugenics in late 19th century and early 20th century Aotearoa New Zealand and, via exploration of concerns regarding heredity revealed in records from the Auckland Mental Hospital between 1850 and 1899, suggests a link between heredity and insanity concerns and eugenics ideas arising similarly out of fears of degeneration of the white race. She comments: "The late nineteenth-century fixation with heredity in Western medicine across Europe, Australasia [Australia and New Zealand], and the Americas was, in part, based on a fear that the white race was being overwhelmed by the reproduction of the unfit" (p. 39).

Overall, the above texts, in combination with the low numbers of Indigenous Māori who entered asylum treatment in 19th-century Aotearoa New Zealand, suggest, once again, the function of medical discourse in ordering the inhabitants of Aotearoa New Zealand along 'Great Chain of Being' lines, in which, whilst the upper classes required treatment in the relative luxury of the private asylum of Ashburn Hall, the Indigenous, at the other end of the hierarchical continuum, both avoided such Eurocentric

[53] Daniel H. Tuke. (1878). *Insanity in ancient and modern life with chapters on its prevention*. Macmillan, p. 94 (cited in Leckie, 2024, p 65).
[54] Te Rangi Hiroa. (1910). Medicine amongst the Maoris in ancient and modern times. MD Thesis, University of New Zealand, http://hdl.handle.net/10523/383, 10413, p. 77 (cited in Leckie, p. 65).

constructions as much as possible, and were largely, whether deliberately or not, banished by British imperial medical ‘moral treatment’. The effects of, and Indigenous resistance to, this racialised ‘killing’ are further analysed in Chapter 8 of this thesis.

6.7 The Architecture of Aotearoa New Zealand Asylums

Perhaps most striking of all in its revelation of the material effects of medical discourse and its transnational origins and functions as a technology of surveillance and maintainer of class and racial structures is the architecture of Aotearoa New Zealand’s 19th century asylums. For example, in 1884, the Seacliff Asylum was an elaborate gothic inspired building, complete with panoptic tower from which lunatic asylum attendants could view the disciplined inhabitants, be they east, west, north, or south. As a manifestation of a Foucauldian panoptic disciplinary power, the imposing nature of these buildings reflected their disciplinary purposes.

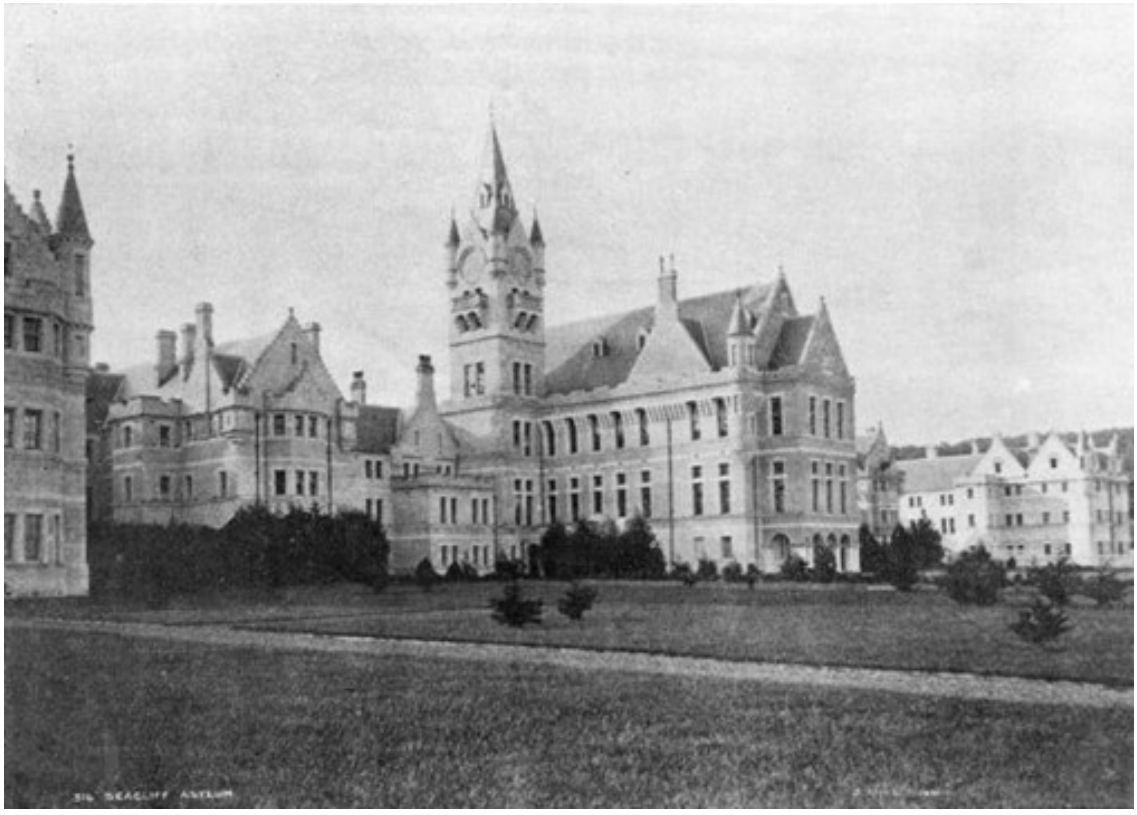


Figure 6: Seacliff Lunatic Asylum (Dictionary of New Zealand Biography, n.d.)
Image in the public domain.

Michael King (2000), in his biography of renowned Aotearoa New Zealand author Janet Frame, describes the Seacliff of 1945 thus:

> In keeping with Otago's predominant culture of origin, the hospital's architectural style was known as 'Scottish baronial'. To non-residents, who feared both its patients and its staff, the turrets and mock battlements gave the building the appearance of a castle out of a Gothic novel or a horror movie.
>
> Seacliff was, in fact, a Victorian lunatic asylum, with all the qualities that designation implies. It was vast — the largest public building in the country for 50 years from the time it opened in 1884. ... the institution functioned in effect as a prison for most of the more than 1200 patients deemed to require custodial care. Treatment was limited to traditional work therapy [moral treatment], which for women patients meant sewing or cleaning duties, to electro-convulsive or insulin shock therapy, or to the operation known as prefrontal leucotomy, which severed many of the fibres connecting the front part of the cerebral cortex to the remainder of the brain and reduced some patients to a vegetative, albeit less anxious, condition. (p. 72)

Asylums, including the buildings and the 'treatment' which occurred within them, make visible a rupture in the nature of the self as it is fabricated by a medical discourse which contests the authority of the Church in its construction of the nature of the soul of human beings. No longer is the Church (much less the wharenui [main large meeting room of the marae]) via the discourses of British medical science, the building that houses the 'insane other'. Now it is the gothic structures of the asylum, Seacliff being the largest public building in Aotearoa New Zealand at the time of its construction, which makes visible, and is made visible, by a colonial and transnational medical discourse in relation to insanity (Hook, 2001).

The tensions of humanitarian, emancipatory, and custodial disciplinary discourses are also reflected and revealed in the fabrication of the Auckland Whau Asylum of 1867, with its imposing brick construction and narrow windows of less than 30 centimetres in width, intended to prevent asylum 'inmates' escaping, reflective of a disciplinary strategy for the management of 'dangerous' human material, as the photographic texts of this asylum below make manifest.

Figure 7: Wide plains and padded cells: The anatomy of an asylum (Finer, 2023b)
Photo by Sasha Finer, reused with permission from https://ahi.auckland.ac.nz/2023/05/02/wide-plains-and-padded-cells-the-anatomy-of-an-asylum/

Figure 8: The front of Whau Auckland Asylum (GPS 56, 2014)
Reproduced under CC BY 2.0 from
https://commons.wikimedia.org/wiki/File:Pt_Chevalier,Unitec_(14708268143).jpg

Figure 9: Auckland Lunatic Asylum on Carrington Road, Point Chevalier (Unknown, n.d.)
Image from Auckland Libraries Heritage Collections 918-03. No known copyright.

The imprisoning impacts of medical discourse also lurked in the apparently benign healing ministrations of ‘moral treatment’.

6.8 Foucault and Moral Treatment

The founder of moral treatment, Phillipe Pinel, is often perceived as introducing a more humane approach to the treatment of the insane. Foucault (1972/2006) quotes Pinel as follows:

> 'One should not be greatly surprised,' Pinel writes, 'at the great importance I attach to maintaining calm and order in a home for the insane, and to the physical and moral qualities such supervision requires, since this is one of the fundamental bases of the treatment of mania, and with it we will obtain neither exact observations nor a permanent cure, however we insist on the most highly praised medicaments'. (p. 2)

Foucault notes the imposition of 'order' which medical knowledge and medical discourse enables. However, Foucault (1972/2006) goes on to illustrate how implementation of moral treatment is not an institution of benign guidance, but rather a confrontation of force, power, and violence:

> The cure scene is complex. Here is a famous example from Pinel's *Triate medico-philosophique.* This involves a young man 'dominated by religious prejudices' who thought that for his salvation he had … to refuse … all food. … Pussin appears at the door of his chamber in a frightening get up... with fiery eyes and a striking voice, and accompanied by a group of assistants close by who are armed with strong chains that they shake noisily. The soup is placed by the lunatic who is given the most precise instruction to take it during the night if he does not wish to incur the most cruel treatment. They withdraw and leave him in the most painful state, wavering between the idea of threatened punishment and the terrifying perspective of the other life. After an inner struggle of several hours, the first idea wins out and he decides to take his food. He is then subjected to a suitable diet for his recovery; sleep and strength return by degrees, as also the use of reason, and in this way he avoids a certain death'. … We have here, I think, a scene that is very important in its general morphology. (p. 10)

> … there is a distribution of force, power, the event, and truth here, which is unlike anything in what could be called the medical model being constructed in clinical medicine in the same period. We can say that the clinical medicine of this time put together an epistemological model of medical truths, observation, and objectivity that will make possible the real insertion of medicine within a domain of scientific discourse where, with its own modalities, it will join physiology and biology, et cetera. (p. 11)

> Leaving aside for the moment the problem of why in fact such a practice could be seen as a medical practice, … It is this heterogeneity then that will mark the history of psychiatry at the very moment which it is founded within a system of institutions that nevertheless connect it to medicine. For all of this, this staging, the organisation of the asylum space, activating and unfolding of the scenes, are

> only possible, accepted and institutionalised within establishments that are being given a medical status at this time, and by people who are medically qualified. (p. 12)

It is this violent assertion, I suggest, of the 'order of things' via the apparently benign provision of 'moral treatment', a practice deemed medical by its implementers, the 'scientific pastors', of the colonial insane in Aotearoa New Zealand, which marked the inception of Western mental health treatment in this country, as 'psychiatric power' was mobilised in service of 'treating' the colonial insane. As McNay (1994) writes,

> Far from being liberated, the mad are reduced in the asylum, to a state of silence and shame and trapped under a perpetual objectifying gaze that does not listen to madness in its own being, but obscures that beneath a condemnatory morality. (p. 24)

In Aotearoa New Zealand, under the guise of medical discourse, morality was imposed in which structure, order, and productivity were perceived as the antidote to the chaos and terror of lunacy. That the morality of this treatment was infused by the violence of the contest of the true to which Rose refers is reflected in the Aotearoa New Zealand context, for example, in a newspaper article appearing in the *New Zealand Tablet*, entitled "Infamy!" and appearing in the text below. The text, published in 1881, ostensibly describes concern for the humanitarian wellbeing of 'inmates' in the Wellington Asylum. In this text, the discourses of medical science and humanitarian governance (Lester & Dussart, 2016) underpin criticism of Skae during his time as Inspector General.

> The report of the Royal Commission appointed to enquire into the condition of things in connection with the lunatic asylum in Wellington has been published, and the feelings with which it is read throughout New Zealand should be those of shame and burning indignation. The colony has suffered a deep disgrace, and human nature, in its most helpless and pitiable state, has been brutally used. Under the guise of a pleasing exterior, such as might well deceive the public eye, - a paraphernalia of billiard tables and pictures, periodicals, and entertainments, among which the patients were now and then exhibited, poor wretches who had incurred the displeasure of their keepers were exposed to the most atrocious treatment. Macintosh, a comparatively sane man, was taken from his bed at night, in the depth of winter, and subjected to a prolonged shower bath of ice cold water, from which he staggered out half vomiting; Frederickson was struck in the face with violence enough to bring blood from his ear; Hall, an inoffensive lunatic, was confined in that horrible instrument of torture, the straight jacket, for several months until at last his release was enforced by a fall in which he broke his collarbone. A hasty word or act might call forth the fist of the superintendent, and a lunatic was punished for his lunacy. … all this is

> disgraceful to a civilised community, and reflects grossly on the government. If madness were a crime it could not have been more harshly visited, or obtained less sympathy even on the part of those whose duty was its alleviation … the credit of the colony, then, so far as it is retrievable in this matter, depends on the fundamental alteration and amelioration of everything connected with the asylum in question. (Infamy!, 1881, p. 13)[55]

The text above, with its report of direct violence to the body, resonates with Foucault's reflections on Pinel in the text earlier in this chapter; how the asylum, despite its ostensible assertion of moral treatment, enables the survival of forms and threats of violence more typified by sovereign power, disguised by the formations of disciplinary and ultimately pastoral power. Indeed, Foucault (1972/2006) notes, ultimately, "All power is physical, and there is a direct connection between the body and political power" (p. 14).

In his first lecture of the series *Psychiatric Power*, Foucault (1972/2006) suggests that psychiatric moral treatment, when it first arose in the period 1810–1830, always involved a confrontation of "force"; a confrontation with the force of the mad mind of the incarcerated insane other, no longer constructed as "mistaken" in their perception of reality, but now as captured by "the insurrection of a force; of a furiously raging, uncontrolled and possibly uncontrollable force within him" (p. 7). Foucault suggests that, with the implementation of Pinel's moral treatment, ostensibly arising out of humanism's desire to offer more humane treatment and greater potential for liberation to the insane other, "This moral treatment is not at all, as one might think, a sort of long-term process whose first and last function would be to bring to light the truth of the madness … [this] therapeutic process … is a scene … of confrontation" (p. 9). For the "raging force" within the insane other, must be confronted by the 'moral' force of the "asylum's field of regulations" (p. 6):

> at the very heart of this space there is a threatening power to be mastered or defeated … So, what is organised in the asylum is actually a battlefield.… The therapeutics of madness is "the art of, as it were, subjugating and taming the lunatic by making him strictly dependent on a man who, by his physical and moral qualities, is able to exercise an irresistible influence on him and alter the vicious chain of his ideas" [Pinel, 1801] …which consists in breaking the wild force of the lunatic with this kind of cunning and sudden violence… What is involved is the confrontation of two wills, that of the doctor and those who represent him on the one hand, and then that of the patient … at the very heart of these strategies we

[55] Infamy! (1881, April 22). *The New Zealand Tablet*, *VIII*(419), 13. https://paperspast.natlib.govt.nz/periodicals/NZT18810422.2.17

> see quite precisely the place and the role of violence … A microphysics of power … and confrontations which unfold within psychiatric practice. (Foucault, 1972/2006, pp. 6–16)

The 1881 “Infamy!” text from *The New Zealand Tablet* newspaper above thus reflects the violence of this ‘moral’ treatment and its ordering ways and resonates with Foucault’s critique as humanitarian emancipatory intentions are infused with the violence of hierarchy, order, and morality. Indeed, it is notable that the moral treatment provided in Aotearoa New Zealand asylums for most of the 19th century contained little that was overtly ‘medical’, with the overt emphasis on structured work and leisure activities, ‘good diet’, and time in the natural world. As Knewstubb (2011) noted,

> The growth of a medical monopoly of madness in Britain was, according to Andrew Scull, an intensely political process. Doctors were not more able to effect a reliable ‘cure’ of lunatics than laymen, and there was no specifically medical form of treatment. (p. 26)

Like Foucault (1972/2006), Scull (2005), in *The Most Solitary of Afflictions: Madness in Society in Britain 1700 to 1900*, notes that moral treatment, with its emphasis on diet, activity, and work, was at least as easily and effectively administered by laypeople as by medical professionals.

6.9 Doctors as Scientific Pastors: Asylums, the Body, the Soul, and the Self

The asylum, both the building and the ‘treatment’ that it provided as a material effect, reflects a discourse which construed and diagnosed the ‘self’ as a body, well or ill, sane or insane, impacted by the effects of heredity and/or vice (Dawson, 2012). Religion is now subsidiary to ‘science’ (Knewstubb, 2011). As Emma Spooner (2005), in reflecting upon the medical discourse of the ‘mad body’ made manifest within the Auckland Asylum 1900 to 1910, noted,

> ‘Physical bodies’ are overwhelmingly present in the archive, with flesh and bones accosting the reader at every turn of the page. Asylum staff were assiduous about making physical descriptions of patients. On admission, extensive notes were taken about the physical condition of the patients. … Comments such as ‘Tongue slightly furred – appetite good – bowels regular’ or ‘veins of right thigh are varicose’ appear relatively frequently. Patients’ temperatures, pulse, bodily functions, and conditions of lungs and breathing also were routinely recorded as part of the admission process.

> The use of medical language … indicates that mental illness was seen by those within the medical institutions as just that: a form of illness. (p. 66)

Spooner (2005) further observed that, “The inherent power of the doctor, then, as the creator of these records and the surveyor of the bodies of the sick, is reflected in the archival traces of illness” (p. 60). The self of the insane other is constructed as a well or unwell body to be disciplined. As Nikolas Rose (1999) describes,

> The self does not pre-exist the forms of its social recognition; it is a heterogeneous and shifting resultant of the social expectations targeted upon it, the social duties accorded to it, the norms according to which it is judged, the pleasures and plains that entice and coerce it, the forms of self-inspection inculcated in it, the languages according to which it is spoken about and about which it learns to account for itself in thought and speech. (p. 222)

The medicalisation of the self, through the discourse of the ‘ill/insane’ body, constructed the self as a body to be healed when madness descended, via the violent force which was ‘moral treatment’, and its medical accompaniments, medication, and in from first half of the 20th century, ECT, and psychosurgery. As Philp (1996/2001) concluded, in Aotearoa New Zealand as elsewhere, “when it came to treating mental illness, the medically trained expert was always to have the last say” (p. 199). The asylum as a material effect of medical discourse transplanted from its British origins constructed the asylum as a gothic place of healing, a self in need of order, discipline, healing, and panoptic surveillance. In this way the first manifestations of mental health treatment implemented by British colonists invited the insane-mad to construct themselves via the morality of bourgeois-class-informed moral values (Knewstubb, 2011). In this, the asylum and the medical discourse which enabled its fabrication preceded and gestured toward the governmental technology of psychotherapy that arose to take its place in the vacuum created by the rupturing of the authority of the Church as the holder of the truth of the soul.

6.10 The ‘Self’ as a Sick Soma: What Did This Rupture Enable, What Did It Constrain?

If the emergence of medical discourse, and the material effect of the asylum and moral treatment it provided, reflects a rupture in the authority of those who proclaimed the truth of the soul and the self, and in the nature of this ‘truth’, what was it that this

rupture allowed, what did it constrain? Rose (1999) observes that what this rupture demonstrates

> is a … subtle process, in which the latter development of modern democracy is dependent upon the existence of certain types of subjects, who did not require a continual external policing. The external constraint of police was to be translated into an internal constraint upon the conduct of the self, the formation of subjects who were prepared to take responsibility for their actions and for whom the ethic of discipline was part of their very mental fabric. …
>
> [This process enabled] the construction of a web of technologies for fabricating and maintaining those very forms of social subjectivity and self-government upon which the exercise of political power was premised … [the] coercive powers to enforce morality … the factory, the prison, the asylum, the workhouse. (p. 227)

That moral treatment was a treatment of choice, alongside medication, within Aotearoa New Zealand's asylums in the 19th century reflects this disciplinary technology. For the asylum and its medical gaze ironically did not initially provide much in the way of 'medical treatment'. It has been argued that whilst, following the *1886 Lunacy Act* in Aotearoa New Zealand, there existed the requirement that lunatic asylum superintendents be medically trained, in fact very little actual 'medical' treatment, in the form of direct biophysical interventions such as medication and psychosurgery, was implemented (Dawson, 2012). Indeed, it is notable that the doctors designated 'medical' professionals in Aotearoa New Zealand have guarded the boundaries of biophysical intervention, such as ECT, psychosurgery, and medication, with great zeal, throughout the 19th, 20th, and into the 21st century, whilst also in the 19th and 20th centuries seeking to claim the apparently 'non-medical' 'treatments', of moral treatment, and, in the early part of the 20th century, as I will analyse in Chapter 7, psychoanalysis, as also solely within their purview (Moore, 1913).

The moral treatment provided in 19th century asylums reflects the disciplinary power knowledge nexus of the medical gaze, and of medical men, who panoptically infused the bodies of the insane, aiming to turn them from the other of insanity, "into an internal constraint upon the conduct of the self … for whom the ethic of discipline was part of their very mental fabric" (Rose, 1999, p. 227). Rose (1999) quotes Oestreich (1982) who describes that,

> Being governed means being under police supervision, being inspected, spied on, directed, buried under laws, regulated, hemmed in, indoctrinated, preached at, controlled, assessed, censored, commanded … noted, registered, captured, appraised, stamped, surveyed, evaluated, taxed, patented, licenced, authorized, recommended, admonished, prevented, reformed, aligned, and punished in every action, every transaction, every movement. (Oestreich, 1982, cited in Rose, 1999, pp. 226–227)

The asylum, with its surveillance, assessment, diagnosis, 'moral treatment', and panoptic surveillance, enabled by the gaze of 'enlightened' medical science, and the material effect of the asylum building itself, strikingly made manifest in the Seacliff tower and its panoptic view, reflected and provided an ideal disciplinary strategy for the government of the population. Rose et al. (2006) further observe that,

> the increasing centrality of political apparatus to government beginning in the eighteenth century in the West, was not a matter of central power extending its way throughout society through the expansion of the State machinery of control. It is more useful to start from the reverse hypothesis - that at a particular historical moment, states had managed to connect themselves to a diversity of forces and groups that in different ways had long tried to shape and administer the lives of individuals in pursuit of various goals. (p. 87)

Whilst in Aotearoa New Zealand colonisation is often seen as the intrusion of the monolithic power of a Western colonial state, Great Britain, imposing its will upon the new country and its Indigenous people, power in its more insidious and perpetual forms of networks and relays, is reflected in the transnational nature of medical knowledge and its transportation into the Aotearoa New Zealand context, enabling the construction of the colonial 'insane', the asylum, and its moral treatment to manifest. The surveillance of the 'insane' provided by these panoptic asylums marked the commencement of the provision of 'mental health treatment' to people in Aotearoa New Zealand. As Rose et al. (2006) observe,

> the … technologies of the self were formed alongside the technologies of domination such as discipline. The subjects so created will produce the ends of government by fulfilling themselves rather than being merely obedient, and in Rose's phrase (Rose, 1989) would be 'obliged to be free in specific ways'. (p. 89)

Rose et al. (2006) further note,

> What remains salient and challenging about this approach is [it]… requires us to turn away from grand theory, the state, globalisation, reflexive individualisation, and the like. Instead, we need to investigate the role of the grey sciences, the minor professions, the accountants and insurers, the managers and psychologists, in the mundane business of governing everyday economic and

> social life, in the shaping of governable domains and governable persons, in the new forms of power, authority and subjectivity being formed within these mundane practices. Every practice for the conduct of conduct involves authorities, aspirations, programmatic thinking, and the invention or redeployment of techniques and technologies. (p. 101)

And one of these grey 'human' 'sciences' which emerged in the early 20th century in Aotearoa New Zealand is psychotherapy.

6.11 A Further Rupture in the 'Truth Of The Self': the Emergence of Psychotherapy in Aotearoa New Zealand

The vulnerability of the governed insane colonial subjects of 19th-century British asylums is evocatively described by Swartz (2010):

> Of all colonial subjects it is hard to imagine any more vulnerable than those who were insane. In the 19th century, there was little prospect of cure; they had no place in the economic machinery of colonialism, and were a drain on local administrations; They found themselves in societies poorly serviced with medical health officers, hospitals, and asylums; and they were often in climates that fostered epidemic illness.
>
> I suggested that despite this inauspicious context, provision was made for the colonial insane. The motives for this open for scrutiny the intricate machinery of imperial rule. Scandalous institutions and overt acts of cruelty precipitated unwanted commentary at home; moreover, there was an image of enlightened rule and civilising influence to be maintained. However, this had to be done without cost to the centre. The answer lay in the simplest of mechanisms: the creation of surveillance that would set in motion a professional industry that through competition within itself, in fear of exposure, would do the work needed. (pp. 171–172)

Thus was born the emergence of colonial psychiatry and the beginnings of the foundations for the possibility of psychotherapy as a governmental and biopolitical technology in Aotearoa New Zealand. For the discourse of medical science, and the fabrication this enabled of the panoptic asylum, was a disciplinary practice laying the groundwork for the emergence of psychotherapy as a governmental technology. Ostensibly, whilst the fabrication of asylums, such as the first Auckland asylum, were motivated by emancipatory aims and humanitarian discourse in service of the wellbeing of those deemed insane, in order that, rather than be imprisoned in 'gaols', 'lunatics' may be placed in the specifically therapeutically designed contexts of the asylum hospital, like

colonisation itself, such overtly humanitarian and emancipatory intentions disguised disciplinary strategies for the management of problematic human material in the colonial context. It is notable that the humanitarian and emancipatory discourse which motivated asylum construction in the first place was later mobilised more broadly in arguments for treatment of the mentally insane more generally. Philp (1996/2001) quotes Dr Lavigne of Christchurch, who wrote in 1900 in support of the change in nomenclature from 'lunatic asylum' to 'mental hospital':

> I would gladly see the term 'lunacy', 'lunatic' etc., which has no scientific significance, and are merely relics of the ignorance of the 'dark ages', banished altogether from our nomenclature. (Lavigne, 1900, cited in Philp, 1996/2001, p. 197)[56]

This was the beginnings of a period in which the medical profession sought to influence not only the direct treatment of the insane, but a wider attempt to influence the governing of the mental health of 'society': a biopolitical endeavour. Truby King, for instance, established the Plunket Society as he vigorously sought to 'educate' Aotearoa New Zealand parents in the art of parenting. As Philp (1996/2001) notes,

> As well as increasing their control in the asylums, and their influence with the medical profession, some superintendents attempted to extend their influence throughout society. They accused the government of being more interested in trade and building bridges, than providing for the social casualties. They were also drawn into the sphere of social engineering - eugenics, education and parenthood - and seemed to see themselves as a kind of scientific pastor. (p. 198)

The allusion to religion is striking. The baton had been passed from the missionaries and the Church as the saviours and civilisers of the 'soul' of the Indigenous 'other', to the medical profession and its assumed expertise in curing, healing, and nurturing the 'mental health' not only of the 'mentally insane', but of society itself. Perhaps this is no better illustrated than in the work of Truby King, who, in addition to his work as superintendent of Seacliff Hospital, famously developed the Plunket service in Aotearoa New Zealand as he vigorously sought to address the needs for parenting of infant children, perceiving this as central to the mental health of Aotearoa New Zealand society. As he wrote in 1897, "education in parenthood offers the main hope for the reduction of

[56] Lavigne, 1900, AJHR, H-7, p. 6 (cited in Philp, 1996/2001, p. 197).

insanity" (King, cited in Philp, 1996/2001, p. 198).[57] Further, King (1906) commented in justifying his opposition to higher education for women:

> The colony ought to take warning in time from outside statistics, which leave no doubt as to the Nemesis which awaits us if we allow our best and most capable girls to impair their physique and render themselves unfit for motherhood. (King, 1906, cited in Philp, 1996/2001, p. 198)[58]

Similarly, Frank Hay the Inspector General of asylums in the early 1900s proposed that "not alone the physical, but the mental and moral health of the community is largely dependent on the care of the young organism" (Hay, 1920, cited in Phillips, 1996/2001, p. 198).[59] The medical 'man' was fabricated in Aotearoa New Zealand from the dominance of a medical discourse that had arisen from the transnational importation of medical knowledge from the 'centre', enabling the subject position of doctor to claim medical expertise over the colonial insane, and mental health more generally; a construction with enormous significance for the emergence of psychotherapy in Aotearoa. As Foucault (1969/2010a) notes,

> Medical statements cannot come from anybody; their value, their efficacy, even their therapeutic powers, and, generally speaking, their existence as medical statements cannot be dissociated from the statutorily defined person who has the right to make them, and to claim for them the power to overcome suffering and death (p. 51).

Alongside the emergence of medical discourse as dominant in relation to the construction and treatment of 'insanity' we see the growing centrality of pastoral power, of soft power, joining forces with 'humanitarian' governmentality (Lester & Dussart, 2014). With the Church's monopoly over the 'truth' of the nature of the human 'soul' now contested by medical discourse, and the need to cure, rather than to save the inner world of the 'self', the very nature and meaning of the human 'self' and its potential in Aotearoa New Zealand is up for grabs. McNay (1994) notes,

> It is no longer a question of ensuring the salvation of individuals in the next world, but rather of augmenting their existence in this world. Converging with the governmental concern with efficient management, salvation takes on a new meaning in a series of worldly aims such as health, wellbeing, (in the sense of

[57] King, 1897, AJHR, H-7, p. 6 (cited in Philp, 1996/2001, p. 198).
[58] King, 1906, AJHR, H-7, p. 10 (cited in Philp, 1996/2001, p. 198, footnote 74).
[59] Hay, 1920, AJHR, H-7, p. 5 (cited in Philp, 1996/2001, p. 198).

> sufficient wealth and standard of living), security, protection against accidents. (p. 121)

With the emergence of medical discourse and the power of the medical man over the colonial insane, we see a shift from the missionary zeal of saving the heathen soul to the governmental strategy of diagnosing, measuring, surveilling the wellbeing of the mad other in service of governing a society that might thus govern itself. And essential to this soft 'humanitarian' governmentality is the central technology of pastoral power, the confessional.

> The key technique of biopower - the confessional- ... Through various techniques- interrogation, hypnosis, the questionnaire- individuals are induced to reveal the most intimate and precise details about the nature of their desires, etc. … The truthful confession was inscribed at the heart of the procedures of individualization by power. The knowledge acquired from the confessional is then recodified into the discourses of medicine, and psychiatry, etc, which establish a normalizing field- a regime of truth- in which individuals are categorized as deviant, normal …
>
> This form of power cannot be exercised without knowing the inside of people's minds, without exploring their souls, without making them reveal their innermost secrets. It implies a knowledge of the conscience and an ability to direct it … It [pastoral power] is a form of power which makes individuals subjects. Subject to someone else's by control and dependence, and tied to their identity by a conscience or self-knowledge. (McNay, 1994, pp. 122–123)

In the next section, and in the chapter which follows, I introduce my analysis of the emergence, arising from the 'medical man', of the confessional process of the psychotherapeutic encounter, and its links to pastoral power in Aotearoa New Zealand.

6.12 The Emergence of the Discourse of Psyche: Psychoanalysis in Aotearoa New Zealand

With the transnational transportation of imperial medical scientific knowledge into the Aotearoa New Zealand context, the self was no longer only a soul to be saved, but now also a sick, insane soma to be treated, confined, disciplined, and perhaps healed. The power knowledge nexus of British imperial medical science gave rise to the most bizarre of imperial constructions, the asylum. As a correspondent to the *Nelson Examiner* wrote in 1864 in a letter to the Editor, entitled "The Lunatic Asylum":

> I see the Lunatic Asylum subject is again revived. What, then, is lunacy? ...We know the common idea of lunacy is, that a person deprived of reason is mad, or does not know what he is doing, ... But what does lunacy mean? Is it to believe

> that to be true which is false? ...Very well; let us see how this rule will work in practice. One sect in religion believes that to be true which another believes to be false and absurd. Are, then, those who were thus 'labouring under delusion,' as they say, to be put into a Lunatic Asylum, or, rather, Lunatic *Prison*? ... according to the principles of the firm of Lunatic Asylum and Co., it ought to be done. I am, &c., The Ghost of Samuel. [*sic*] (Correspondence, 1864, p. 3)[60]

Foucault in his preface to the 1961 edition of his lengthy *History of Madness* (in 1972/2008) observes that, "The language of psychiatry ... is a monologue by reason *about* madness" (Foucault, 1961/2008, p. xxviii). The asylum, and with it the dominance of so-called 'moral treatment', are the physical discursive effects of this 'reason monologue'. Between the 1850s and the 1960s New Zealand constructed numerous vast asylums, later called mental hospitals. In less than 100 years from Cook's first arrival, a union of transnational knowledge and power, in the form of the European medical model of the nature of self, had emerged via the nexus of imperial dominance and Enlightenment science, enabling the construction of lunatics as people that needed to be housed in hospitals, and madness as needing to be treated, not just prayed over. For 100 years, between 1852 and the late 1960s, asylums, in 1911 renamed mental hospitals (Leckie, 2024), came to dominate the physical landscape and the psychological territory of the suffering human mind in Aotearoa New Zealand. They were places to survey, control, and ostensibly treat the suffering other. As I will outline in the next chapter, in the 1980s neoliberal economic theory increasingly captured political discourse in Aotearoa New Zealand and again combined with ostensibly humanitarian discourse in informing and encouraging the deinstitutionalisation of mental health patients and the move to 'community-based' treatment. But this transition was preceded and followed by yet another rupture in the systems of thought which informed the construction of the nature of self in Aotearoa New Zealand.

With the beginnings of the 20th century, there emerges a new rupture in the construction of the self in Aotearoa New Zealand, again emerging from the transnational transportation of British knowledge, this time a psychoanalytic discourse in which the sick body became the conflicted psyche in need of the input from the expert of the psyche, still a medical man but now psychoanalytically informed. Dr Stuart Moore (1913), in his

[60] Correspondence. (1864, March 3). *Nelson Examiner and New Zealand Chronicle*, *XXIII*(27), 3. https://paperspast.natlib.govt.nz/newspapers/NENZC18640303.2.10

article “Psychotherapy”, published in the *New Zealand Medical Journal* in 1913 had this to say:

> A very little scientific knowledge and contact with the systematic practical application of this [psycho]therapy, would enable our [medical] students to go forth able easily to out distance the quack in what is regarded too often as the peculiar province of the irregular practitioner. The treatment of many psychical cases, however, must be in the hands of specialists. The great need at the present time in the subject seems to me to be an increased accuracy of definition with corresponding increase in precision of thought. Despite all the nonsense with which this subject is popularly surrounded, I hope by giving a brief account of its modern scientific foundation to show that the line which divides true science from its counterfeit is here, as everywhere, distinct. The best presentation of the subject with which I am acquainted is ‘Munsherberg’s Psychotherapy’. (p. 515)
>
> Thus, then, we see our subject disentangled from questions of morality, religion and mysticism. (p. 517)[61]

And so emerged another battle for the soul and psyche of the citizens of Aotearoa New Zealand. It is this contest of what is able to “enter the true” (Rose, 1998), to which I now turn as I explore the emergence of psychotherapy and its construction of psyche, the centre of the self, not a soma that is sick, nor a soul to be saved by missionary zeal, but a psyche to be analysed, understood, and freed, as it appeared as a governmental strategy, arising out of the rubble of the rupture regarding the truth of the ‘self’ which emerged in the contest between Christian missionary discourse, which enabled the original colonial project in New Zealand, and medical discourse with its claim to expertise in relation to the nature of insanity, and its somatic origins. With the emergence of psychoanalysis arises a new truth regarding the nature of self, a ‘psychoanalytic true self’ and a governmental technology and biopolitical strategy in the form of psychotherapy, that might facilitate this truth into existence.

[61] Moore, S. (1913). Psychotherapy. *New Zealand Medical Journal,* pp. 515–517.

7. Psychoanalysis and the Conflicted Psyche: The Emergence of the Discourse of the Interior 'True Self' in Aotearoa New Zealand

The real nature of these disorders has been understood for only one generation. This is in fact an epoch-making discovery though unfortunately overdue. It is largely due to the work of Sigmund Freud. But this really means discovery in the scientific sense, for many unscientific people especially some good mothers knew it, or at least suspected it, before Freud arrived.

The fact is that all these disorders are disorders of the mind, soul, spirit, self or whole personality. They are especially disturbances of the feelings or emotions of a person. From the point of view of health it is our feelings, our emotions, that are of prime importance, far more important than our reasoning faculties. Hence they are correctly called emotional disorders.

(Bevan-Brown, 1956, p. 9)[62]

The above text reflects the emergence of the discourse of the interior self of psychoanalysis in Aotearoa New Zealand in the first half of the 20th century. This emergence gestures to the possibility of a further rupture in the construction of the nature of self in this country. In relation to Aotearoa New Zealand, I have suggested in the previous chapter that the vast Gothic-inspired fabrications of the asylum, and with them the emergence of so-called 'moral treatment', as a predecessor to the practice of psychotherapy in Aotearoa New Zealand, along with biomedically informed medication and psychosurgery treatments, were the most prominent, and arguably bizarre, physical discursive effects of the "reason monologue" about madness (Foucault, 1972/2008, p. xxviii) in 19th century Aotearoa New Zealand. However, by the early 20th century in Aotearoa New Zealand, the hegemony of medical science and its dominance in claiming the mad body and self as its own began to be challenged by a psychoanalytic discourse in which the self now became constructed as an interior psyche in conflict, and in need of psychotherapeutic interpretation rather than purely 'medical' intervention. And, as the above text indicates, with the emergence of this conflicted psychoanalytic interior self came the possibility that the truth of this self might be discovered via an inner search within a confessional relationship.

In this chapter, I analyse the emergence and manifestation of psychoanalysis, and more broadly psychotherapy in Aotearoa New Zealand, and how the discourse of

[62] Bevan-Brown, M. (1956). *The foundations of mental health*. The Caxton Press. (p. 9)

psychoanalysis reflects and reveals the emergence of, or at least gestures towards, the rupture of the ‘inner self’. In exploring this emergence, I also analyse the ambivalence with which the psychoanalytic and psychotherapeutic construction of the self as interior and unconscious is received within the Aotearoa New Zealand context. In particular, I note a central tension within psychoanalytic discourse itself; on the one hand, its desire to be perceived as a product of Enlightenment science, whilst on the other, retaining advocacy of a deeply receptive listening stance seeking to receive the communications of the unconscious, reflective of a more romanticism-oriented disposition (Snell, 2013). I describe how this central tension, if not a contradiction, connects to the ambivalence with which this discourse of the self was received in the first three-quarters of the 20th century in Aotearoa New Zealand, and also how this contradiction might connect to Foucault’s own critique of, and ambivalence towards, this most perplexing of biopolitical technologies of the self. I utilise Foucault’s critique of psychoanalysis to consider the ambivalence with which the Aotearoa New Zealand populace respond to and receive the emergence of psychoanalysis and psychotherapy in the first three-quarters of the 20th century, and how the potential rupture foretold by the emergence of the psychoanalytic interior self in Aotearoa New Zealand has only minimal impact in the first 75 years of the 20th century in this country.

I then analyse changes in the nature of the reception of the psychotherapeutic technology of the self in Aotearoa New Zealand in the last quarter of the 20th century and the first quarter of the 21st century. I examine how this links to changes in the cultural and economic fabric of Aotearoa New Zealand in the last quarter of the 20th century, including the role psychotherapy comes to play as a technology of the self within the governmental web of modern power. Included in this analysis will be exploration of the challenge to biomedical constructions regarding the nature of self and its psychological treatment which the emergence of psychoanalytic discourse provides, in which psychotherapy manifests as an ostensibly liberating practice in Aotearoa New Zealand, when contrasted with psychiatric discourse and its discursively produced asylum incarceration. I will argue, however, that this emancipatory appearance disguises how the technology of the self that is psychoanalytic psychotherapy operates as a governmental and ultimately biopolitical strategy, acting in concert with an increasingly neoliberal capitalist economy as the 20th century evolves in Aotearoa New Zealand.

7.1 Criticism of Asylum 'Treatment': Humanism and Its Call to Free The Suffering Psyche

Toward the end of the 19th century, asylums were already receiving considerable criticism. For example, as cited in Chapter 6, in the *New Zealand Tablet* Friday, April 22, 1881, an editorial entitled "Infamy!" reflected upon the report of the Royal Commission appointed "to enquire into the complaints made with reference to the management of the Wellington Lunatic Asylum".[63] The editorial reports,

> The colony has suffered a deep disgrace, and human nature, in its most helpless and pitiable state, has been brutally used … The credit of the colony, then, so far as it is retrievable in this matter, depends on a fundamental alteration and amelioration of everything connected with the Asylum in question.[64]

It is notable that the discourse of humanitarianism, the aim that a civilised Western society should treat the 'inmates' of asylums and the bodies of those captured by madness with greater 'humanity' underpinned much of the criticism of asylums, and facilitated the emergence of a psychoanalytic discourse which sought to remove the chains of psychiatric asylum incarceration. Just as early texts reveal a humanitarian Christian discourse in relation to primitive savages, and later ones describe a more secular humanism in which European New Zealand citizens argued that those captured by madness should be removed from the 'gaols', and that purpose-built asylums should be constructed to treat the 'mad other' more humanely, so now humanitarian arguments underpinned the emergence of psychoanalytic and psychotherapeutic discourse. The above text gestures to the beginnings of the emergence of another battle for the soul and psyche of the citizens of Aotearoa New Zealand, as discourses of religion, medicine, and psychoanalysis interacted and often collided, with the nature of subjectivity itself at stake in these "contests of the true" (Rose, 1998). In subsequent early 20th-century newspaper reports and academic medical articles, this contest intensified as advocates of alternatives to incarceration in the asylum began to promote the liberating potentials of psychotherapeutic treatment possibilities.

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[63] Report of the Royal Commission on the Wellington Lunatic Asylum. (1881, April 16). *New Zealand Times*, *XXXVI*(6244), 2. https://paperspast.natlib.govt.nz/newspapers/NZTIM18810416.2.13

[64] Infamy! (1881, April 22). *The New Zealand Tablet*, *VIII*(419), 13. https://paperspast.natlib.govt.nz/periodicals/NZT18810422.2.17

7.1.1 The Emergence of Psychoanalytic Psychotherapy in Aotearoa New Zealand, and the Discourse of the Interior Self

As has been well documented by multiple historians (for example, Belich, 1996; King, 2023; Salmond, 1991, 1997, 2017; Sorenson, 1975) with the colonisation of Aotearoa New Zealand in the 18th and 19th centuries came the transportation of transnational knowledge in concert with Western regimes of power that led to these Eurocentric knowledge forms becoming dominant in Aotearoa New Zealand. The arrival and dominance of this transnational knowledge is reflected in Chapter 4, which describes how New Zealand was fabricated in part by Christian missionary discourse, which informed the colonial project in this country, and Chapter 5 by the emergence of the asylum as a material effect of medical discourse informing the fabrication of madness and its treatment. Given this British colonial heritage, it was therefore inevitable that as the discourse of psychoanalysis emerged in late 19th century and early 20th century in Britain, that this discourse, and the discourse of the interior self which was its progeny, would similarly emerge in Aotearoa New Zealand. The following text appeared in the *New Zealand Medical Journal* of 1913 in an academic article entitled "Psychotherapy"*,* written by Dr Stuart Moore.

> The subject [of psychotherapy] was far too long left in the hands of the unscientific. Unfortunately, by them it was submerged in a malodorous swamp of superstition, humbug and confusion of thought. (p. 514)
>
> This knowledge, which should permeate and influence our whole work in medicine, surgery and midwifery, stands woefully neglected and quackery triumphant, spews forth its unscientific statements and superstitions on a credulous public. The overthrow of quackery must be brought about by the systematic attaining and dissemination of knowledge in the medical profession. … I hope by giving a brief account of its modern scientific foundation to show that the line which divides true science from its counterfeit is here as everywhere, distinct ... Religion, morality, mysticism, have nothing to do with our subject. (p. 515)
>
> Psychotherapy should be in the hands of a physician and all medical practitioners should receive training in it. (Moore, 1913, p. 517)[65]

The text reflects that, with the beginnings of the 20th century again emerging from the transnational transportation of knowledge of European origin, this time a psychoanalytic discourse, there arose a new construction of the self in Aotearoa

[65] Moore, S. (1913). Psychotherapy. *New Zealand Medical Journal,* pp. 514–517.

New Zealand; an inner self, tormented by internal conflict, and in need of psychoanalytic interpretation. The interface of medical, religious, and psychoanalytic discourses and the tensions between them are revealed in newspaper and academic articles of the time, as the medical man and the psychotherapist began to be fabricated by the discourses of science, medicine, religion, and psychoanalysis. In particular, the tensions between these discourses and their varying constructions regarding the nature of self are reflected in debates of the time concerning the treatment of those housed in Aotearoa New Zealand's asylums of the early 20th century, and, once again, underpinning the emergence of this inner self were further claims of the need for greater humanity in the treatment of those suffering from mental distress.

7.1.2 The Pastoral Power Origins of 'Psycho-Therapy: A New Science'

In a text from a New Zealand newspaper article published in 1925 entitled "Modern Demonology", the writer below notes his perception that when medical men are asked about people who seem "possessed by demons", the psychotherapeutic response revealed the close relationship between the Christian confessional and psychotherapeutic practice.

> It is to be observed that they bear an odd resemblance to a restatement of the old theory of demonic possession in modern terms. Nor are the processes which modern psychotherapy ordains – with its careful examination, as by the confessional, of the secrets of the patient's heart, its demand for perfect trust in the practitioner, as in a spiritual father, and its confident use of the authority of science, as once of the great name of the church, to give the patient hope – so very different in plan from the age old process of religion. (Modern demonology, 1925, p. 7)[66]

This text reflects Foucault's thesis that the Christian confessional, and its crucible, pastoral power, provide the origins of modern psychotherapy. As Foucault (1976/2020a) comments,

> Combining confession with examination, the personal history with the deployment of a set of decipherable signs and symptoms; the interrogation, the exacting questionnaire, and hypnosis, with the recollection of memories and free

[66] Modern demonology. (1925, January 6). *Lake Wakatip Mail*, 3620, 7. https://paperspast.natlib.govt.nz/newspapers/LWM19250106.2.45

> association: all were ways of reinscribing the procedure of confession in a field of scientifically acceptable observations. (p. 65)[67,68,69]

Foucault offers the Christian metaphor of the shepherd tending to his flock, and how this is reimagined and recreated by the process of psychoanalytic psychotherapy, in which confession of one's inner self to another and obedience to this inner self, is recreated in the apparently liberating activity of psychoanalysis. In relation to the emergence of psychotherapy in Aotearoa New Zealand, the Christian ethic of pastoral power has been central, I suggest. In an article published on February 23, 1914, in the *Evening Star*, James Collier further reflects upon the close relationship between psychotherapy and Christianity, whilst describing the "liberating" potential of psychotherapy in freeing the conflicted psyche of its "complexes".

> It is also irrelevant to assert that they are not necessarily connected with the manipulations of the Christian scientist or the Emanuel Churchman. If they are in any manner connected with it, that is all that is required … the trained psychotherapist will doubtless one day supersede all varieties of faith healer. He will do with his open eyes what the faith healer does blindfold and will use the latest discoveries of science to accomplish healings and restorations hitherto unknown to the medical arts. (Collier, 1914b, p. 8)[70]

In "The Christian Invention of the Sexual: In Pursuit of Psychoanalysis", Gros (2022) described Foucault's explorations of the origins of the idea of the self-inhabited

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[67] The wonders of psychotherapy, as practiced overseas and its links to the Christian confessional were reported as early as 1908 in the *Poverty Bay Herald* in an article entitled "Psycho-therapy: Investigation by Clergy", in which the author commented:

> One of the many remarkable features of the Pan-Anglican congress held in London some months ago was an incursion into the fascinating domain of psycho-therapeutics, or healing by mental suggestion. … The Bishop is communicating with the local division of the British Medical Association, requesting an opinion as to the value of psychotherapy, and ascertaining how far the members generally would be disposed to co-operate in the investigations. (Psycho-therapy, 1908, p. 7)

[68] The transition from a purely missionary Christian discourse to the confessional discourse of psychotherapy is further reflected in the words of S Chamberlain, corresponding to the *Lyttelton Times* editor in 1908.

> They [the Church] have for the past hundred years most persistently and stubbornly closed their mental vision to the convincing worth and possibilities of the system of healing. … But the layman in pursuing the practice of psychotherapy has filled much most useful propaganda work to the immense benefit of suffering humanity, and at the same time serving posterity by supporting the life and continuity of this valuable science. … In short, this method is the nearest approach to a cure-all that man may ever hope to attain. – I am, etc., S. Chamberlain. (Mental Healing, 1908)

[69] Similarly, in the *Pelorus Guardian*, 1911, in an article entitled "Mental Healing", it is commented:

> Mental healing in our generation has come to stay, and it is of the utmost importance that the medical profession should make up its mind quickly as to what attitude it should take on this matter … no doubt can exist in the minds of the unprejudiced that suggestion, both the "waking state" and in conjunction with hypnosis, is a powerful remedial agent. (Mental Healing, 1911)

[70] Collier, J. (1914b, February 23). Science up to date: Psychotherapy again. *Evening Star*, 15424, 8. https://paperspast.natlib.govt.nz/newspapers/ESD19140223.2.100

within, a true self, that must be liberated through the act of introspection and confession.[71] It is this Christian genealogy, the genealogy of pastoral power, which gives rise to psychoanalysis in which the confession of oneself is central. As Sabot (2022) notes,

> The genealogy of psychoanalysis, the centrepiece of Foucauldian reflections on the 'Psy'-issue, thus takes its place in an ethical and political history of the relationship between subjectivity and truth which is fundamentally that of the 'mechanism of perpetual confession connected to permanent obedience.' (p. 51)

The parallels with psychotherapy and its emergence in Aotearoa New Zealand are powerful. As the above newspaper and academic texts reveal, early reflections on the emergence of psychoanalytic thinking in New Zealand drew strong parallels with the missionary zeal of early colonial settlement in Aotearoa New Zealand, in which salvation of the human soul, both coloniser and colonised, was dependent upon the confession of one's sins, renunciation of one's badness, and submission to something beyond oneself.[72] Through the transnational transportation of psychoanalytic knowledge, the arrival of psychoanalysis in Aotearoa New Zealand ostensibly promised freedom from psychiatric power, liberation of the sick soma and mad body from the high walls of the asylum, the possibility that a self might emerge from its conflicted psychologically imprisoned state, no longer needing the ministrations of religion to ensure the soul's forgiveness, but rather the compassionate ministrations of the listening psychotherapist who might through their ears to hear, release the psyche from its conflicted torment. In so doing the battle for the heart and soul of the citizens of Aotearoa New Zealand, and the increasing attempts to free these souls from the gaze of the medical and religious man, is reflected in texts of letters to the editor of local papers of the first half of the 20th century, in which the psychoanalytic discourse of the confessing self is offered as a

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[71] The Christian origins of this confessing self, are noted in Foucault's words below:

> The first (Institutions, IV, 9) requirement of the monk obligates him to keep nothing that could occur to him – such as thoughts and agitations – hidden from his director, to immediately verbalise them for himself or before repeating them orally. This principle (which I call "discursive redoubling of representations") calls for the projection of everything that occurs to me into a verbal framework. I constitute myself as a subject to the extent that I make of my "I" the referent of a discourse addressable to an Other. (Cited in Gros, 2022, p. 61)

[72] Gros (2022) notes, in relation to the Christian confessional genealogy of psychoanalysis:

> If a monk decides to go on a fast in order to purify himself, he must search for the authenticity of this desire within him and verify it with his elder. In effect, even if a fast is in itself a good thing, it could be that the devil inspired the aestheticism in me precisely in order to weaken and then assail me. The effort to reach the truth must, therefore, no longer sustain itself as a demand for coherence or external verification but as a permanent suspicion: To what extent am I the one who thinks or wants, or instead is it the devil who is tempting me? It is a matter of turning the interior scene inside out: examine the underbelly (*l'envers*) of one's representations. (p. 61)

liberating balm. Reflective of Moore's (1913) article, Collier (1914a) writing in an earlier article in the *Lyttelton Times*, while valuing psychotherapy's "moral appeal and religious stimulation" (p. 6) also reflects on its liberating psychoanalytic roots as a crucial ingredient in modern psychotherapy. He comments,

> Freud … made the fundamental discovery that the disturbance often had its roots in the suppressed and inhibited sexual ideas and strangled affections. Liberate the mind from these and the patient may be regarded as cured. … hours of trivial conversation may have to be filled in order to release the repressed ideas from their imprisonment and give them a chance of a free ascension. (Collier, 1914a, p. 6)[73]

The above texts reflect the handing of the baton from an overtly Christian discourse to a secular one, but nevertheless one that is inherently 'confessional' in its nature,[74] and how the Christian confessional is now reimagined as a confession of one's inner self to another, and obedience to this inner self, within the apparently liberating activity of psychoanalysis; an obedience about which Foucault was ultimately highly critical.

Indeed, I suggest, that the Christian humanitarian discourse which informed the early colonial project in Aotearoa New Zealand coursed through the veins of European immigrants to this country, continually informing both a European sense of superiority, and an impulse to 'save the suffering other', now not only a 'primitive, Indigenous' other, but an other afflicted by 'madness'. Thus, the biopolitical effects of racialised discourse

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[73] Collier, J. (1914a, January 17). Science up to date: Psychotherapy. *Lyttelton Times*, *CXV*(16451), 6. https://paperspast.natlib.govt.nz/newspapers/LT19140117.2.26

[74] That psychotherapy in Aotearoa New Zealand emerged from this Christian and confessional discourse is further reflected in an article in the *Nelson Evening Mail* on the September 28, 1921, in which the article is entitled "Psycho-therapy: Clergymen as Miracle Workers". The writer reported:

> The idea of the sufferer curing himself corresponds exactly with the stress Christ laid upon faith when He said: "Thy faith has saved thee." The church ought to be extraordinarily sympathetic and open-minded towards psychotherapy, but the actual practice of it requires very special training and gifts and tends to be dangerous unless worked in loyal cooperation with doctors.". The Rev. H. Anson, Chairman of the Guild of Health, which has for one of its objects the introduction of psychotherapy as part of the normal work of the Church, was also interviewed on the subject. He said: "The power of suggestion in effecting cures was extensively employed by priests in earlier days. They were psycho-therapists, although the credit of the cures may have gone to the bones of the saints, which were in some cases no more than mutton bones. As people get more educated, they are not going to listen to the ordinary sermons. When they go to church they will want scientific advice for their souls and their bodies. If the clergy are to be of any use in the future they must become skilled spiritual doctors. In addition, the church could be of great service in checking the dangerous tendencies of psycho-therapy and psycho-analysis. At present the students of these sciences are without a positive philosophy, a psycho-synthesis, which Christianity can provide. They find it easy to pull the clock to pieces, but more difficult to put the works together again." (Psycho-therapy, 1921, p. 2)

that promoted the superiority of Europeans as white saviours of the heathen other also served the management of human material in the form of the mad other. The texts above and following reflect the intersection of these humanitarian, Christian, medical, and missionary discourses as they interact with the emergence of a psychotherapeutic technology of the self. For example, in distinguishing psychotherapy from psychiatry, Collier, in his article in the *Lyttelton Times* of January 17, 1914, entitled “Science up to Date: Psychotherapy”, probed medical, religious, and psychoanalytic discourses as he attempted to distinguish between psychiatry and psychotherapy. In so doing, the writer attempted to take the madman from the asylum within which he had been incarcerated. The text reveals the close relationship between Christian discourse, ‘moral treatment’, and psychotherapy practice. He writes,

> The new science of psychotherapy has nothing to do with psychiatry … here the indispensable requisite is that every external source of disturbance, bodily or social, should be removed. Outings and vacations, rest in bed, sleep, contact with beauty of all kinds, games and sports, congenial society, avoidance of strong emotions, and voluntary social work – the safest and most important prescription at the command of the psychotherapist – such other commonplace injunctions of the first phase. Sympathy and encouragement, moral appeal and religious stimulation, the sinking of the consciousness in God and submission of the will,

> prayer and ecstasy, form the highest class of psychotherapeutic methods. (Collier, 1914a, p. 6)[75,76,77]

Foucault's critique of the confessional psychotherapeutics of the self is, I suggest, particularly relevant to the Aotearoa New Zealand context given the centrality of missionary discourse to the fabrication of colonial Aotearoa New Zealand. Moreover, Foucault's critique, I suggest, is also closely linked to the contradictions inherent to psychoanalysis itself, contradictions which made for an ambivalent reception for psychanalysis as it came to be situated within the Aotearoa New Zealand landscape. For there was much about the social, cultural, economic, historical, and political fabric of early 20th century New Zealand, that meant European immigrants to Aotearoa New Zealand also remained profoundly ambivalent, if not actively resistant to the emergence of this discourse of the interior psychoanalytic self and the problematisation of human subjectivity which psychoanalytic and psychotherapeutic theory provided, an

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[75] Collier, J. (1914a, January 17). Science up to date: Psychotherapy. *Lyttelton Times*, *CXV*(16451), 6. https://paperspast.natlib.govt.nz/newspapers/LT19140117.2.26

[76] In a subsequent article by the same author, the influence of psychoanalytic discourse is even more prominent. In the *Evening Star* in 1914b entitled "Science Up-to-date: Psychotherapy Again", Collier describes:

> "Dr Hugo Muensterberg, a Professor of Psychology in German-Swiss University … About the middle of the eighties" (Collier, 1914b).

His description reveals the emergence of psychoanalytic discourse informing psychotherapy, and reflects the interface of tensions and collaborations between religious, medical, and psychoanalytic discourses of the time:

> Professor Muensterberg is the ideal psychotherapist. To begin with, he is a trained physician and surgeon.… Harnack, the imminent church historian, has well brought out the extent to which Christianity, during its early centuries, was a religion of healing… Following Freud, he invariably sets himself to find the origin of the particular obsession or disturbance, and its starting point. It is not always easy to find. Some strong emotional experience in early life had become the generating point of a persistent obsession; or it may have been a past episode, or an organic sensation, or only chance…Dr Muensterberg follows Freud-so far, but no further. Most wisely, he refuses to believe that the antecedent of the trouble is in all cases sexual.… The antecedent cause may be indignation or fear, or surprise, or an accident. Having found it, his aim is to remove the freak idea, the unreasonable dread, the absurd consequence. He side-tracks it and switches it off by linking it with appropriate associations. All ways are to be used for this end. Sympathy and encouragement, reasoning (into which an element of suggestion often enters), persuasion (which is only a kind of suggestion), formal assurance are all to be tried. (Collier, 1914b, p. 8)

Similarly, psychotherapy's "pastoral power" origins are further reflected in the letter below to the editor of The Press in 1938, signed Psycho-analyst;

> those who understand psychotherapy know why the cures are sometimes only temporary and why the Great Healer – who was the first demonstrator of the power of mind over matter – said. "Go, and tell no man." He knew that as soon as doubt was thrown on the miracle the one cured reverted to the old way of thinking and relapsed back to the former condition. Yours, etc… Psycho-analyst. (Psychotherapy, 1938, p. 7)

[77] Medical discourse in relation to religion and psychotherapy, as well as their entangled origins, are reflected in numerous other articles and letters to the editor and newspapers throughout Aotearoa New Zealand in the early decades of the 20th century (see footnotes above) and reflect both Aotearoa New Zealand's colonial history, enabled as it was by missionary discourse, and the origins of the practice of psychotherapy, arising from the pastoral power enacted within the Christian confessional.

ambivalence which meant that throughout the first three-quarters of the 20th century, European receptivity to this technology remained notably tepid.

In the next section I describe the tensions inherent to psychoanalysis, as it attempts to navigate the contradictions of aiming to be both an Enlightenment 'science', and a romantic 'art'. I then describe how these internal contradictions contributed to the ambivalence with which psychoanalysis is received, despite its pastoral power origins, as its emphasis on a complex, layered, and often unconscious interior self interacted in the Aotearoa New Zealand colonial context with an isolated and emotionally isolating colonised cultural and social context, which produced a profound suspicion of anything that attempted to problematise the nature of human subjectivity.

7.2 Psychoanalysis and Its Inherent Contradictions

In 1911 in the newspaper the *Oamaru Mail* the possible benefits of the "new science of psychotherapy" were extolled, by a psychotherapy practitioner.

> I would like first of all to emphasise,' he said, 'that I do not practice hypnotism, but psychotherapy in its most advanced form. … The misuse of the word hypnotism– associated in the public mind with the absurdities of fiction and stage – does much harm to the absorbingly interesting and valuable science of psychotherapy, … you must first of all absolutely inhibit all conscious effort. … [He] must inhibit ordinary consciousness, getting down to the subliminal consciousness.… Psychotherapy has undoubtedly a great future in all cases of hallucination, epilepsy, and nervous disorders of every kind. (Memory machine at work, 1911, p. 3)[78]

The above text, and the text by Dr Stuart Moore (1913) appearing in the *New Zealand Medical Journal* quoted earlier in this chapter, reflect a challenge to the hegemony of the construction of the self via the discourse of biological psychiatry. In doing so, the "reason monologue" (Foucault, 1972/2008, p. xxviii) of ostensibly biomedical psychiatry is interrogated by this 'new science' of psychotherapy. It is notable that in the 1913 text by Moore, in advocating for the benefits of Freudian psychoanalytically informed psychotherapy and its need to be integrated into the training of medical physicians, he writes of the enormous potential of psychoanalytically informed psychotherapy, and particularly the value of hypnotic suggestion, whilst also writing of

[78] Memory machine at work. (1911, April 22). *Oamaru Mail*, *XXXIX*(10748), 3. https://paperspast.natlib.govt.nz/newspapers/OAM19110422.2.56.11

the dangers, should psychotherapy be left in the hands of ‘quacks’, as opposed to medical professionals. I suggest this text, and the above text from 1911, which also advocates for the ‘science’ of psychotherapy, whilst this time disavowing the absurdities of hypnosis, arising less than two decades after Sigmund Freud’s initial publications in Europe regarding the ‘science’ of psychoanalysis, reflect a central tension in the discourse of psychoanalysis and psychoanalytic psychotherapy and its manifestation and articulation at the turn of the 20th century; the desire on the one hand to claim psychoanalysis’s place in the pantheon of Enlightenment scientific knowledge, and on the other hand psychoanalysis’s emphasis on receptivity to the unknowable terrain of the unconscious, requiring the analyst to inhabit a state of negative capability in which the capacity to bear “uncertainty mystery and doubt” (Keats, 1817, cited in Ou, 2011, p. 1) is essential, a state more in keeping with an art than to the certainty of the natural sciences. In emphatically claiming psychoanalysis as a science in both the Moore (1913) and 1911 texts above, whilst in the case of Moore (1913) advocating for the benefit of psychoanalytic hypnotic suggestion, the texts reveal tensions and contradictions which Snell (2013) has suggested are inherent to the discourse of psychoanalysis itself, and which I suggest link to Foucault’s critique of psychoanalysis. In the next section, I detail Snell’s (2013) and Foucault’s critiques and suggest that the tensions and contradictions these critiques reveal have specific significance for the difficulties which psychoanalytic discourse encountered as it attempted to enter the “contests of the true” in early 20th century Aotearoa New Zealand.

7.2.1 The Relationship Between Psychoanalysis’s Inherent Contradictions and Foucault’s Pastoral Power Critique

Foucault’s ambivalent responses to psychoanalysis are captured by Bourg’s (2022) description of the “central poles of Foucault’s ascending view of psychoanalysis – critical exposure of its normalising relationship to power, [and] recognition of its historical role in rethinking the subject” (p. 131), in which Foucault values psychoanalysis’s problematisation of the nature of human subjectivity and its challenge to the hegemony of medical model psychiatry in relation to the treatment of madness, whilst ultimately critiquing psychoanalysis as a technology of the self which, despite its challenge of psychiatry’s hegemonic grip on madness, also joins with psychiatry in

playing its part in governmentality's web of modern power as a normalising technology of the self.[79] Foucault (1974/2000) writes that psychoanalysis

> has surely been the practice and the theory that has re-evaluated at the most fundamental level the somewhat sacred priority conferred on the subject, which has been established in Western thought since Descartes ... Psychoanalysis has insistently questioned this absolute position of the subject. (p. 1408)[80]

However, ultimately Foucault was highly critical of psychoanalysis as a normalising disciplinary and biopolitical technology. It acted both, "As a mutation within the psychiatric model, it had disrupted the reigning 'perversion-hereditary-degeneration' model" (Bourg, 2022, p. 135), in which it was "a force for the deinstitutionalization, demedicalization and deracialization of psychiatry, and an ally in psychiatric normalisation" (p. 137). In *The History of Sexuality, Volume 1*, Foucault (1976/2020a) mounts an argument against the pastoral power of the confessional technology that is psychoanalysis, in which his target is specifically the psychoanalytic repressive hypothesis. In particular, Foucault critiques the confessional nature of psychoanalysis for the absence of its interrogation of the nature of power, both within the therapeutic relationship and in the very constitution of psychoanalysis itself as a relationship of 'scientific' rigour, a rigour to which Moore (1913) and Collier (1914a) so vigorously cling. Foucault notes,

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[79] In the 1964 Royaumont Conference, Bourg (2022) comments that Foucault

> offered an appreciation of Freud who, together with Karl Marx and Nietzsche, made interpretation as an "infinite task.". As he [Foucault] wrote five years later, ... Freud was an "initiator of discursivity" who "made possible a certain number of differences with respect to his texts, concepts, [and] hypotheses"; in other words, psychoanalytic discourse itself was generative, capacious and ambiguous enough to open outward toward interpretive plurality. … Yet "more than any other," Freud's exegetical and philological method foregrounded "an analysis in terms of norm, rules, and systems." (pp. 128–129)

[80] Thus, Bourg (2022) comments that,

> Even though psychoanalysis had and continued to function in tandem with psychiatry, it could be appreciated both for its deinstitutionalising effects on 19th Century psychiatry and as a critical apparatus with which to respond to present-day authoritarianism. (p. 133)

Foucault also comments that,

> It is very well to look back from our vantage point and remark up on the normalising impulse in Freud: one can go on to denounce the role played for many years by the psychoanalytic institutions; but the fact remains that … it was the one that, up to the decade of the 1940s, rigorously opposed the political and institutional effects of the perversion-hereditary-degenerescence system. (Cited in Bourg, 2022, p. 135)

And in an interview in 1974, Bourg (2022) notes that Foucault comments that,

> the value of psychoanalysis lay in the fact that it "enabled a series of critiques of psychiatry." While not involving a "total and radical rupture" with the 19th Century psychiatry that helped give rise to it, the psychoanalytic frame did lead to forms of deinstitutionalisation and demedicalisation. ... "we can affirm that psychoanalysis was the first form of anti psychiatry". (pp. 131–132)

> The confession is a ritual of discourse … that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console and reconcile; … It unburdens him of his wrongs, liberates him, and promises him salvation. (Foucault, 1976/2020a, pp. 61–62)[81,82]

Foucault's critique resonates with Snell's articulation of a central tension within psychoanalysis itself, this being its claims to be both an Enlightenment science of meta-psychological certainty and an art arising out of romanticism as it encountered the unknowable unconscious. In his book *Uncertainties, Mysteries, Doubts: Romanticism and the Analytic Attitude*, Snell (2013) links the origins of the deeply receptive stance of the analytic attitude as entwined with the development of romanticism, a stance he describes as an "undirected but somehow actively receptive state of mind", one which provides "a commitment, founded in respect, to maintaining a radically open-minded stance: a suspended state somewhere between passivity and readiness for emotional and verbal activity" (Snell, 2013, p. 1). As Keats famously observed (and to whom Wilfred Bion [1970] referred in advocating the value of reverie), "I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (Keats, 1817, as cited in Ou, 2011, p. 1).

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[81] Foucault (1976/2020a) further adds,

> an improbable thing was then taking shape: a confessional science, a science which relied on a many-sided extortion, and took for its object what was unmentionable but admitted to nonetheless. … long discussions concerning the possibility of constituting a science of the subject, the validity of introspection, lived experience as evidence, or the presence of consciousness to itself were responses to this problem that is inherent in the functioning of truth in our society. (p. 64)

> it tended no longer to be concerned solely with what the subject wished to hide, but with what was hidden from himself, being incapable of coming to light except gradually and through the labour of a confession, in which the questioner and the questioned each had a part to play … the work of producing the truth was obliged to pass through this relationship if it was to be scientifically validated. The truth did not reside solely in the subject who by confessing, would reveal it wholly formed. It was constituted in two stages … It was the latter's function to verify this obscure truth: The revelation of confession had to be coupled with the decipherment of what it said. (p. 66)

[82] In relation to the parallels between psychotherapeutic exploration of the unconscious, and the Christian confessional, Sabot (2022), noted,

> psychoanalysis itself, after having reproduced, by displacing it, the alienation apparatus peculiar to 19th-century psychiatry, it also renews and even reinforces the injunction to discover and tell – to another- the truth about oneself that has accompanied the development of Christianity, focused on the "confessions of the flesh" and animated by the even deeper questioning of the imputability of desire to the subject under the dizzying horizon of a "fallen will". (p. 51)

However, Snell (2013) notes, “such listening is always at risk, in crisis: it is undertaken in an emotional and cultural force field which is always threatening fatally to compromise it.” (p. 33).

Indeed, the challenge of inhabiting a listening stance that embraces uncertainty and not knowing and the tension this evokes with Enlightenment reason and knowledge has been there since the conception of Freud’s psychoanalysis. Snell (2013) notes Freud, on the one hand, emphasised the unconscious-to-unconscious communication of the psychoanalytic twins of free association and evenly hovering attention, while struggling with the Enlightenment need for rationality, the importance of science and positivism, manifested in his articulation of an id, ego, superego metapsychology imposed as universal, structural, and oedipally inevitable. Snell cites Bollas, who suggests that Freud was thus, “in perpetual conflict and contradiction with himself” (Bollas, 2007, cited in Snell, 2013, p. 34). He also quotes Toril Moi (1989) who noted that psychoanalysis was “born in the encounter between the hysterical woman and the positivist man of science”, and it too is “shot through with paradoxes and difficulty” (Moi, 1989, cited in Snell, 2013, p. 32). The tensions inherent to psychoanalysis are underpinned by the contradictory desire on the one hand to interface with the ‘unknowable unconscious’, informed by the ethos of romanticism, and on the other hand, psychoanalysis’s desire to establish itself as a verifiable natural scientific endeavour in accord with the knowable world of Enlightenment science, an Enlightenment perspective so central to the early colonial fabrication of Aotearoa New Zealand as outlined in Chapter 4. In Aotearoa New Zealand, as elsewhere, psychoanalysis’s desire to be perceived as a ‘science’ as Moore (1913) and Collier (1914a) assert, means that, even as it attempts to grapple with the unconscious realms of psyche, thus problematising the nature of subjectivity, ultimately, through its imposition of meta-psychological truths, it enacts a normalising confessional pastoral power about which Foucault was so critical.

With these critiques in mind, I now turn more specifically to the reception of psychoanalytic psychotherapy within the Aotearoa New Zealand context. I suggest that the above tensions both within psychoanalysis itself and within Foucault’s critique of psychoanalysis are reflected in psychoanalytic psychotherapy’s emergence and manifestation in Aotearoa New Zealand, and that the specific historical, social, political, and cultural context of Aotearoa New Zealand in the 20th century interact with the above tensions outlined by Snell and Foucault in a manner that means that the reception of

psychoanalytic psychotherapy within Aotearoa New Zealand was inevitably, at best, highly ambivalent for much of the 20th century.

7.3 The Reception of the Psychoanalytic Interior Self Within the Aotearoa New Zealand Context

From the beginning, the emergence of psychotherapy and particularly psychoanalytic psychotherapy in Aotearoa New Zealand was a conflicted and contested manifestation, reflecting an ambivalence toward psychoanalysis which remains to this day in this country, though this ambivalence, I will later suggest, has altered in the last quarter of the 20th century and the first quarter of the 21st.

Ruppelt (2023) describes the difficulties that post-World War II psychoanalysts of German and Hungarian and Jewish heritage had in attempting to settle in Aotearoa New Zealand, and how these reflect challenges in establishing psychoanalytic theory and practice in Aotearoa New Zealand throughout the 20th and 21st centuries. She reflects on psychoanalysts such as John Steiner and Joyce McDougall, who were born in Aotearoa New Zealand but trained and worked mostly overseas. She suggests a reluctance by Aotearoa New Zealand people and their immigration representatives in welcoming refugee analysts fleeing Nazi Europe and an "ambivalence towards educated immigrants" in general (Ruppelt, 2023, p. 1). Ruppelt (2023) concludes,

> New Zealand's presence has been notably missing from the map of psychoanalytic societies, yet scattered pockets of psychoanalytic life have quietly persisted in the country. The history of psychoanalysis in New Zealand has been marred by obstacles and collective traumas, hindering the development of a coherent narrative. (p. 1)

Similarly, Chris Milton (2016) describes the activities of Jungian analysts in Aotearoa New Zealand. He lists 10 Jungian analysts in practice in Aotearoa New Zealand at the time of his writing. Whilst in 2023, I note that there were 13 accredited Jungian analysts, and no other accredited psychoanalysts practising in Aotearoa New Zealand, and that this is the greatest number of analysts ever practising in this country at any one time (O'Connor, 2023). I further note that not a single analyst has ever trained solely in Aotearoa New Zealand as an accredited psychoanalyst, with the Jungian analysts being trained by the Australian New Zealand Society of Jungian Analysts, with much of the training based in Australia. And Thorpe (2016b), whilst noting that the global influence of psychoanalysis peaked in the 1950s and '60s (Hooke, 2000), and then declined,

suggests that as a result of technological changes making psychoanalysis more accessible in countries where it had previously had little impact, and recent research underlining its efficacy (Shedler, 2010, 2023), in the past three decades there has been a small, but significant, growth of psychoanalytic and psychodynamic psychotherapy in Aotearoa New Zealand (Thorpe, 2016b, p. 107). Nevertheless, Thorpe (2016a) describes the socio-political and cultural challenges Aotearoa New Zealand has had in grappling with its difficult colonial past and suggests Pākehā New Zealanders have struggled to make use of the depth of Kleinian psychoanalytic principles of reparation in service of honestly emotionally reconciling with this painful history, in spite of, or perhaps because of, the prevalence of Indigenous Māori challenges to the dominance of Eurocentric perspectives in psychotherapy and many other practices. He suggests that, to do so,

> the Pākehā population would identify, acknowledge and accept the ongoing damage unleashed upon Māori, starting with the process of colonisation. Pākehā would become aware of their own feelings of aggression towards Māori and the damage done in phantasy and reality, and how this conflicts with their love, connection and dependency on Māori. Given sufficient ego strength, Pākehā would be able to sustain the resultant feelings of loss, sadness, remorse, guilt and loneliness. The result would then be a process of true reparation. (Thorpe, 2016a, p. 213)

Whilst Thorpe's writing perhaps does not directly evidence why Pākehā New Zealanders have had difficulty engaging with psychoanalysis, it does reflect the potential for psychoanalysis to provide a helpful lens for Pākehā to understand, face up to, and meaningfully engage with our colonial history, should we more fully embrace the complexity of psychoanalysis's problematisation of human subjectivity.

Moreover, attempts to introduce psychoanalytic therapeutic approaches into public mental health services have achieved very limited results. Indeed, of the asylums, later renamed as public mental health hospitals, established in the 19th and 20th century in Aotearoa New Zealand, only Ashburn Hall (renamed Ashburn Clinic in 2001; Duder [2007]), the only private asylum, currently described as a therapeutic community, publicly represented itself as being informed primarily by psychoanalytic discourse and theory. (I reflect on the particularities of Ashburn Hall and the discourses which informed its fabrication and manifestation in the Aotearoa New Zealand context later in this chapter.) The remainder of public mental health asylums, later called mental hospitals, primarily espoused medical model intervention, including medication and psychosurgery,

combined with moral treatment, later conceptualised as cognitive and behavioural treatment (Leckie, 2024).

What were the historical, social, cultural, and political conditions of possibility within which the emergence of psychoanalytic psychotherapy in Aotearoa New Zealand was situated, and which contributed to such an ambivalent reception to the psychotherapeutics of the self in this country?

7.3.1 Man Alone

Aotearoa New Zealand European history, literature, music, and cultural artifacts are replete with reflections on the emotionally taciturn, unavailable, unself-reflective construction of Pākehā masculinity in early colonial Aotearoa New Zealand. These sources, which also reflect the dominance of patriarchy within the European cultural fabric of Aotearoa New Zealand, reveal that this alexithymic, emotionally avoidant, masculine stance impacted the cultural fabric of the entire country. Gordon McLachlan (1977), in his book *The Passionless People: New Zealanders in the 1970s*, reflects on this emotionally stunted state as does John Mulgan decades earlier in his 1939 novel *Man Alone,* in which he depicts the archetypal isolated, emotionally withdrawn, self-reliant, rural male Pākehā New Zealander of the first threequarters of the 20th century, whilst *The Front Lawn* singing duo's 1989 song *How ya doin* captures the emotional shallowness and avoidance of Pākehā male relating, and the rock band Blam Blam Blam's 1981 song *There is No Depression in New Zealand*, reflects this country's avoidance of recognising, much less exploring, emotional and societal pain. Alan Duff's (1995) novel *Once Were Warriors* arguably reflects colonial Indigenous pain violently enacted. Jock Phillips (1987) in his seminal book *A Man's Country*, locates the origins of this emotional unavailability in his description of "The Pioneer Man" in a country, which throughout the 19th century had significantly more men than women, a significant proportion of whom never married. He observes,

> The rigours of such an existence [of the colonial European settlers of the 19th Century in New Zealand] bore important consequences in shaping the identity of the New Zealand male. Faced with the extreme nature of his environment, the colonial male held intellectual skills and book learning in low regard. His own masculinity was bound up with physical prowess and his versatility made him suspicious of undue specialisation and the technical learning which might underpin it. …The colonist's rough back block itinerant existence kept him at a distance from those institutions of culture (museums, galleries, bookshops) which depended upon a settled urban population. (pp. 24–25)

In her history of depression in Aotearoa New Zealand, Leckie (2024) devotes a chapter entitled “The Lonely Land” to the emotional isolation of European colonial Aotearoa New Zealand, and the depression and mental health difficulties this evoked. Angela McCarthy (2015) and Catherine Coleborne (2015) similarly link isolation and disconnection in a foreign land with mental health difficulties for European colonists in New Zealand. As Dr Morgan Stanislaus Grace observes in the “Report of the Joint Committee on Lunatic Asylums, 1871”

> Insanity is much more common in this country [Aotearoa New Zealand] than it is at home, chiefly on account of the limited range of sympathy which the isolation of individuals and families in the country gives rise to, and also on account of the oppressive loneliness which many newcomers experience even in our crowded towns. (Cited in Leckie, 2024, p. 76)[83]

And as historian Miles Fairburn reflects, regarding the severely depressed latter years of Edward Gibbon Wakefield (1855 to 1862), the founder of the New Zealand Company (a central agency in the colonisation of the land of Aotearoa New Zealand), “Day after day he sat brooding on his remoteness from his London friends and the squalor of frontier Wellington, his creation and now his prison” (Fairburn, 1990, cited in Leckie, 2024, p. 79), during which Wakefield suffered “bouts of depression that would take weeks to lift” (Jones, 2004, cited in Leckie, 2024, p. 79).

Given the construction of the Pākehā ‘New Zealander’ as emotionally isolated, the emphasis psychoanalysis had upon problematising the nature of the human psyche and the complexity and unconscious nature of the inner world encountered rather barren terrain within the Aotearoa New Zealand context, and the seeds of psychoanalytic psychotherapy thus found infertile soil in this colonised ground. Informed by a hierarchy of being in which the European man was at the apex and encouraged to ‘dominate’ the land and the Indigenous people of this land, the colonial man encountered a rugged and isolating terrain and withdrew into himself, as he sought to make his place on, rather than with, the land and the people of it. Roger Horrocks (2016), an Aotearoa New Zealand English academic, draws on Philips’ (1987) research, in describing in a similar vein Aotearoa New Zealand’s abhorrence of the ‘intellectual’, commenting,

[83] Dr Morgan Stanislaus Grace, (1871) “Report of the Joint Committee on Lunatic Asylums, 1871” Appendix to the Journals of the House of Representatives (AJHR), 1871, Session 1, H-10, appendix, 10 (cited in Leckie, 2024, p. 76).

> anti-intellectualism – still rules. Its style has changed over the years, but the basic belief persists that thinking leads to trouble once it departs from the quiet, normal suburbs of common sense. Less down-to-earth ideas stir up scorn and suspicion, an extreme response. (p. 133)[84]

The Aotearoa New Zealand frontier environment was thus not one in which there was the 'luxury' of self-reflection or introspection upon one's emotional experience. It was not an environment in which psychoanalytic confessional practice had any initial foothold. Further, I suggest that the emotionally taciturn, colonial, and male European origins that informed the fabrication of Aotearoa New Zealand in the 18th and 19th century, as does Phillips (1987), cast a long cultural and emotional shadow upon the landscape of this country.

7.3.2 The Long Shadow of the 'Pioneer Man'

Throughout the 20th century Colin Meads was considered the greatest of All Blacks, the most famous of the pantheon of players who pulled on the black jersey of this most internationally renowned of rugby teams: the national representative rugby team of Aotearoa New Zealand, and national heroes to many in this country in the 1960s. For almost the entirety of the 20th century, All Blacks were known for their physical brutality on the field and taciturn, laconic emotional state off it. For example, Phillips (1987) quotes Alex Veysey who describes, in his biography of Meads, how Meads' teammates comforted him, following Meads being sent off the field by the referee for kicking out at a prone opponent during an international rugby match against Scotland in

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[84] R. Horrocks (2016) cites Phillips' (1987) research evidencing "The anti-intellectual atmosphere of New Zealand as a 'frontier' society" (p. 135), and he argues that this anti-intellectualism has maintained its grip on the New Zealand psyche well past our early colonial days. Horrocks comments,

> Our cultural spokesmen still get nervous when confronted by the "I" word. Gordon McLauchlan provides our first example with "we don't need formally educated fools", his Herald column of September 6, 2003. He wrote: "I winced when I heard of a forum of "public intellectuals" set to perform [at Auckland University] … I don't attack the people involved, just the growing claim that we have this species called public intellectuals or that we should". (p. 135)

Horrocks (2016) outlines eight "specific combination of circumstances that has reinforced anti-intellectualism" (pp. 141–142) in Aotearoa New Zealand. He cites our small population, which means intellectuals are necessarily a minority, our isolation, the tendency of many of those with more intellectual sensibility to exodus New Zealand, our historical ruralism, the impact of a pioneer culture and frontier history as outlined by Phillips. Horrocks in addition notes what has been often described in Aotearoa New Zealand as the "cultural cringe" in which the local intellectual is devalued, and the overseas expert overvalued. Further, Horrocks notes New Zealand's historical puritanism, in which the creativity of the arts and intellectuals was constrained. Lastly, he cites the tradition of egalitarianism, noting, "the culture has constantly linked intellectual activity with social 'elitism'" (p. 143). He notes,

> In the old days, New Zealand was a small, isolated, relatively uniform society which embraced equality as an idea but had difficulty putting it into practice. Even today, this is a society quick to feel threatened by difference (as every immigrant group can confirm). (p. 144)

1967, thus having to bare the shame of becoming only the second All Black ever (after Cyril Brownlee in 1924) to be sent off in an international rugby test.

> The All Blacks set out to ensure that Meads drowned his sorrows. They say one can drown in a spoonful of water, but an unholy number of spoonfuls were needed that night for this particular drowning. And it wasn't water. Sufficient to record that when Meads found his bed he slept the deep, deep sleep of babes after milk and rugby players after beverages one would never feed to babes. (Veysey, 1974, cited in Phillips, 1987, p. 127)

Phillips (1987) describes how the construction of the Pākehā male required that,

> Beer, it seems, served as a cloak for emotional repression. Playing the game at a high level required an incredible punishing of the body. Being insensitive to pain and other feelings was a virtue – these were 'hard' men. Beer was the one place where powerful feelings could be drowned. It was the first resort in moments of high emotion (p. 127).

Moreover, the dominance and persistence of this discourse of emotional avoidance, and its colonisation of the Indigenous mind, is reflected in the following text from a 2007 Aotearoa New Zealand mental health foundation report by Leonie Pihama and Paul Reynolds, in which a male Māori participant commented,

> Historically we've never wanted to talk about it. They'll punch you in the bloody head. Give you a hiding, tell you to fuck off, you know, that sort of thing. That's how we were, and I know a whole lot of, some of my uncles were like that. Some of my own whānau [extended family], they'd rather sort it out, 'Toughen up'. (Pihama & Reynolds, 2007, cited in Leckie, 2024, p. 74)[85]

Thus, the discourse of emotional avoidance that partly fabricated Pākehā masculinity and its patriarchal and colonising dominance in the 19th and much of the 20th centuries in Aotearoa New Zealand made psychoanalysis's discourse of the unconscious, interior self an unpalatable and largely unknown system of meaning regarding what was permitted to "enter the true" (Rose, 1998).

As the 20th century came into view, the demographics and organisation of populations in Aotearoa New Zealand significantly altered, as reflected in the contrasting views below of Queen Street (the main street of Aotearoa New Zealand's most populated city, Auckland) in 1852, and 1907, respectively, reflecting a shift from a relatively

[85] Pihama, L., & Reynolds, P. (2007). *Kia Marama: Tane Māori and depression: A scoping report.* Hapai Te Hauora Tapui and Mental Health Foundation (cited in Leckie, 2024, p. 74).

unpopulated rural terrain to one in which urban centres were emerging, alongside rural isolation.

Queen Street 1852

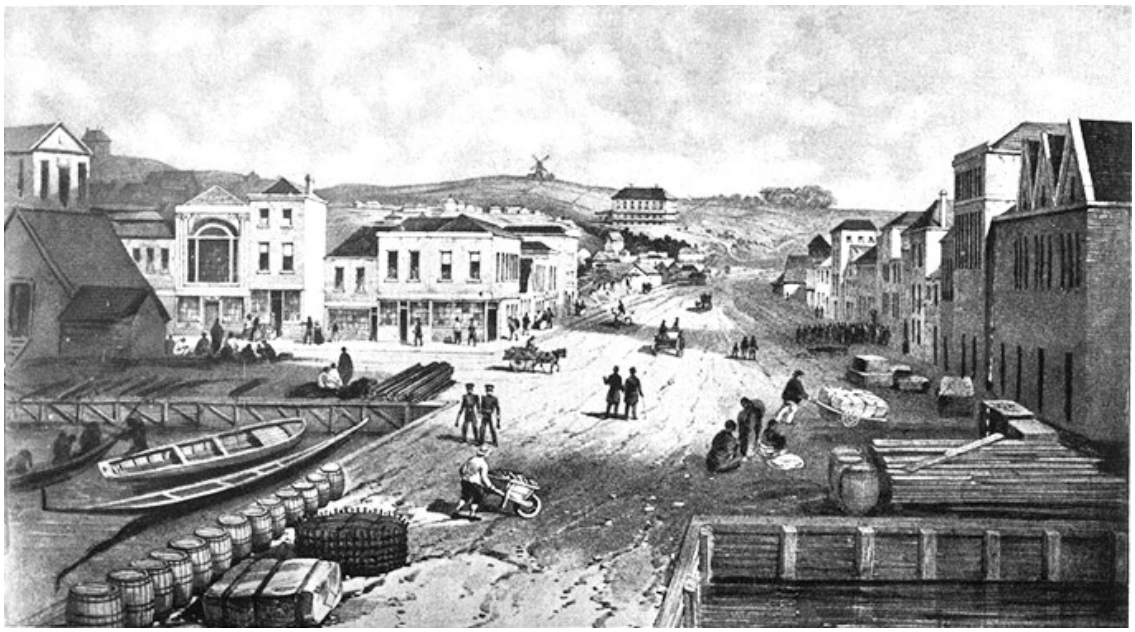

Figure 10: Lithograph of Auckland in year 1852 (Richardson & Hogan, 1850–1859)
No known copyright.

Queen Street 1907

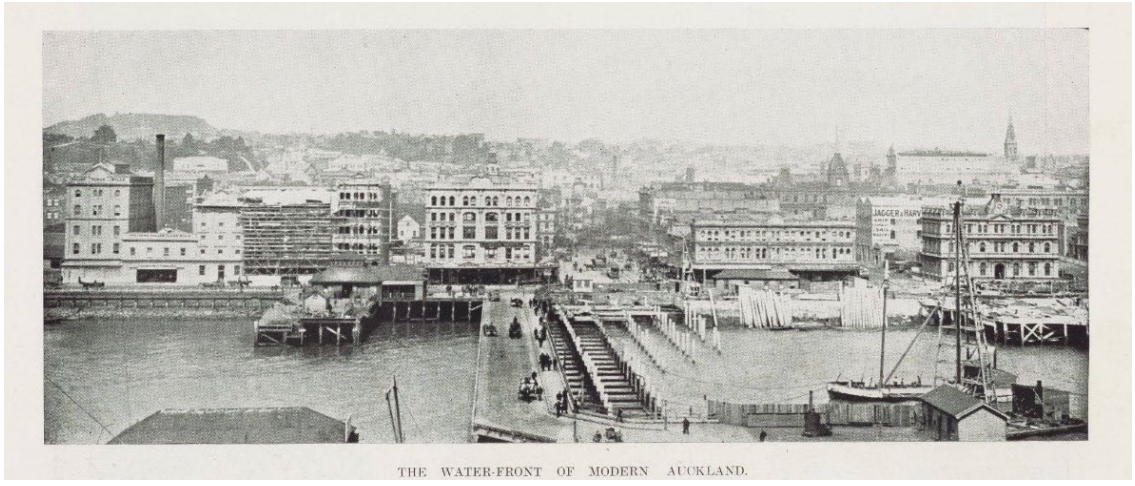

Figure 11: The water-front of modern Auckland, 1907 (New Zealand Graphic, 1907)
From Auckland Libraries Heritage Collections NZG-19070928-0014-02. No known copyright.

Increases in population, greater urbanisation, and a more balanced gender distribution (in 1867 European men outnumbered woman three to two, and this balance did not even out until 1906 [Leckie, 2024, p. 83]) along with increased individual wealth, and the development of a middle-class (Belich, 1996, 2001; King, 2023; Salmond, 2017) all, I suggest, contributed to the possibilities for psychoanalytic psychotherapy to gain a foothold in the Aotearoa New Zealand social and cultural context in the 20th century, given that all increased the possibility of opportunity and time for inner reflection. In addition, the European populace of Aotearoa New Zealand at the turn of the century, whilst formally identified with Christian churches, became increasingly ostensibly more and more secular throughout the 20th century (Belich, 1996, 2001; King, 2023), whilst inevitably remaining informed by a Christian confessional discourse, given the missionary discourse that so significantly contributed to the fabrication of this country. These demographic changes meant that when the discourse of psychoanalysis first emerged on the shores, there were pockets of receptivity to it, as Ruppeldt notes, leading ultimately to the establishment of the New Zealand Association of Psychotherapists (NZAP) in 1947 (a phenomenon I will reflect upon shortly).

Nevertheless, it was Aotearoa New Zealand's early colonial fabric, I suggest, which Maurice Bevan-Brown, the central figure in the inception NZAP, encountered with his description of Aotearoa New Zealand as a "psychiatric wilderness" (Manchester & Manchester, 1996, p. 11). Or as Peter Cook (1996) put it, on coming back to Aotearoa New Zealand in 1940 "he found most of the medical profession and the public generally, were ignorant, unreceptive and often hostile to the teaching of the principles of psychotherapy and mental health" (p. 405). For, despite the proponents of psychoanalysis presented in texts outlined earlier in this chapter, there is little evidence that psychoanalytic psychotherapy had much impact on public mental health treatment in Aotearoa New Zealand prior to World War II. Indeed, asylums of the 19th century maintained their dominant hold on the treatment of those deemed 'mad' or mentally ill in the first half of the 20th century in Aotearoa New Zealand. Few of these were influenced by psychotherapeutic principles, reflected in the following text by Douglas C McKenzie writing in *The Press*, on January 22, 1958,

> Dr Sanford H Meyers, visiting United States psychiatrist throws a searchlight on the 'hardly re-assuring' treatment and methods used in our mental hospitals, says shock treatment is 'overdone' in New Zealand, and praises Dr Bevan-Brown's

> [private] clinic. ‘The only clinic he has seen in New Zealand where modern trends and treatment were being used.’ (Mental hospitals, 1958a, p. 3)[86]

Brunton (2004) reviews the five official inquiries into public mental health treatment that occurred in the 19th and 20th centuries in New Zealand, and notes that these enquiries were significant in informing the move from asylum treatment in the 19th century to mental health hospital treatment in the first two-thirds of the 20th century, to the devolution of mental health services to the community in the last three decades of the 20th century. (All planning for additional mental health hospitals ended in 1963, with no extra beds provided after 1973 and large publicly funded mental health hospitals closing by the 1990s [Brunton, 2022]). It is notable that consideration of psychotherapy and its merits or otherwise for the treatment of mental health in public mental health services is almost entirely lacking in these enquiries.

The outlier is Ashburn Hall, established in 1882, whose distinction was its status as a *private* mental health hospital. As outlined in Chapter 5, Ashburn Hall initially emphasised moral treatment, before developing as a psychoanalytically informed therapeutic community. As described in Chapter 5, Edward William Alexander (1864), founder of Ashburn Hall, identified a ‘need’ for better provision for ‘middle’ and ‘upper-class’ patients. Regarding class and wealth considerations, within the USA context Cushman (1996) suggests a trade in which the discourse of psychoanalysis constituted human subjectivity as needing to enact its infantile sexual desires, manifesting as madness in Western countries, but that the upper classes had the wealth to access the discourse of psychoanalysis and thus ‘sublimate’ these unconscious sexual desires via the discourse of psychoanalysis itself. In this sense the manifestation and fabrication of Ashburn, as a beacon of psychoanalytic practice in the Aotearoa New Zealand context, contributed to class stratification in which the ‘unwashed unwell’ of the lower classes were destined to enact their psychopathology, whilst Ashburn allowed the wealthy to be rescued from their psychiatric illnesses via the expensive but psychologically sophisticated discourse of psychoanalysis.

It is into this emotionally and intellectually barren landscape that psychoanalytic psychotherapy enacted its first forays. However, as Leckie (2024), Ruppelt (2023), and

[86] Mental hospitals. (1958a, January 22). *Press*, *XCVII*(28491), 3. https://paperspast.natlib.govt.nz/newspapers/CHP19580122.2.7.1

Milton (2016) note, for much of the 20th century any attempt by psychoanalysis and psychoanalytic psychotherapy to find a home in the Aotearoa New Zealand landscape was fraught and problematic. It is no surprise then, within the emotionally and geographically rugged and barren landscape of Aotearoa New Zealand in the 19th and early 20th century, that Stuart Moore (1913) seeks to plant the flag of psychoanalysis firmly in the natural sciences and to eject spirituality to the world of the 'quack', given the discourses of Enlightenment science that so significantly originally informed the colonisation of New Zealand and the consequent suspicion of the irrational unconscious that fabricated the emotional terrain of the European New Zealander of the early 20th century.

Philip Cushman (1996), in his book *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* notes that, inevitably, psychotherapy sought to establish itself as a science in the colonies, given the status of the natural sciences within colonial settings. To assert psychoanalysis as an Enlightenment science was, I suggest, in the first half of the 20th century, psychoanalytic psychotherapy's only chance within such an emotionally taciturn landscape. For the very thing that Foucault appreciated about psychoanalysis, its problematisation of the nature of subjectivity, is the very thing which the Aotearoa New Zealand colonial landscape rejected: the complexity of the inner world had no place in an emotional and geographic landscape that required domination, violence, and submission. Nevertheless, the assertion of the psychoanalytic interior self has been persistent in the Aotearoa New Zealand context despite the rocky terrain upon which its first seeds landed.

7.4 The Persistence of the Discourse of the Psychoanalytic Interior Self

The emergence of psychotherapy as a thinkable and doable thing in Aotearoa New Zealand was given modest impetus by psychological treatment of 'shellshock' during and after the First World War. In the *Oamaru Mail*, 1920, is a description of a treatment by Dr Dodd, a

> specialist in the new treatment of psychotherapy, or mind healing. …he first set about exploring the child's mind in an effort to discover some happening or emotion in the child's earlier life that had been 'stowed away in the subconscious self' but was still upsetting the mental balance in another direction.… 'This is a striking example of the wonders that have been worked by psychotherapy, or

> mind cure, which has been so extensively employed for the cure of soldiers suffering from war shock'. (Growing craze for quackery, 1920, p. 3)[87,88,89]

Similarly, during and after the Second World War the possibilities of psychotherapy appear in texts of the time. For example, in *The Press* of August 11, 1942 it was reported that,

> Steps recommended by the pensions and rehabilitation committee of the Christchurch Returned Services' Association to meet the problem of war neurosis cases …
>
> > (1) A list should be drawn up (a) of all qualified physicians with special experience and training rendering them competent to give psychological treatment in case of neurosis; (b) of university teachers, ministers of religion, and non-medical psychotherapists with psychological training and experience rendering them competent to undertake treatment of this kind. While it would not be practicable to make the services of psychotherapists available in every town, efforts should be made to

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[87] Growing craze for quackery. (1920, February 26). *Oamaru Mail*, *44XLIV*(13995), p. 3. https://paperspast.natlib.govt.nz/newspapers/OAM19200226.2.13

[88] Whilst the influence of World War 1 was notable, in the *Oamaru Mail* February 26, 1920, it was commented in the above article entitled "Growing Craze for Quackery":

> Another metaphysician spoke of the generous recognition by doctors in England of the wonderful results obtained through psychotherapy. "The war has brought about a great development in this system of healing," he said, "and doctors at home are realising more and more fully the extent to which the mind governs the condition of body; but New Zealand doctors are for the most part reluctant to depart from old methods".

The caution of the medical profession is noted in this article:

> The opinion expressed by several leading medical practitioners was that the use of mental suggestion to the exclusion of all other medical and surgical treatment was in itself a danger, because patients who had organic disease were lulled into a sense of false security and discovered that their true condition when it was almost too late for surgical and medical treatment to be of any use.

[89] The emergence of psychotherapy as a potential treatment, and its effectiveness as a governmental strategy for war veterans and their families is reflected in a 1920 article in the *Ohinemuri Gazette*, 1920, in which it is commented:

> This is a striking example of the wonders that have been worked by psychotherapy, or mind cure, which has been so extensively employed for the cure of soldiers suffering from war shock," writes a medical correspondent. … In one extraordinary case it was found that a woman who refused to eat and suffered from melancholy owed her condition to an intense attachment to her father in her early childhood. The result of treatment was that the husband reported that, "For the first time in 10 years his wife was perfectly normal and assumed her social and household duties with her content". (Original sin girl, 1920, p. 3)

The impact of the First World War in giving visibility to psychotherapy is also reflected in an article in *The New Zealand Times* 1922, where it is commented,

> Modern methods of treating disease were dealt with in a lecture by Dr CE Maguire, medical superintendent of the Auckland Hospital … the lecturer said that treatment by mental suggestion of certain diseases was most useful in the hands of trained men, but unfortunately gave great scope for "quacks". Psychotherapy had been found most successful in treating war neurosis. (Treating disease, 1922, p. 2)

> secure a reasonable geographic distribution. (War neurosis cases, 1942, p. 4)[90,91]

Bevan-Brown set up the Christchurch war neurosis group in 1944, in which he offered a psychotherapeutic approach to the care of World War II soldiers, whilst many decades earlier in Queen Mary Hospital, Fennell (1981/2001) reports modest use of psychoanalysis and psychotherapy for WWI veterans. Similarly, Leckie (2024) describes Queen Mary Hospital, "where innovative and progressive, especially considering the state of mental hospitals in Aotearoa, at the time, psychoanalytical methods for the treatment of neurosis" (p. 118) took place. Chisolm and Rhind in 1920 describe such treatment with a man who had been evacuated from France during World War I "suffering from emotionalism". They comment,

> he was placed in isolation and a psycho-analysis was carried out, when it was determined that he had marked battle repressions, and calling up the memory of the Battle of Messines provoked severe emotionalism … In the course of a few days he was able to discuss and remember the whole of his experiences and tell them evenly and without distress. It was explained to him that his morbid fear of the night was associated with the dawn of Messines Day … He was hypnotised, and it was then discovered that the rustling of leaves was directly associated with one particular shell burst. This incident was easily rectified, and in consequence he left the hospital with a good mental outlook. (Chisolm & Rhind, 1920, cited in Leckie, 2024, p. 119)[92]

Judith Herman (1992), in her seminal book *Trauma and Recovery*, argues that it was only through the political movements emerging from the experience of 'shellshock' of war veterans in the First World War, and subsequently the Second World War and Vietnam War that psychological trauma was re-remembered (following Freud's alleged

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[90] War neurosis cases. (1942, August 11). *Press*, *LXXVIII*(23713), 4. https://paperspast.natlib.govt.nz/newspapers/CHP19420811.2.25

[91] And in a letter to the editor of the *Auckland Sun* in 1927, a correspondent entitled "Humanist", wrote of the need for psychotherapy rather than imprisonment of criminals:

> My opinion is that none of these unfortunate human derelicts should be dragged into court punishment at all, which is as inhuman as it is ridiculous. Their cases should be handled only by the trained psychiatrist who is the only one fully qualified to take charge of them. It is only psychotherapy which can get at the root causes of abnormality, and effect a cure, if possible, in the individual case… And in the meantime the least one can ask is that any judge or magistrate called upon to deal with such cases should be versed at any rate in the elements of psycho-therapy. (Subnormal youths, 1927, p. 8)

[92] Chisolm, P., & Rhind, S. D. (1920). Some aspects of postwar psycho neuroses, and their treatment at the Queen Mary Hospital, Hamner Springs. *The New Zealand Medical Journal*, 19, 222–229 (cited in Leckie, 2024, p. 119).

recanting of his sexual 'seduction' theory of the aetiology of 'hysteria'[93]). Resonant with Foucault's emphasis on the need for a nexus of power in relation to knowledge, for certain knowledges to enter "into the true", Herman (1992) concludes, "without the context of a political movement, it has never been possible to advance the study of psychological trauma" (p. 32).

Nevertheless, the dominance of medication, psychosurgery, and 'moral treatment' is clear, and the availability of psychotherapeutic input, haphazard at best (Fennell, 1981/2001). In the following 1920 text, soldiers being treated at Queen Mary Hospital, Hamner, are advised,

> follow the regular routine of hospital life, to regularise his life, to make him live by the clock. His days kept filled by outdoor sport and graduated gymnastic work. A man is taught to swim and to play golf, and these exercises stimulate him from his apathy and restore his self-confidence. All men must spend part of the day in doing some kind of work - from leather-work to motor-engineering, practical farming or gardening - and this trains their dormant powers of observation and concentration. All patients are kept up to the mark by firm hospital discipline. (Chisolm & Rhind, 1920, cited in Leckie, 2024, p. 119)[94]

The competing constructions of 'shellshock' post-World War I in the Aotearoa New Zealand context are comprehensively explored by Parsons (2012) who argues that in the years immediately after World War I, shellshock was initially constructed by the military as "a discipline problem" (p. 1).[95] Similarly, John Horrocks (2018) cites Parson's (2013) research, concluding that, "the general medical profession tended to see shellshock as a condition that was best treated by physical therapies, in line with a

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[93] In writing of the history of psychological trauma, Herman (1992) has argued that this history is one of "episodic amnesia" in which the experience of traumatised sufferers is forgotten, and that only when there has been a socio-political context to support the emergence of psychological trauma as a valid human experience in need of therapeutic attention, has the trauma survivor's experience been re-remembered. Herman proposes that Freud's (1896) original conceptualisation of hysteria that the experience of "premature sexual contact" in childhood (what became known as the "seduction theory") was at the heart of the aetiology of hysteria, provided the first social support for the voice of those psychologically traumatised. However, following Freud's subsequent alleged recanting of this theory, Herman argues that only via war experiences and then via women's experiences of physical and sexual assault in domestic contexts, with the political movement of first wave feminism, has psychological trauma been re-remembered.

[94] Chisolm, P., & Rhind, S. D. (1920). Some aspects of postwar psycho neuroses, and their treatment at the Queen Mary Hospital, Hamner Springs. *The New Zealand Medical Journal*, *19*, 222–229 (cited in Leckie, 2024, p. 119).

[95] Parsons (2012) goes on to consider "the medical profession's attempts to place it within a somatic and then psychogenic paradigm" (p. 1), before concluding that

> within a few years of the end of the war it had become increasingly subject to medical understandings of the psychiatric profession, who dominated the treatment of the mentally ill. It is the psychiatric understanding of shellshock which generally defined the treatment of shellshock veterans within New Zealand after the war (p. 1).

scientific model of insanity" (J. Horrocks, 2018, p. 44).[96] J. Horrocks (2018) notes that the medical profession's emphasis on physical therapies, and its dominance regarding the construction of shellshock in New Zealand, was "not surprising, as few New Zealand doctors were equipped to use the new 'talking therapies' derived from the work of people like Freud and Carl Jung" (p. 44).

The dominance of the medical profession, and physical therapies in relation to the treatment of World War I shellshock veterans in the period between the wars, reflects an ongoing contest of the true, in which psychological perspectives attempted to pierce the hegemonic dominance of medical discourse. As Leckie (2024), John Horrocks (2018), and Parsons (2012) note, the battleground of what was allowed to enter the true, in relation to the inner experience of the Aotearoa New Zealand citizen, was fraught, and remained in the period between the two world wars predominantly unreceptive to the discourse of this new psychotherapeutics of the self. Bevan-Brown later founded Cranmer House clinic with Reverand Frank Cook and Dr Edith Cook, and in 1950 when the clinic moved, it was renamed the clinic for medical psychology. He had earlier been central to the founding of NZAP. Despite these strenuous efforts, psychoanalytic psychotherapy struggled to gain traction in the barren emotional terrain of colonial Aotearoa New Zealand, as reflected in the text below, in which Dr Patrick Savage, medical superintendent of Sunnyside Hospital, is dubious about psychotherapy's merits, commenting in 1961, "The depth of exploration of the patient's mind varies with the necessity of the case. Deep exploration is not always necessary and is often inadvisable." (cited in Leckie, 2024, p. 197).[97]

However in the three decades post-World War II, despite the initially ambivalent reception of the psychotherapeutics of the self, the battle to enter the true which psychoanalytic psychotherapeutic discourse attempted to engage, began to emerge

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[96] J. Horrocks (2018) notes that Freud himself had suggested that shellshock may in part be an unconscious protest against the emotionally overwhelming rigours of war in which "a soldier might lose the power to exercise any form of agency over his own actions" (p. 37). In Freud's testimony as an expert witness "during a judicial inquiry in Vienna into abuses in the uses of 'electroshock'", which was used to attempt to persuade "war neurotics" to return to the front (J. Horrocks, 2018, p. 37), Freud comments,

> a soldier in whom these effective motives were very powerful and clearly conscious would, if he was a healthy man, have been obliged to desert or pretend to be ill. Only the smallest proportion of war neurotics, however, were malingerers; the emotional impulses which rebelled in them against active service and drove them into illness were operative in them without being conscious to them. (Cited in J. Horrocks, 2018, p. 37).

[97] Modern treatments at Sunnyside Hospital. (1961, June 3). *Press*, *C*(29530), 14. https://paperspast.natlib.govt.nz/newspapers/CHP19610603.2.163 (cited in Leckie, 2024, p. 197).

more vigorously as further challenges to the dominance of the discourse of medical 19th century science, in which the 'madman' of the asylum is constructed as a sick soma, genetically limited, arising out of hereditary, condemning the 'madman' to his tragic lot, was increasingly forcefully challenged, as the new science of psychoanalytic psychotherapy and its promise of intrapsychic liberation more visibly emerges as a critique of the hegemonic dominance of psychiatric mental hospital incarceration.

7.4.1 Psychotherapy and the Liberation of the 'Imprisoned' Self: Mental Hospitals in the Mid-20th Century

This battle for the affect and soul of the citizens of Aotearoa New Zealand, and the increasing attempts to 'free' these souls from the gaze of the medical man, is reflected in texts of letters to the editor of local papers of the latter part of the first half of the 20th century. The battle lines were well and truly drawn and the debates over New Zealand's mental hospitals (formerly lunatic asylums) were regular during the 1940s, '50s, and '60s as multiple voices emerged, advocating for the benefits of a scientifically informed 'psychotherapy' within the mental health system in Aotearoa New Zealand. The role of psychotherapy, and particularly Freudian psychoanalysis, in freeing the imprisoned psyche from the cruel mind of Enlightenment medical science and its representatives, the psychiatric doctor, and its material effect, the imprisoning asylums of 1800s, came under considerable pressure from the discourse of psychoanalytic psychotherapy and belief in its liberating capacities. Psychotherapeutic discourse was particularly prominent in newspaper articles critiquing the dominance of medicalised treatment in asylums. Reports of the cruelty and horror of mental hospitals and their treatment of mental illness in Aotearoa New Zealand filled the pages of letters to the editor of local papers in the mid-20th century. In 1948, 'Ex-patient' wrote, in a letter to the Editor in *The Press* newspaper, headed "Mental Illness",

> Sir, in a printed article, 'prepared and issued by the Health Department' it is declared that mental illness is due to something which 'attacks the brain instead of some other part of the body'; and that the remedy lies in the employment of electricity, or of drugs, in ways that 'shock the tottering brain back to sanity.' In a richly documented article, printed in the British Medical Journal, 31 August 1946, it is declared that in cases of neurosis, which is the most prevalent of mental illnesses, shock therapy 'is best avoided' as likely to aggravate the disorder; and that treatment, in such cases, should be by psychotherapy, which deals, not with the brain, but with the mind, and which effects 'definite improvement in from 60 to 70% of patients.' Will the department explain why there is no psychotherapy, in

> cases of neurosis, at Sunnyside Mental Hospital? - Yours, etc, Ex-patient. November 8, 1948. (Mental illness, 1948, p. 8)[98,99]

The emergence of the discourse of the neurotic, interior, and conflicted self as formulated by psychoanalysis is continually revealed in these mid-20th century texts.[100] One prolific correspondent advocating the value of psychoanalytically informed treatment

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[98] Mental illness. (1948, November 8). *Press*, *LXXXIV*(25646), 8. https://paperspast.natlib.govt.nz/newspapers/CHP19481108.2.117.8

[99] And in an article in *The Press* on April 6, 1957, entitled "Psychotherapy in New Zealand: 'Greatest Gap in Hospital Services' – Vital Significance of Modern Techniques", an Otago Medical School correspondent writes:

> Last Thursday was something of an occasion for public welfare in New Zealand. On that day, the annual conference of the Hospital Boards' Association declared that the lack of provision of psychotherapy is now "the greatest gap" in the hospital service.

The author goes on to say:

> Scientific psychotherapy, which began when Freud cured neurotic patients by bringing their buried tensions to the light of day, has enlarged enormously since, acquired many new techniques, and tackles an extensive range of medical and social responsibilities. … If the health services are lamentably defective in psychotherapy, as the Hospital Boards' Association says, this only means that the country's psychiatric facilities in general are at a low ebb and require public scrutiny. Mental ill-health of one type and another probably accounts for more disability and unhappiness in the Anglo-Saxon world than all other diseases combined. … And suicide in those countries is as bulky a cause of death as road accidents.

The article goes on to advocate that:

> the scope of psychiatry is not limited to the ailments that present this way in the hospital and consulting room, nor even to the new territory of psychosomatic medicine, where, as already mentioned, psychotherapy helps in conditions that once appeared to be purely physical disorders of the cells and organs. There are now very many disturbances of a social kind which in advanced countries, are coming to be recognised as clinical problems in disguise, and best treated as such by psychotherapeutic methods. These include sexual disorders, marital disharmony, alcoholism, delinquency and crime, educational difficulties, and other faulty behaviour in childhood.
>
> All of us, doctors as well as patients, still live under the convention that we may apply for medical aid only when we have some bodily ill to justify it. Therefore, people in emotional disarray … either remain altogether unaware they are ill, or they seek guidance from some non-clinical service, or they seize on some secondary physical symptom, an ache or pain, and approach the doctor for help, ostensibly with that. If they are ever to receive the scientific psychological treatment they require there must be a readiness on the practitioner's part and on the part of school teachers, magistrates, clergymen and so on to spot neurotic ailments when they see them, medical education must include instruction in elementary psychotherapy for such cases, and the family doctor must have a specialist psychiatric department at hand in the local hospital to refer his more complicated cases and to get technical advice.
>
> So far as these requirements go, the position in New Zealand is that in readiness to recognise psychological disturbance under its many guises, the average practitioner is as advanced as anywhere in the Commonwealth; … but the specialist psychiatric departments, on which so much depends and by which other community agencies may so much be influenced, do not, apart from the Otago Medical School, exist anywhere in this country. It is this hiatus that the Hospital Board's Association has come to deplore. (Psychotherapy in New Zealand, 1957a, p. 6)

[100] In 1947 in the *Northern Advocate*, the parliamentary correspondent noted, in an article entitled "Many Discharged from Mental Hospitals", that the Seacliff mental hospital superintendent reported that the electric convulsive treatment continues to show its value, particularly in depressed cases. The neurosurgeon performed leucotomy in three cases in which all other forms of treatment had failed. Nevertheless, the author quoted the superintendent as stating that,

> Though physical methods are spectacular and have been much publicised, it is my opinion that without psychotherapy and treating the patient as a whole, permanent recovery is unlikely. (Many discharged from mental hospitals, 1947)

in New Zealand in the late 1950s and early 1960s was Douglas C McKenzie. In *Press*, January 22, 1958, he writes:

> With all the goodwill in the world, three doctors in charge of 1,500 patients at Sunnyside cannot attempt adequate psychotherapeutic treatment. Mental illness in many instances is a deep-seated personality disorder and it is only by the re-establishment of inter-personal relationships that the sick person can be restored to health. Treatments are being used in New Zealand in cases where such treatment has been abandoned overseas, and tranquilising drugs are used here without accompanying intensive psychotherapy used overseas… Yours, etc., Douglas C McKechnie. (Mental hospitals, 1958, p. 3)[101,102]

Thus, psychotherapy came to be equated with notions of civilisation, reflecting its slightly increasing status as a governmental technology enabling the making of civil citizens. The debate through the late 1950s and early 1960s regarding the need for greater access to psychotherapy within the public mental health system were vigorous

[101] Mental hospitals. (1958a, January 22). *Press*, *XCVII*(28491), 3. https://paperspast.natlib.govt.nz/newspapers/CHP19580122.2.7.1

[102] Similarly, on January 22, 1958 in *The Press* was a letter from MD Sadler who commented:

> M. Holcroft writes of New Zealand: "I have found, in years of journalism … if there is a statement about conditions in mental asylums, about prison reform … you can almost feel the public turning stiffly away to think of more pleasant things."
>
> It is to be hoped, this will not be the reaction of Dr Sanford Meyers's remarks on New Zealand mental hospitals. His statements about backwardness of treatment and very low ratios of trained staff to patients certainly call for full investigation and government action. Many in New Zealand still think of treating mental patients as consisting mainly of building walls high enough so they can't escape, and it is about time we emerged from such medieval apathy and ignorance and began to think and act with a little more evidence of civilisation. – Yours, etc., M.D. Sadler January 20, 1958 (Mental hospitals, 1958a, p. 3)

and ongoing.[103,104] In the contests of the true, regarding the nature of subjectivity, and the importance of the interior self, biomedical discourse constructing the mad other as a

[103] On January 25, 1958 in *The Press* similarly, C.R. Dunford writes:

> I have studied with great interest the reported Dr Meyers in "The Press". I gather he is condemning the excessive use of physical, chemical, and electrical methods (shock treatment), and tranquillising drugs and narcotics in the treatment of mental disease. In place of these, he is urging the greater use of psychotherapy, which I understand means a personal approach to the patient, together with a deeper and therefore longer investigation of a patient's problems. I presume it is psychotherapy which is employed at the Christchurch clinic which he commends. What I would like to know is: are the staff of mental hospitals in this country qualified in this form of treatment? I believe it requires a very long and thorough training. (Mental hospitals, 1958a, p. 3)

On September 16, 1958 Douglas C. McKechnie wrote:

> Until adequate psychotherapy and interpersonal treatment can be provided by psychiatrists and psychotherapists, many of the mentally ill are left to flounder where they might be helped. Drugs, shock, leucotomy and physical approaches play their part, but without time consuming psychotherapy, fall far short of what is needed. (Mental hospitals, 1958f, p. 16)

McKechnie was prolific in his letters in *The Press* on June 16, 1961, for example, he noted the value of psychotherapy alongside psychiatric input.

In "Psychiatry Today" David Stafford-Clark, consultant psychiatrist at the London teaching hospital writes:

> The general effect of electro-convulsive therapy is progressively to relieve depression until the patient is restored to full normal health and happiness. This effect is quite remarkable, and the nature of the relief recorded can be spectacular in a tormented, agitated, weeping, suicidal patient is transformed into a calm, vigorous, active, and happy person. Needless to say, psychotherapy both before, during and after the course of electrical treatment is part of the whole process. In the early stages its most effective form is essentially that of encouragement and reassurance, based upon an appreciation of the patient's griefs and fears. At a later stage, when improvement has begun, the degree to which personal problems may remain to be dealt with will vary among individual patients, and will effect that nature of the psychotherapy required. (Electric shock therapy, 1961)

Other correspondents joined McKechnie in his concerns. In *The Press* January 29, 1958, a correspondent named "Too Much Medicine" writes:

> I have followed the discussions on our mental hospitals with a great deal of interest. Mr McKechnie's suggestion for a Royal Commission on the prevention and treatment of mental illness is one that should be urged upon our Parliamentarians … how many people in this country are swallowing drugs over long periods who could be cured or helped by psychotherapy? Colossal sums could be saved on drugs alone in this country where everyone looks for something out of a bottle to cure them. (Mental hospitals, 1958c, p. 16)

On February 27, 1958, in *The Press* Douglas C. McKechnie linked the art of psychotherapy to Christian love:

> Psychotherapy cannot cure all mental ills, as "Senex" says, but it can help with a large proportion of the mental and emotional distress in our communities today, including quite serious illness. Psychotherapy clinics at hospitals could save many people from going to asylums. If the present overworked and overburdened medical staff at Sunnyside were supplemented by a director of psychotherapy – a psychiatrist who had specialised in radical psychotherapy – together with a staff of properly trained psychotherapists and psychiatric social workers, many patients could be relieved of distress and many could be equipped to go out into the world without breaking down again. Segregation and isolation can be harmful in mental and emotional illness, so may I give a word of praise to the Sunnyside chaplain (the Rev. J. B Wilson), who has recently written various letters asking various women's organisations to "adopt" friendless patients. Such a scheme is Christian love in action, and will be good therapy because these patients will feel less isolated. (Mental hospitals, 1958d, p. 16)

[104] Eventually in 1959, in the September 7 edition of The Press, came the call to abolish mental hospitals, captured in the title *Abolition of Mental Hospitals Suggested.* The author of the article quotes Dr Harold Bourne, lecturer in psychiatry at the Otago Medical School, from his address entitled *Are Mental Hospitals Necessary?* Which was given at the annual general and scientific meeting of the New Zealand branch of the Australasian Association of Psychiatrists. In it the author wrote:

> Dr Bourne opened his address by quoting this extract from "A Treatise on the Real Cause and Cure of Insanity", written in 1789 by Andrew Harper: "The custom of immediately consigning the

sick soma, continued to vigorously resist psychotherapy's intrapsychic liberating claims. The battle of these discourses is further revealed by texts emerging and describing the inception of the first formal organisation of psychotherapists as a professional body, with the formation of NZAP in 1947, an inception arising out of this fraught discursive context.

7.4.2 Formation of the New Zealand Association of Psychotherapists (NZAP)

The initial Constitution of the NZAP provided that

> Member[s] be engaged in a form of psychotherapy which is scientific in the sense that he (or she) can satisfy the council that his (or her) methods are based on knowledge of psychopathology.[105]

Further the Constitution required that the Association be governed by a Council of seven members of whom, "not less than three had to be medically qualified" (Manchester & Manchester, 1996, p. 21).[106]

> unfortunate victims of insanity to the cells of Bedlam or the dreary mansions of some private confinement, is certainly bit with ignorance and absurdity. … it destroys all the obligations of humanity, robs the sufferer of every advantage, and deprives him of all the favourable circumstances which might lend to his recovery. I am very positive that insanity may be cured with great certainty and expedition, in the beginning, and I am equally convinced that confinement never fails to aggravate the disease." … The out-size asylum was an industrial era fetish, an innovation opposed, furthermore, by many in the know. "Moral treatment," that forerunner of psychotherapy, had just come into bud, and based on intimacy, individual concern, and private optimism, clearly it would wilt in these cavernous, impersonal crowded like establishments. And wilt it did – so utterly that now to address the damage passes for ingenious reform.

The article reports,

> The institution of today, the main provision for mental illness in our society, represents the triumph of preconception and parish parsimony over the factual study of disease – a mould imposed by laymen which medical science has forgotten to question." Dr Bourne said, "And so the unthinking cry for modernisation with therapeutic communities with open doors, when the enlightened mental hospital is a contradiction in terms, unless busy liquidating itself."
>
> "That the emperor wore no clothes dawned on me a decade ago at one of Britain's most advanced mental hospitals," said Dr Bourne. "It was in the face of that unanswerable justification for the system – the preordained multitude of chronic patients. Juvenile and senile, bounding and decrepit, each a relic of some long past pathological conflagration, 600 were saddled to myself, one doctor, queerly singled out of 19, to clear a pocket of resistance against the policies of change. (Abolition of mental hospitals suggested, 1959, p. 8).

Douglas McKenzie followed up this address with a letter to *The Press* on September 9, 1959 in which he commented,

> Men with the courage of Dr Harold Bourne are awakening the public from their apathy and are calling attention to the neglect of the mentally and emotionally ill. The well-equipped palace on Cashmere, Princess Margaret Hospital, contrasted with the crowded, understaffed slum at Sunnyside, typifies the medical bias toward physical illness. The absence of intensive psychotherapy, and a therapeutic atmosphere, makes chronic patients out of many who with proper treatment could live normal lives after a short stay. (Mental hospitals, 1959, p. 7)

[105] Manchester, R., & Manchester, B. (1996). *Notes towards a history: A chronology of the first fifty years*. The New Zealand Association of Psychotherapists (p. 21).

[106] Manchester, R., & Manchester, B. (1996). *Notes towards a history: A chronology of the first fifty years*. The New Zealand Association of Psychotherapists (p. 21).

The use of the word scientific, and the phrase “knowledge of psychopathology”, combined with the requirement of at least three medically qualified council members, suggests the significant influence of Western biomedical Enlightenment discourse. The authors note Bevan-Brown found New Zealand in 1940 to be psychiatrically and psychotherapeutically impoverished, with Bevan-Brown noting “Medical students received little psychiatric training and almost no appreciation of the new neuroses and psychosomatic medicine”.[107] In the contests of the true, the battle between medical discourse and psychoanalytic discourse is very evident in Manchester & Manchester’s (1996) observation that Bevan-Brown,

> expressed great concern that conditions of psychological origin with a psychological component are too often treated by medication or even surgery. Those of us who looked back to the 1940s can remember surgical procedures regularly performed and talked about that seem to be of only minor consequence and incidence today. He is alleged to have said ‘God help the masochistic woman who meets up with the sadistic surgeon - she will almost certainly lose some of her organs’. (p. 11)[108]

The truth of this risk is reflected in the text below in which Medical Superintendent Reginald Medlicott published in 1943 his reflections on a lobotomy performed on a patient at Queen Mary Hospital, commenting,

> on inserting the hollow calibrated needle on the right side the anterior horn of the lateral ventricle was entered and cerebrospinal fluid escaped: … The brain appeared somewhat shrunken and on inserting the exploring needle fluid again escaped… (post operatively) … the patient… answered simple questions… Gradual diminution of the intensity of her depression with an increasing interest in her surroundings… A pleasure in her meals, and would make a few spontaneous remarks such as ‘That was lovely!’ When she had been given a cup of tea. (Cited in Leckie, 2024, pp. 201–202)[109]

The text immediately above presents a picture of the ‘perfect’ medical disciplining of problematic human material, now manifesting as agreeable docility. It is within this contest of what is able to “enter the true”, that the emergence of psychoanalysis gives rise to a new truth regarding the nature of self, a ‘psychoanalytic infant true self’ and a governmental technology in the form of psychotherapy, that might facilitate this truth into

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[107] Manchester, R., & Manchester, B. (1996). *Notes towards a history: A chronology of the first fifty years*. The New Zealand Association of Psychotherapists (p. 11).
[108] Manchester, R., & Manchester, B. (1996). *Notes towards a history: A chronology of the first fifty years*. The New Zealand Association of Psychotherapists (p. 11).
[109] Medlicott, R. W. (1943). Prefrontal leucotomy. *New Zealand Medical Journal*, *42*, 113–130 (cited in Leckie, 2024, pp. 201–202).

existence. By contrast with the dangers of psychosurgery and psychiatric medicalisation, the discourse of psychoanalytic psychotherapy appears to offer potential liberation. It promised to relieve the misery of the tormented intrapsychic psyche of its suffering in a manner which was economically more viable than the expenses of the vast asylum and mental health hospitals, and to do so more humanely. However, the ambivalent reception which psychoanalysis and psychoanalytic psychotherapy received in Aotearoa New Zealand in the three decades post-World War II is evident with the job title of psychotherapist not offered as an employment role in public mental health throughout these decades, or indeed until the 1990s in Aotearoa New Zealand (Tudor, 2017b).[110] Nevertheless, the tenacity and persistence of the emergence, if embryonic, of the interior self within the Aotearoa New Zealand context remained vigorous, as the discourse of the inner infant 'true self' emerged more visibly in the second half of the 20th century.

7.4.3 The Discourse of the Infant True Self

Manchester and Manchester (1996) describe Bevan-Brown's tenacity in advocating the benefits of the psychoanalytic discourse of the interior infant self.

> The tenor of the Christchurch Psychological Society booklet on this matter is signified in Dr Bevan-Brown's statement 'the problem of mental health or

[110] The ambivalence of this reception, and the economic considerations impacting upon the reception of psychoanalytic psychotherapy as a potential governmental technology of the self within the Aotearoa New Zealand context are further reflected in the following text from *The Press* on January 25, 1958 in a letter to the editor.

> Sir – Dr Sanford Meyers pointed out that to cure mental patients they must be helped to build up and improve their interhuman relationships. He claimed very justly that New Zealand mental hospitals were too understaffed to make really individual treatment possible. This might be called as major criticism. Dr Lewis answers this criticism by pointing to building improvements. The walls, he says, in effect, are not only adequate but sometimes nicely painted, and would the public please go back to sleep again? Serious staff shortages are admitted but explained as unremediable. Yet every year students graduate in psychology at the universities and about half of them turn to other jobs because they can find no employment as psychologists. I myself, specialising in psychology, was told in November that there were no jobs of any sort available at Sunnyside. Such blatant contradictions only make the need for governmental investigation more obvious. - Yours, etc., M.D. Sadler, BSc. (Mental hospitals, 1958b, p. 3)

Economic considerations regarding the value of psychotherapy as a governmental technology are further reflected in the correspondence in articles regarding the place of psychotherapy in relation to criminal offending. For example, in response to an article in *The Press* of May 15, 1939 entitled "Treatment of Criminals, Psychotherapy Urged: Establishment of a Special Institute Recommended" in the *New Zealand Herald* on May 13, 1939, the Howard League for Penal Reform commented,

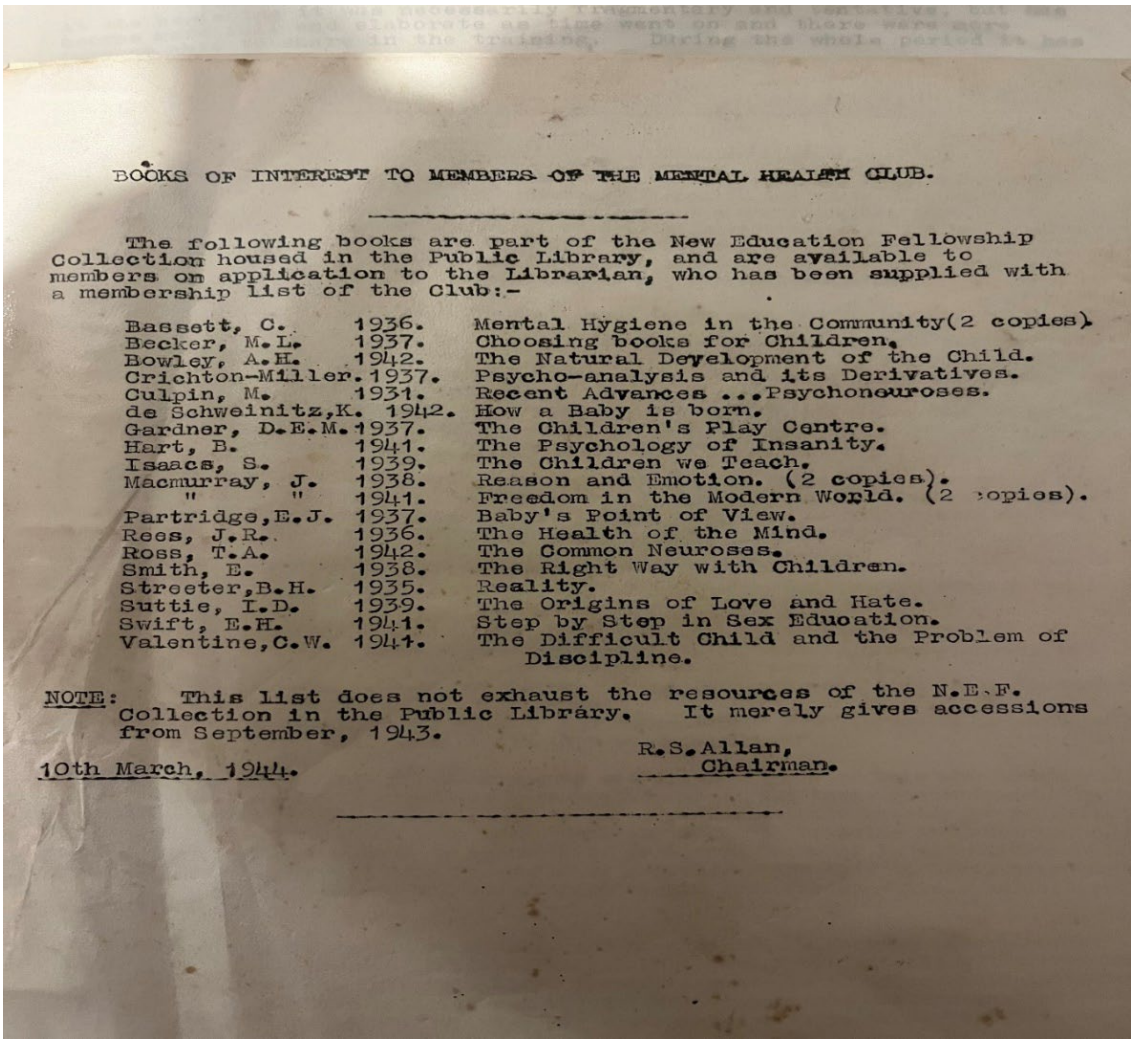
> England has of late far outdistanced New Zealand in penal reform … after four years careful investigation, she is recommending what this league has been advocating for 10 years – special institution for the psychological treatment of certain lawbreakers … had we during the last 10 years, had one such institution in place of one of our ordinary prisons, what an immense amount of wrongdoing, misery and loss the public would have been spared – and how much useless expense had been saved. (Treatment of criminals, 1939, p. 11)

Psychology and crime. (1939, May 13). *New Zealand Herald*, *LXXVI*(23345), 17. https://paperspast.natlib.govt.nz/newspapers/NZH19390513.2.159.4

> emotional maturity is wide and urgent.' His final statement on childbirth is 'that in the absence of gross physical abnormality, the most important element in the treatment or management of labour is psychological care - this is much more important than mechanical or physical management.'
>
> In putting forward new and radical ideas on 'natural childbirth', home confinements, mother-infant bonding, early child care practices, relaxation of the rigidities of the Plunket system, restraint of physical punishment of children and advocacy of abolition of corporal punishment in the school system, and radical reduction of the use of electroconvulsive therapy in treatment of mental illness, Dr Bevan-Brown became surrounded by a somewhat 'frosty' professional climate and to be regarded by some as an 'impractical crackpot' (Grace Adams, 1977, cited in Manchester & Manchester, 1996, p. 15).[111]

The reflections of Manchester and Manchester and Bevan-Brown's own words resonate with British psychoanalytic developmental ideas of the time, particularly those of British psychoanalyst Donald Winnicott. Winnicott (1960) also trained and worked as a paediatrician, and famously stated "there is no such thing as an infant" (p. 587), a phrase capturing his focus on the idea that in the early months of life the infant requires the attuned "maternal preoccupation" of the mother, and that this is an essential foundation for adult wellbeing; that an infant who receives attentive, attuned, and sustained 'maternal' care is more able to subsequently manifest a "True Self" (Winnicott, 1965c), needing only attuned empathic responsiveness in order to be midwifed into existence. The discourse of European-informed developmental psychoanalytic perspectives, in which the crucial importance of emotional parental care is considered central, are further reflected in the following outline of training texts proffered by NZAP as essential topics of study for prospective psychotherapists, in 1944:

[111] Adams, G. (1977). The origins of the parents centre movement (cited in Manchester & Manchester, 1996, p. 15).



BOOKS OF INTEREST TO MEMBERS OF THE MENTAL HEALTH CLUB.

The following books are part of the New Education Fellowship Collection housed in the Public Library, and are available to members on application to the Librarian, who has been supplied with a membership list of the Club:-

Bassett, C.	1936.	Mental Hygiene in the Community(2 copies)
Becker, M.L.	1937.	Choosing books for Children.
Bowley, A.H.	1942.	The Natural Development of the Child.
Crichton-Miller.	1937.	Psycho-analysis and its Derivatives.
Culpin, M.	1931.	Recent Advances ...Psychoneuroses.
de Schweinitz,K.	1942.	How a Baby is born.
Gardner, D.E.M.	1937.	The Children's Play Centre.
Hart, B.	1941.	The Psychology of Insanity.
Isaacs, S.	1939.	The Children we Teach.
Macmurray, J.	1938.	Reason and Emotion. (2 copies).
" "	1941.	Freedom in the Modern World. (2 copies).
Partridge,E.J.	1937.	Baby's Point of View.
Rees, J.R.	1936.	The Health of the Mind.
Ross, T.A.	1942.	The Common Neuroses.
Smith, E.	1938.	The Right Way with Children.
Streeter,B.H.	1935.	Reality.
Suttie, I.D.	1939.	The Origins of Love and Hate.
Swift, E.H.	1941.	Step by Step in Sex Eduoation.
Valentine,C.W.	1941.	The Difficult Child and the Problem of Discipline.

NOTE: This list does not exhaust the resources of the N.E.F. Collection in the Public Library. It merely gives accessions from September, 1943.

10th March, 1944.

R.S.Allan,
Chairman.

Figure 12: Books of interest to members of the Mental Health Club
(New Education Fellowship Mental Health Club, 1944). Reproduced with permission.

And the photograph below of the founders of NZAP, taken at its first Annual Conference in Christchurch in 1947, reveals a small gathering of 25 men and women of European origin (including two psychoanalysts, European immigrants Eva Fischman and Mario Fleischl [Leckie, 2024], and psychiatrist Bevan-Brown), whose attire suggests middle-class economic status, and whose focus was on making visible the infant self of the Aotearoa New Zealand citizen.

Figure 13: Attendees of inaugural conference of the NZAP (Unknown, 1947).[112] Used with permission.

Bevan-Brown was the founder of the Christchurch Psychological Society in 1942 and central to the founding of NZAP. Subsequently, he delivered a series of talks on mental health that were broadcast on radio stations 3YC and 3YA of the New Zealand broadcasting service, regarding the "Foundations of Mental Health", focusing on the developmental needs of children, and emphasising that failure of care of the infant self leads to psychopathology only repairable by psychotherapy in later life.[113] These talks are an early example in Aotearoa New Zealand of psychotherapy's biopolitical attempts for its discourse to infuse the wider public consciousness. The talks are reflective of Donald Winnicott's own radio broadcasts in Britain, as both sought to spread the word of psychoanalytic psychotherapy. Subsequently these talks were published in 1956 in a 32

[112] In Manchester, R., & Manchester, B. (1996). *Notes towards a history: A chronology of the first fifty years*. The New Zealand Association of Psychotherapists (p. 22).
[113] The recordings of these talks are available at the New Zealand National library, Wellington, in the Katherine Mansfield reading room: https://natlib.govt.nz/items?i[collection_any_id]=264759&i[-category]=Groups

page booklet entitled *The Foundations of Mental Health by 'Psychiatrist'* (in which the origins of these talks as radio broadcasts are acknowledged). Whilst Bevan-Brown is not named in the written publication of these talks as author, but only with the anonymous title 'Psychiatrist', given he originally delivered the following texts in oral form, I reference Bevan-Brown as the speaker in the text citations below. Bevan-Brown (1956) comments on page 13,

> Ultimately the basis of all such disorder is Fear. But I must explain that this fear may be neither conscious nor manifest in the developed disorder. The baby is helpless and utterly dependent. Unless his need is completely met by good mothering he may fall into fear – a devastating and dangerous state for a baby. At this stage, he should not be confronted by Fear at all, and will not be if adequately loved. (p. 13)[114]

He then goes on to unsurprisingly outline that the essence of a self that is well developed is emotional nurture, that is 'maternal nurturing'. "If a baby in the early months is deprived of love and constantly falls into fear, he is in danger of developing a personality disorder 20 years later" (p. 14).

> But with good nurture he will not. Sensitivity inclines to neurosis but is not equivalent to it. Therefore, heredity plays a part in producing types that are liable to develop neuroses, and also those less liable. Please do not misunderstand me; the sensitive ones will not develop a neurosis if their nurture is satisfactory. (Bevan-Brown, 1956, p. 18)[115,116,117]

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[114] Bevan-Brown, M. (1956). *The foundations of mental health by 'Psychiatrist'.* Caxton Press (p. 13).

[115] Bevan-Brown, M. (1956). *The foundations of mental health by 'psychiatrist'*. Caxton Press (p. 18).

[116] Bevan-Brown further comments,

> Therefore, in the last resort these disorders are due to deprivation of love. And please note that this may happen with parents who are convinced that they *do* love them. It is most important to try to be clear about what love here means. Among other things it means that in the early years the mother and the household should provide the most favourable atmosphere in which the child can develop, thrive, expand, flourish – in a somewhat similar manner to providing the ideal conditions for a vegetable seed to develop. But only "somewhat" similar.
>
> In the first year the household must adapt itself to the child and try to satisfy every need of his. This is the exact opposite of that doctrine which holds that he must be disciplined, trained, altered, corrected, and that he must from the beginning adapt himself to the household. It is good to act on the assumption that the baby is born perfect, or potentially perfect, for his future development. (p. 30)

[117] And Bevan-Brown adds,

> In the more severe cases treatment is long and arduous for both therapist and patient. And while engaged in this labour the therapist has the distressing experience of seeing around him the formation of fresh disorders for some future psychotherapist to treat. (p. 30)

Whilst heredity played a part in temperament, Bevan-Brown is clear, emotional nurturance, mothering, was crucial to the health of the infant, and to the fabrication of the self. In regard to psychotherapeutic treatment, he had this to say:

> If I have been able to make myself at all clear it will be apparent that for Mental Hygiene nothing short of a revolution in present methods of nurture of infants and young children is required in the majority of cases. Regarding treatment – granted a properly equipped psychotherapist and a co-operative patient the results of psychotherapy are very satisfactory. But an army of psychotherapists would be necessary to deal with the numbers. (Bevan-Brown, 1956, p. 30)[118]

Bevan-Brown makes clear his view that central to the nature of humans is a self to be grown in the crucible of a mother's attentive love and nurturance and that only psychotherapy can heal the wounds created by a failure to provide such loving nurturance. It is through psychotherapy, the revealing of one's 'true self' to another in a listening relationship, that the imprisoned self can be freed from its emotional torment. In the contest of what is able to "enter the true", there thus arises a new truth regarding the nature of self, a 'psychoanalytic infant true self' and a governmental technology in the form of psychotherapy, that might facilitate this truth into existence. Reflective of this, on March 20, 1958 'Boundlessly Grateful' writes a letter to the Editor of *The Press* Newspaper:

> The need for preventative psychiatry is more urgent than ever. It is a cheap price to pay for full mental health – the one chance for many. Only those who have been successfully treated by psychotherapy can fully appreciate the importance and truth of the statement. By repudiating this age-old theory, the people are allowing this country to institute places of abode, that are little more than concentration camps. … I suggest they enlighten themselves by reading … *The Sources of Love and Fear* (1923) by Dr M Bevan-Brown, the one book I wish I had read 10 years earlier. What untold suffering it would have saved. Yours, etc., Boundlessly grateful. (Mental hospitals, 1958e, p. 3)[119]

The persistence of this discourse of the infant 'true self' is further reflected in a book review I wrote of Donald Winnicott's papers published posthumously in the book *Home is Where We Start From*, in *Ata: Journal of Psychotherapy Aotearoa New Zealand*, in 2012,

> It is in the final paper, in which Winnicott reflects on the symbolic meaning of the monarchy for the health of Britain, that the themes throughout the book are

[118] Bevan-Brown, M. (1956). *The foundations of mental health by 'psychiatrist'*. Caxton Press (p. 30).
[119] Mental hospitals. (1958e, March 20). *Press*, *XCVII*(28540), 3. https://paperspast.natlib.govt.nz/newspapers/CHP19580320.2.7.5

> brought to a potent synthesis. … as Winnicott invites us to consider that the person on the throne [Queen Elizabeth II] is 'everyone's dream' (p. 266), to be suspicious of the logic of rational thought, and to wonder about how this dream soothes and provides holding for us all, I felt drawn back into the poetic comfort of Winnicott's engaging tones. Once again I felt invited to consider that, if the maternal environment is good enough, things will go well; that if the home that we start from is holding enough, then all will be well. It's a lovely dream, and Winnicott is a brave and evocative dreamer. For a moment at least, I felt lulled back to sleep, to dream this dream, and to feel held by the potency, clarity, and dedication with which Winnicott offers his vision. (O'Connor, 2012, pp. 106–107)[120,121]

The text above reflects how Winnicott's (1965a) discourse of the interior psychoanalytic infant "true self" offers a seductive possibility of a self that might be freed from the impingement of external subjugation in the Aotearoa New Zealand context of the 20th and 21st centuries. In more recent times, the apparently hostile companions of psychoanalysis, cognitive behavioural therapy (CBT), and the humanistic traditions have gained more traction within psychotherapy in this country. Publicly funded "mental health" facilities in contemporary Aotearoa New Zealand, in particular, almost exclusively provide only talk therapy that arises from within a CBT frame. Indeed, it is striking that the treatment models, to the degree they had influence in public mental health in Aotearoa New Zealand, have not been those of psychoanalysis with its complex and long-term exploration of human subjectivity and its discourse of the unconscious in which unknown motivations generated human mental health and illness, but rather physical treatments such as ECT, and, much more commonly in contemporary times, the manualised talking therapies of cognitive behavioural therapy (CBT), including a variant of this, dialectical

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[120] O'Connor, J. (2012). Home is where we start from: By D. W. Winnicott [Book review]. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *16*(1), 105–107. https://doi.org/10.9791/ajpanz.2012.10

[121] Earlier in this book review (O'Connor, 2012) I also reflected on the historically and culturally situated nature of Winnicott's ideas, commenting,

> In these later papers Winnicott is ambitious, as he takes psychoanalysis from the couch to the world; the effect is both encouraging and disturbing. It is encouraging in that his emphasis on the health of the individual and the micro focus on mothering and family as the building blocks of a healthy society resonate with a psychotherapeutic approach to social concerns. The disturbance inevitably arises from reading papers of their time, which do not reflect the post modern and post structuralist turns of contemporary thought, which encourage us to recognise the influence of structural power relations. Thus Winnicott's unreflective consideration of his role in facilitating his patients' abortions, perhaps reflects Winnicott's time and context, and suggest that he, like his patients, may be influenced by things other than early maternal holding, or intra-psychic conflict; and that the structures informed by patriarchy provide him with access to authority many of his female patients do not have. Nevertheless Winnicott's courage, his commitment to infant care, and his understanding of the impact on infants when this care is unavailable, is undeniable and moving. In addition, his emphasis on inviting the general public to consider the uncomfortable realm of fantasy, and unconscious motivations, as he takes psychoanalytic ideas into the public domain, is impressive. (p. 106)

behavioural therapy (DBT) (O'Connor & Hamilton, 2006). (It is notable that whilst ECT and medications are biophysical 'medical' interventions, and CBT and DBT are non-medical talk therapy approaches, all have in common the medical model's fondness for treating parts of systems, rather than whole peoples, as integrated mind, body, soul, and social beings, arguably more in keeping with the greater complexity with which psychoanalysis understands human subjectivity.) The preference for these shorter term, more 'cost-effective' talk therapies, and biological interventions, is spoken of long before talking therapies were commonly framed as CBT, as illustrated in the following two texts below from newspaper articles in Aotearoa New Zealand in the 1950s.

In 1958 psychoanalysis's tendency to problematise the nature of subjectivity, and the difficulties this presented for the cultural, political, and economic landscape of Aotearoa New Zealand post-World War II, is reflected in an article in *Press* in January 1958 entitled "New Zealand Mental Hospitals Defended by Director", where Dr RGT Lewis Director of the Division of Mental Hygiene responded to criticisms from Dr Sanford H Meyers of the Pennsylvania Hospital for Mental and Nervous Diseases, by commenting:

> 'It seems that Dr Meyers's interest in psychotherapy is on the psychoanalytical side.' Dr Lewis continued. 'Psychoanalysis has its place, but it is only one form of psychotherapy. I do not think there is evidence to show that electrical treatment convulsive or otherwise is being overdone in New Zealand mental hospitals. Used in conjunction with other forms of treatment, it is most useful'. (N.Z. mental hospitals defended by director, 1958, p. 16)[122]

And governmental concerns regarding the economic cost of psychoanalytic psychotherapy in Aotearoa New Zealand at this time are reflected in an article in *Press* on April 13, 1957, entitled "Psychotherapy in New Zealand: Property of Psychiatric Facilities: Plea for Diversion of Money Spent on Drugs":

> All psychotherapy, as we see it today, in the English-speaking countries at least, has strong roots in the pioneering work of Freud and in the science of psychoanalysis which sprang up from it. However, it is neither practicable nor, fortunately, necessary for most psychotherapy to be of the order of unabridged

[122] N.Z. mental hospitals defended by director. (1958, January 24). *Press*, *XCVII*(28493), 16. https://paperspast.natlib.govt.nz/newspapers/CHP19580124.2.171

> psychoanalysis. Shorter modifications have been introduced together with many new methods. (Psychotherapy in New Zealand, 1957, p. 6)[123]

The legacy of these concerns is reflected, for example, in the late 1990s and early 2000s during which time the Aotearoa New Zealand public mental health system invested heavily in overseas American experts teaching DBT as the treatment of choice for those few who were able to access therapeutic input in public mental health (O'Connor & Hamilton, 2006). It was argued that this therapy, based on science's favourite research paradigm, randomised control trials, produced evidence suggesting that 18 months of group and individual community based DBT treatment could resolve the most complex of trauma histories, often diagnosed as borderline personality disorder. Whilst mentalisation based therapy (MBT), with its roots in psychoanalytic theory, advocated and developed by Anthony Bateman and Peter Fonagy, also visited these shores and provided training and argued that,

> the oft-repeated view by protagonists of particular models of therapy that patients with severe personality disorder improve adequately following 12-18 months of treatment to the extent that they require no further support, is fanciful, and remains part of research mythology than realistic clinical practice. (Bateman & Fonagy, 2004, p. 38)

Nevertheless, it was the shorter-term, less expensive, more 'cost effective' option which was much more fully implemented in the Aotearoa New Zealand public mental health context. Thorpe (2016b) notes that globally, "psychoanalysis and psychoanalytic psychotherapy was in its heyday in the Western industrialised world (Hooke, 2000) in the mid-20th century and has been usurped by short-term cognitive behavioural therapies" (Thorpe, 2016b, p. 107). Within this milieu, it is unsurprising, therefore, that texts such as the following by Fay (2017) emerged. Fay notes that, despite considerable evidence of psychodynamic psychotherapy's effectiveness, as demonstrated for example by Shedler (2010), Fay (2017), himself a skilled and experienced psychodynamic psychotherapeutic practitioner in Aotearoa New Zealand, observes that

> psychotherapy continues to occupy a relatively marginal position within the broad fields of health and mental health. The common reasons cited for this are that psychotherapy is both expensive and time-consuming. Additionally, psychotherapy has struggled to articulate what goes on in a typical psychotherapy session, let alone what happens between sessions, too often cloaking itself in mystery and relying on ambiguous, open-ended formulations. For all these

[123] Psychotherapy in New Zealand. (1957b, April 13). *Press*, *XCV*(28252), 6. https://paperspast.natlib.govt.nz/newspapers/CHP19570413.2.50

> reasons the development of public psychotherapy has lagged well behind other public mental health professions, and the golden opportunity for psychotherapy to do great good for a great number of people goes begging. (p. 56)[124]

Given the lack of take-up of psychodynamic psychotherapy in public mental health in this country, Fay (2017) therefore advocates for what he describes as a "Twelve-Step Psychotherapy: A Time-Limited, Cost-Effective and Depth Therapy"*,* and goes on to articulate the 12 steps of this approach, before concluding,

> in summary, time-limited depth therapy is an experiment well worth making, and a significant step towards realising the hope of a cost-effective, universally available psychotherapy.… These are researchable outcomes that can be effectively measured through a combination of before and after client self-report and therapist and other involved clinician evaluations. (p. 67)[125]

Whilst these theoretical psychotherapeutic maps and models are ostensibly a long way from psychotherapy's psychoanalytic origins, and, as I will argue later in this chapter, these models for shorter term therapies appear to work particularly well in concert with neoliberal capitalism and its emphasis on self-responsibility and apparently efficient productivity, all these therapeutic models have their origins in Foucault's notion of pastoral power. All involve the discourse of the confessional, in which one looks within, and confesses one's inner experience, whenever cognitive, somatic, behavioural, or emotional, to an 'expert of the psyche' in service of seeking greater emotional freedom and liberation from internal persecution via the authority and therapeutic ability of the psychotherapist.

In a seminal book on what makes the difference regarding clinical effectiveness in psychotherapy, Wampold and Imel (2015) in their meta-analysis of psychotherapy outcome studies, conclusively found that effectiveness was not particularly related to the theoretical orientation of the psychotherapist and was significantly more influenced by the quality of the personal empathic relationship and alliance between therapist and patient than by any other factor (see also Roth & Fonagy, 2006). Whilst different schools of psychotherapy, and psychotherapists from different theoretical orientations, often erect fences of disagreement between each other, all these approaches share a belief that the truth about, and freedom for the self, rests in the power of the individual to liberate

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[124] Fay, J. (2017). Twelve step psychotherapy: A time-limited, cost-effective depth therapy. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *21*(1), 55–67. https://doi.org/10.9791/ajpanz.2017.06 (p. 56)
[125] Fay, J. (2017). Twelve step psychotherapy: A time-limited, cost-effective depth therapy. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *21*(1), 55–67. https://doi.org/10.9791/ajpanz.2017.06 (p. 67)

themself from inner constraint via the 'confessional' psychotherapeutic relationship. As Bevan-Brown (1956) notes, in a frighteningly prescient observation,

> The treatment I spoke of is psychotherapy. Psychotherapy by derivation means healing the mind or soul. This involves the influence of one mind upon another, i.e., another person is necessary. I say 'person' because in this age in which counting machines and calculating machines are made some might wonder whether it might not be possible to invent a home psycho-therapizing machine. This would save a lot of trouble and expense. But as you cannot see that I have my tongue in my cheek I hope you will observe that I am trying to be ironical. There are many forms of psychotherapy but all, in the last resort, depend upon the influence of one mind upon another and in the nature of things no machine can ever do. (pp. 28–29)[126]

Bevan-Brown's prescience above predicts the disturbing emergence of AI therapeutic robots, a very recent technological phenomenon about which I analyse further later in this chapter. And in all of the texts above we see the emergence of a further rupture in the construction of self in Aotearoa New Zealand, as the psychotherapeutic interior 'true self' and the emphasis on short-term effectiveness collaborates with a soon to be increasingly neoliberal economic fabric in Aotearoa New Zealand, one in which liberation, choice, freedom, and individualism are prioritised. It is to this collaboration that I now turn.

7.5 The Interior, Universal, Individual, 'Hungry Self' and the Economics of Neoliberalism

This is the discourse which dominates post-WWII NZAP texts, both reflecting and fabricating the 'free self' of the neoliberal market economy; a self promising greater freedom and autonomy within the Aotearoa New Zealand context. Thus, Bevan-Brown (1956) concludes his reflections on mental health, with consideration of the wider implications of his formulation that failures in early nurturing are the foundation of later psychopathology.

> Our community as a whole is not mentally healthy. …These disorders are responsible for a vast amount of suffering, distress, disability, economic loss in society, security as well as loss to the sufferer... this distress and loss is preventable by the understanding of mental health and what is meant by good nurture through adequate parenthood. It is true that these illnesses can be satisfactorily treated in adult life by psychotherapy but is the most ineffective way of solving the whole problem. Psychotherapy requires the expenditure of a great

[126] Bevan-Brown, M. (1956). *The foundations of mental health by 'psychiatrist'*. Caxton Press. (pp. 28–29)

> deal of time and is correspondingly costly. Also, under the best of conditions a mere fraction of those requiring it can be treated. (Bevan-Brown, 1956, p. 31)[127,128]

Bevan-Brown presents psychotherapy as an effective, if expensive and perhaps impractical, governmental strategy for the management of human material. However, he suggests psychoanalytic theorising, in relation to the care of the infant, is all but a cure-all for the ills of the modern human being. The text above proffers psychotherapeutic theory as an economically essential investment in the biopolitical management of human material. We are ostensibly a long way from the missionary zeal of early colonialism, or the incarcerating impacts of psychiatric power.

At the time of his writing Bevan-Brown was perceived as 'countercultural' in terms of the predominant child raising practices of mid-20th century Aotearoa New Zealand, dominated as they were by the more rigid parenting protocols of Dr Truby King and the Plunket Society (Manchester & Manchester, 1996). From this perspective he could be seen to join the many voices who have argued that psychotherapy is subversive, seeking to undercut the dominant paradigms which construct our world. However, even in its beginnings, Snell (2013) articulates Freud's inner conflict, regarding these subversive aims, in which, on the one hand, the psychoanalyst encounters the unconscious and its unknown realms whilst, and on the other hand, attempting to articulate psychoanalysis as a science every bit as concrete in its meta psychological frames as the calculations of the physicist. It is notable that the pragmatism of the Aotearoa New Zealand emotional landscape meant that Truby King's influence on child rearing, up until the late 1970s in New Zealand, was far more impactful than that of Bevan-Brown's psychoanalytic Winnicottian perspectives. Yet is psychoanalysis really as subversive as it likes to think itself within the Aotearoa New Zealand context? Foucault, given his critique of psychoanalysis's normalising processes, would suggest not.

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[127] Bevan-Brown, M. (1956). *The foundations of mental health by 'psychiatrist'*. Caxton Press. (p. 31)

[128] Moreover Bevan-Brown suggests,

> A disturbing fact of the situation is that in the medical schools of the commonwealth, almost no training has been available in the understanding and treatment of these disorders by psychotherapy which alone can produce a cure. It is known that these disorders represent at least 30% of all cases of illness which at present attend doctors and hospitals. In view of this it can be asked, "Is there any problem facing the community more urgent than this?" The answer could be given that the provision of food and clothing to all, and the prevention of serious and lethal epidemics – these three are perhaps more urgent. The problem of mental health must come next. (pp. 30–31)

Further, Cushman (1996) suggests this construction of the infant self, as a self in need not only of physical feeding but of 'psychological feeding', ushers in the emergence of the 'consuming' 'empty self' of psychoanalytic theorising. The work of John Bowlby (1969) and his focus on early attachment, Donald Winnicott (1965b, 1965c) with his paediatric background and focus on the need of the infant for early maternal pre-occupation and the facilitating environment, enabling the infant to hallucinate omnipotently the nurturing mother into being, Kleinian (1923, 1940, 1946) theory on the intrapsychic nature of the self, dominated by terrifying persecutory anxieties and needing a nurturing environment to mediate the worst of these, and later Heinz Kohut's (1977) self-psychology with its emphasis on the need of the infant for the attuned mirroring, idealised other, all set the scene for the infant constructed as an empty self, universal and consuming, if it is to grow into the autonomous authentic self of its inner world.

Indeed, Cushman (1996) argues that not only is psychotherapy a governmental technology of the self which *responds* to the material of human mental health detritus as this is constructed as madness, but we are also implicated in its *manifestation*. He suggests that in the post-World War II years, the work of theorists such as Klein, Winnicott, Bowlby, and others constructed the self as an 'empty self', an isolated, universal, individual self, needing only to receive the attuned emotional responsiveness of 'good objects' (to use the language of object relations psychoanalytic theory) and to consume these in order to build its own nuclear self. Such theories relied on the paradigm of the nuclear heterosexual family, in which emotional responsiveness and attunement to the empty self that needs to be filled was at the heart of psychoanalytic developmental theory and thus of the construction of the nature of self. Such a self is universal, individual, acultural, ahistorical, and apolitical, arising out of the receiving and taking in of the good objects provided by adult care. It is only this that is necessary to produce the functioning, indeed, creatively able human self. Cushman (1996) comments,

> In line with Klein's formulations, Winnicott described the development of the self as a process in which the infant introjects and internalizes parental objects; by properly doing so, the internal true self is strengthened and eventually liberated. Child development, in Winnicott's description, has in part become a process of consuming the proper commodity. If we situate Winnicott's theory historically, we notice that child development has been unknowingly recast as a kind of postwar consumer activity. … It seems as though the language and habitual behaviors of the postwar era have shaped the cultural frame of reference to the point that the essence of child development and psychotherapy have become, and still are, the consuming of the proper objects and the liberating of the enchanted interior, the

> two mainstays of postwar American advertising. Winnicott didn't notice this then, and current psychotherapists still don't notice it now, probably because it is all so in sync with our current way of being that is difficult to see. (p. 260)

In Aotearoa New Zealand, evidence of the predominance of this theory of the nature of self is abundant. From its inception, texts generated by the NZAP, such as those above, reflect the centrality of this construction of a Winnicottian empty self, needing only the facilitating environment of good enough mothering for the creative 'true self' to be birthed and to claim its place as a creative individual citizen self in Aotearoa New Zealand. As Bevan-Brown comments in 1956,

> It is the feelings of the mother for the baby that matter; and he is able to discern these. What is required is a constant feeling attitude rather than any rule of conduct. (p. 14)
>
> Clearly the relationship with the mother is the first personal relationship, the first social relationship, the first intimate relationship. The form of this relationship sets the pattern for all subsequent relationships. (p. 15)
>
> If a baby in the early months is deprived of love and constantly falls into fear, he is in danger of developing a personality disorder 20 years later. (p. 14)[129,130]

[129] Bevan-Brown, M. (1956). *The foundations of mental health by 'psychiatrist'*. Caxton Press. (p. 14)

[130] In more contemporary times, in an article in *Ata: Journal of psychotherapy Aotearoa New Zealand* (O'Connor, 2020a), I summarise the essence of psychotherapeutic and psychoanalytic developmental theory, including more contemporary theory, thus:

> As we know, subsequent developmental theory and research has placed much greater emphasis on the early relational environment than that which Klein considered, early relational experience now being perceived as midwife to the emergence of the self, or indeed of selves. For example, Bion (1962), in interpersonalising Klein's originally intrapsychic emphasis regarding projective identification, placed more emphasis on the mind of mother as a containing other; Winnicott (1965a, 1965b) emphasised the necessity of maternal preoccupation and the facilitating environment; whilst Kohut (1979) focused on the essential need of self-object provision, a mirroring, idealising other, enabling a coherent self to develop. Attachment theorists beginning with Bowlby (1969) explored the crucial need for secure attachment figures. Stollerow et al. (1994) postulated their intersubjective perspective in which self-experience arises out of interpersonal contexts, and Bateman and Fonagy (2004) emphasised that the mentalising capacity essential to psychic health arises out of the self-reflective capacity of the minds of the infants' caregivers, whilst relational theorists like D. B. Stern (2009) and Bromberg (1996) questioned the notion of a singular unitary self and instead proposed that the "self" consists of innumerable self-states. Jungian analyst Michael Fordham (1963, 1993), in an attempt to accommodate Jung's original conceptualisation of the transpersonal self, posited the notion of a primary self a priori of the earliest relational encounters. Fordham nevertheless emphasised the importance of the early relational environment if the potential of the primary transpersonal self is to be realised and offers a model of de-integration and reintegration of the self when relational attentiveness to the infant self is sufficiently attuned to affectively charged infantile states of distress and excitement, and, by contrast, a process of intrapsychic disintegration when the infants' needs and vulnerabilities are not sufficiently attended. Similarly the Jungian analyst Jean Knox (2009) emphasised a relational and developmental perspective, whilst moving away from Fordham's archetypal lens in relation to the notion of a primary self. (pp. 82–83)

This is a psychotherapy which allows someone ‘to be me and to be free’. It is this psychotherapeutic ethos, which fits like a baby’s mouth over a mother’s breast with the neoliberal need for productive and docile citizens and enables the management of human material in the service of this utilitarian productivity. Indeed, Cushman (1996) suggests it contributes significantly in the production of the ‘consuming self’, so essential to a neoliberal economic market that requires consumers to generate profit.

7.5.1 The Importation of the Discourse of American ‘Therapeutics’

Given Cushman’s thesis, the transnational importation of an American therapeutic culture and its emergence in the 1980s and ‘90s in Aotearoa New Zealand, in feeding and assisting in the generation of this discursive formation in the Aotearoa New Zealand context, is notable. From the 1990s television series *Party of Five* (1994–2000), about five parentless, grieving children raising themselves, to the relentless therapeutics of *Oprah* (1986–2011) on Aotearoa New Zealand television screens throughout the 1990s and 2000, to the recently shown 2023 television show *Couples Therapy New Zealand*, in which ‘real’ patients reflect on their relational struggles and inner difficulties, whilst we the viewer consume and live vicariously via their struggles, and learn to become a self through the therapeutic input of the couple’s Aotearoa New Zealand psychotherapist’s psychotherapeutic expertise, the transportation of transcultural knowledge, this time in the form of American psychotherapeutics, invades our living rooms and our psyches.

Figure 14: Amanda Cox from *Couples Therapy New Zealand* (Banal, 2023)
Reproduced with permission from The Spinoff.

As Rose (1998) notes,

> the psy disciplines… have disseminated themselves rapidly through their ready translatability into programs for reshaping the self-steering mechanisms of individuals, whether these be in the clinic, the classroom, the consulting room, the magazine advice column, or the confessional television show … it has become impossible to conceive of personhood, to experience one's own or another's personhood, or to govern oneself or others without psy. (p. 34)

In his 2022 book *Desperate Remedies: Psychiatry and the Mysteries of Mental Illness*, Andrew Scull tracks the history of psychiatry throughout the 19th century in the United States of America. He describes the visit of Freud to America in 1909, and notes that whilst "the talking cure was the butt of ridicule and hostility from both psychiatrists and the medical profession at large", that "psychoanalysis remained a distinctly minority taste" in the first half of the 20th century (p. 71). Scull notes however, that after a faltering start, prompted by Freud's visit, and by the horrors of trench warfare, in which "emotions seem to be converted into physical symptoms" (p. 204), psychoanalysis gained increasing favour among psychiatrists in America after the Second World War. He concludes,

> If psychoanalysis was ill suited, as Freud had acknowledged, to the treatment of the hundreds of thousands of patients struggling with acute forms of psychosis in the state hospitals, it had a much greater appeal to the substantial fraction of psychiatrists who practiced outpatient therapy … [and that] for a quarter of a century after the end of the Second World War, psychoanalytic ideas enjoyed a remarkable degree of authority in intellectual circles… In the 1950s and 1960s, analysts made lucrative earnings …. They dominated most academic departments and medical schools and attracted the most talented recruits to psychiatry. (Scull, 2022, pp. 254 & 265)

Whilst Freud never visited Aotearoa New Zealand, the above texts reveal that his ideas certainly did. In contrast to Scull's (2022) observation of America, our pragmatic, frontier history and the factors which Horrocks articulates in relation to anti-intellectualism, made the complexity and economic cost with which psychoanalysis approached the nature of subjectivity unpalatable to the Aotearoa New Zealand mind. As Leckie (2024) notes,

> The historian Jonathan Sadowsky has suggested that psychoanalysis, and its role in defining and treating twentieth century depression, has been underestimated by historians, despite psychoanalytic hegemony being 'roughly concurrent' with the rising rates of depression in the United States. This hardly applied to New Zealand, where commanding figures in early twentieth century

> psychiatry such as Truby King and the director general of mental hospitals Theodore Gray dismissed the 'talking cure'. As late as 1924 Truby King rejected this 'latest professional shibboleth', instead the curative properties of country life, 'which provides the most natural, helpful, and enjoyable forms of occupations and recreation-besides being the best of sedatives for restoring rest and sleep' (p. 197). [Original text in 'Mental hospitals of the Dominion' (report on) for 1924, AJHR 1925, session I, H-07, 3; 7].

However, whilst ultimately psychoanalysis in its pure form has had little impact in terms of practice in public mental health in Aotearoa New Zealand, psychoanalytic discourse was crucial to eventually making possible psychotherapy as a doable and thinkable thing in this country. And, in the 1980s, New Zealand's economic landscape changed dramatically and as it did so, so too did the place of psychotherapy in this context.

7.5.2 Humanism and 1980's Neoliberalism in Aotearoa New Zealand, and the Growth of the Psychotherapeutics of the Self

Since the time of Pinel, changes in the treatment of those suffering from mental distress, constructed as 'madness', has routinely been interpreted as motivated by the desire to treat more humanely those deemed mentally insane. In Aotearoa New Zealand the emergence of the asylum, and subsequent public mental health hospitals, were ostensibly informed by a more humanistic gaze upon those suffering from mental illness, and a desire for more humane treatment. Similarly, from the 1950s onwards the discourse of humanism ostensibly informed the move from large institutional care of mental illness to 'community care'. However, whilst it is hard to argue that hospital-based care is not more humane than placing those who are mentally ill in jails, a Foucauldian perspective suggests that the governmental aims of Western 20th century capitalism, in which the management of the human material within populations is at its heart, more covertly underpinned these changes in the landscape of mental health treatment in Aotearoa New Zealand. Perhaps the greatest significance of the 1956 texts by Bevan-Brown discussed earlier is how they reflect the emergence of the discourse of the 'true self of the individual infant', in need only of the consuming of mother's care for health to ensue, given the importance a quarter-century later that this consuming 'true' self will come to have for an increasingly neoliberal economy in Aotearoa New Zealand, bursting into prominence in the 1980s in the Aotearoa New Zealand context.

As early as 1852, American Dr Edward Jarvis commented that insanity was "part of the price which we paid for civilisation" (cited in Leckie, 2024, p. 65).[131] Whilst Jarvis's comment reflects a racist perspective in which Indigenous people are perceived as, by contrast, primitive, and therefore seen as not prone to mental illness, the doctor's comments sadly resonate with Nikolas Rose's (2007, 2019) linking of high rates of mental health suffering which many humans experience in countries dominated by a neoliberal economy as part of the price for the perceived freedom, choice, and individuality which neoliberal economic perspectives claim to promote. It is striking to note that the most dramatic change in economic conditions that occurred in Aotearoa New Zealand in the second half of the 20th century erupted in the mid-1980s under the leadership of David Lange's fourth Labour Government, in which the neoliberal ethos of "Rogernomics" (Kelsey, 1999) took hold, with massive deregulation of Aotearoa New Zealand markets in contrast to the more economically restrictive and 'social' policies of governments of earlier Aotearoa New Zealand Prime Ministers, from Seddon and Fraser, to Holyoake and Muldoon, throughout the first 80 years of the 20th century (Belich, 2001). New Zealand's fourth Labour Government's neoliberal economic revolution paralleled those of Margaret Thatcher's Britain and Ronald Reagan's United States of America. Within this, the ethos of deregulation of markets in service of greater individual 'freedom and choice' was dramatically enacted (Kelsey, 1997). And paralleling this was the most significant rise in the emergence and practice of psychotherapy in Aotearoa New Zealand. And, as Leckie (2024) notes,

> Neoliberal policies resulted in greater poverty and social isolation, but the spin was that you could get out of the black hole of poverty through personal endeavour, an approach that carried over into mental health campaigns. For while *Like Minds* [an Aotearoa New Zealand mental health campaign promoting the value of talking about emotional distress] promoted a sense of commonality among survivors and sufferers of depression through the message that they were not alone, the contradiction was that a sense of aloneness was part of the individualistic zeitgeist of the time. (p. 226)

Up until 1989, almost all psychotherapists in Aotearoa New Zealand either trained overseas or gained their training and qualifications via 'apprenticeship routes', in which psychotherapy candidates engaged in intensive supervision of clinical work, their personal analysis or psychotherapy, and attending a variety of ad hoc courses, often

[131] Jarvis, E. (1852). On the supposed increase in insanity. *American Journal of Insanity*, *8*(4), 363 (cited in Leckie, 2024, p. 65).

provided by the NZAP and its members (Bowden, 2018). However, in 1989, the Auckland Institute of Technology (from 2000, Auckland University of Technology) commenced its formal tertiary qualification, a postgraduate diploma in psychotherapy (becoming a Master's degree in 2000). This was the first comprehensive tertiary training to qualification as a psychotherapist offered by a mainstream partially government funded tertiary institution in Aotearoa New Zealand (O'Connor, 2018). This training, over the 1990s and the first quarter of the 21st century, has significantly increased the number of psychotherapy practitioners in Aotearoa New Zealand and consequently the membership of the NZAP.

Twenty-five people appear in the photographs of attendees at NZAP's first annual conference in 1947. In 1987 there were 239 members of this National Psychotherapy Association, of which only 138 were fully qualified members, with the remaining 84 described as corresponding members aiming to become fully qualified, and three honorary members (Manchester & Manchester, 1996, p. 89). By contrast, at the time of writing there are 571 current members of the same Psychotherapy Association. Even taking account of changes in demographics and population numbers in Aotearoa New Zealand overall, this reflects a more than fourfold increase in the number of psychotherapy practitioners identifying as members of the Association in the years from 1987 to 2025. Further, the number of registered psychotherapists is even greater (statutory registration of the psychotherapy profession having commenced in 2007 in Aotearoa New Zealand), with the total number of registered psychotherapists in this country now numbering 680 (PBANZ Registrar, personal communication, February 25, 2025). And of course, this does not include practitioners of psychotherapy identified with other professions such as clinical psychologists, counselling psychologists, counsellors, counselling social workers, and psychiatrists. The flourishing number of such psychotherapy practitioners is further evidenced by the hundreds of websites advertising psychotherapy services, located in contemporary Aotearoa New Zealand (see below).

Whilst Cushman (1996) notes that in the United States, the ethos of psychoanalysis and its theory and practice took significant hold in the consciousness and practice of public mental health in that country in the decades immediately following World War II, by contrast, psychotherapist was not an occupation advertised or available to be employed in Aotearoa New Zealand public mental health through until the late 1990s. Whilst occasionally practitioners with formal psychotherapeutic training did gain

employment in public mental health, they accessed this employment via jobs advertised as social workers, psychologists, or psychiatrists (Tudor, 2017b). In contemporary times, the number of practitioners who identify as psychotherapists and are registered with the Psychotherapy Board of Aotearoa New Zealand (PBANZ) make up the majority of those who are also members of the NZAP. Paralleling this development, Rose (2019) notes the significant increase in the reports of those experiencing mental health difficulties in contemporary 'developed' countries, citing the World Health Organisation's (WHO) report on the Global Burden of Disease: 2004 Update, which suggests that "these disorders constituted 13% of the total global burden of disease… A growing problem in wealthy industrialised nations" (p. 135). The Aotearoa New Zealand populace is no exception in reporting significant increases in experiencing mental health difficulties, as The Royal Australian and New Zealand College of Psychiatrists (2023), for example, comments,

> About 1 in 5 New Zealanders will experience mental illness each year, but each year, demand is rising – particularly for our most vulnerable. Over the last decade, moderate-to-severe mental illness has risen by nearly 40%, affecting around 5% of the population. That's around 256,000 New Zealanders. Demand is growing, and demand will continue to grow. But the system isn't keeping up. (paras. 7–8)

In parallel with this, Aotearoa New Zealand general practitioner doctors are reportedly more willing to refer for psychotherapy for mental health difficulties, at least of the CBT variety (Leckie, 2024, p. 227). The increase of numbers of psychotherapists and psychotherapy practitioners, and of members of the public engaging with psychotherapy in Aotearoa New Zealand over the past 40 years, is further reflected in the increasing number of therapists advertising on Internet sites such as "Talking Works" Aotearoa New Zealand, a site for psychotherapy practitioners and psychotherapists to advertise their services, with over 600 psychotherapy practitioners advertising on the site (https://www.talkingworks.co.nz/). Illustrative of these are the texts below, taken from four of these website profiles now appearing on the Talking Works platform alone, in which psychotherapy practitioners describe the clinical service they offer in contemporary private practice clinics in Aotearoa New Zealand; each describes the opportunity for a confessional relationship in which to deepen one's relationship with one's interior self in service of alleviating this mental distress:

> My focus as a therapist is to facilitate a creative, confidential, and healing conversation that may bring into clearer focus who you are, who you might have been, who you have been and who you are becoming. John Francis (2024).[132]
>
> I have been fortunate and privileged to sit with many clients who have trusted their most intimate selves with me and have found answers to many of these personal dilemmas and, in the process peace and contentment, self-acceptance and self-love. Crista Carfrae (2024).[133]
>
> I will work with you with warmth and respect and without judgement to support you in deepening your understanding of yourself and moving forward in your life towards greater strength, self-acceptance and inner-calm. Kate Dent Rennie (2024).[134]
>
> I am passionate about working together with people, connecting with their inner wisdom and genuine experience … This will help you gain a greater awareness about yourself and about your relationships with others, find easier and healthier ways of being and relating. This leads to a sense of growth, fulfilment, and wholeness in your life. Limor Fybish (2024).[135]

I suggest that the rise in those reporting suffering 'mental health' difficulties and those practising as psychotherapists in private practice are intimately interconnected with changes in Aotearoa New Zealand's socio-economic landscape, and that just as Foucault argues that the construction of Pinel, as a humanitarian, releasing those considered mad from the chains of asylum incarceration to more humane mental health facilities and treatment was not all that it seemed, so the humanitarianism that is alleged to have underpinned the movement to 'community care' in public mental health in the post-1980s context of Aotearoa New Zealand is informed not solely or even primarily by humanitarian impulses, but rather by governmental needs to manage human material within a neoliberal economic context in which our contemporary 'mental health crisis' is the cost we pay for the alleged freedom, choice, and individuality of neoliberal capitalism in the contemporary Aotearoa New Zealand context. (In Aotearoa New Zealand, one measure of this cost is our alarming youth suicide rates, reported by UNICEF in 2020 as the second worst in the developed world at 14.9 deaths per 100,000 adolescents. This

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[132] Francis, J. (2024). *John Francis: Psychotherapist*. Talkingworks. https://www.talkingworks.co.nz/listing/john-francis/

[133] Carfrae, C. (2024). *Christa Carfrae: Relational psychotherapy, psychosynthesis psychotherapy*. Talkingworks. https://www.talkingworks.co.nz/listing/christa-carfrae/

[134] Dent Rennie, K. (2024). *Kate Dent Rennie: Bioenergetic therapist*. Talkingworks. https://www.talkingworks.co.nz/listing/kate-dent-rennie/

[135] Fybish, L. (2024). *Limor Fybish: Psychotherapist & art therapist*. Talkingworks. https://www.talkingworks.co.nz/listing/limor-fybish/

rate is more than twice the average among the 41 OECD countries surveyed [6.5 deaths per 100,000 adolescents)] [UNICEF, 2020]).

Moreover, is the reality that psychotherapy is primarily available via accessing expensive private practice clinicians a further reflection of Cushman's suggestion that psychotherapy plays its biopolitical role in class stratification in which the wealthy middle classes are able to sublimate their inner demons via the discourse of psychotherapy, whilst the 'lower classes' are destined to enact their inner torment, reflecting an earlier history of psychoanalytic psychotherapy in this country, in which it is only in the private therapeutic community of Ashburn Clinic that analytic psychotherapy is available, thus continuing the tradition that the discourse of psychoanalysis and its problematisation of subjectivity is available only to the wealthy few?

7.5.3 The Neoliberal Turn: Psychotherapy and the Emancipated Interior Self in Aotearoa New Zealand

Jeffrey Nealon (2021), in his book *Fates of the Performative: The Linguistic Turn to the New Materialism*, goes further. He reflects on the first two-thirds of the 20th century and its more social ethos, in which, particularly post the first two World Wars, capitalism in Western countries was more receptive to the needs of its workers given the devastation these workers had experienced in the first two World Wars. However, he draws on the work of economist Piketty (2014) who suggests that,

> Capitalism is … defined by the formula $r > g$ (where the return on capital investment *'r'* is greater than the rate of increase in the output of goods and incomes *'g'*) [for] …When the rate of return on capital exceeds the rate of growth of output and income, as it did in the 19th century, and seems quite likely to do again in the twenty-first, capitalism automatically generates arbitrary and unstable inequalities that radically undermine the meritocratic values on which democratic societies are based... [and further that] the more perfect the capital market (in the economist's sense), the more likely *r* is to be greater than *g*. (Piketty, cited in Nealon, 2021, pp. 96, 99)

Nealon (2021) argues that the greater social responsiveness of capitalism in Western economies in the first two thirds of the 20th century, in response to the intrusion of the World Wars and their consequences, was but a temporary disruption in the order of things within capitalist economies. He comments,

> In short, the so-called golden age of capitalism in the 20th Century was a hiccup in the history of capitalism, a postwar period of widespread economic growth that constituted not an evolution of capitalism into a more democratic and worker friendly form, but a brief interregnum or respite from the long-term accumulative rules of capitalism. (Nealon, 2021, p. 99)

The link to the Aotearoa New Zealand context and to the manifestation of psychotherapy in Aotearoa New Zealand as a thinkable and in particular a doable thing, in the last 20 years of the 20th century and the first 25 years of the 21st century in Aotearoa New Zealand is significant, I suggest. The economic motivations of community care that informed, in part, the disestablishment of large mental health institutions in the Aotearoa New Zealand mental health landscape are described by Margot Schwass (2009) who notes the mixture of 'humanitarian' and fiscal discourses which underpinned deinstitutionalisation of mental health care in New Zealand, along with the rise of the discourse of the mental health consumer to which Rose (2019) refers.

> Like many other countries, New Zealand had been steadily dismantling its traditional mental health care system since the 1950s. It was a system built around some unyielding cornerstones: institutional care, state provision and the belief that most people with mental illnesses were incurable. But, around the middle of the century, these orthodoxies were challenged by new ideas about mental illness, new therapies and compelling epidemiological evidence of their effectiveness. Victorian-era asylums like Seacliff and Carrington began shedding patients in droves, and deinstitutionalisation was underway.
>
> The prime movers behind deinstitutionalisation were clinicians and, increasingly, mental health patients themselves. They shared a belief that people with mental illness were best treated in smaller, more home-like settings where there was dignity, respect and an emphasis of rehabilitation; they advocated the shortest possible period of hospital care, backed up by ongoing community-based treatment and services. Health administrators, too, were increasingly captivated by the arguments for closing the old institutions. Mental hospitals were costly to run and, despite warnings by clinicians to the contrary, community care was perceived as a cheaper option. (Schwass, 2009, pp. 2–3)

I suggest, humanitarian aims, like the missionary ethos that partly ostensibly informed the colonisation of this country initially, similarly disguised economic motivations arising out of the neoliberal economic revolution and its consequent devolvement of the 'community care' of the mentally ill. As Brunton (2003) in his article "The Origins of the Deinstitutionalisation in New Zealand" describes, deinstitutionalisation occurred in part as a response to the urgings of patients and patient groups, and in part for economic reasons, but community care for deinstitutionalised patients was never properly

resourced (see also Leckie, 2024, p. 195). The need for governmental biopolitical technologies of the self to 'pick up the slack' created by the movement to community care of mental health is clear. It is into this vacuum that the emergence and development of psychotherapy as not only a thinkable but now a more doable thing arises as the increased market need for mental health input is partly met by the supply of psychotherapists, via the emergence of formal psychotherapy training at Auckland Institute of Technology (AIT) and subsequently Auckland University of Technology (AUT). It is striking that the 1989 AIT Psychotherapy Programme was primarily instituted by two Christian Ministers, Evan Sherrard and Joan Dalloway (Bowden, 2018; Tudor, 2017a). The resonance with the discourse of missionary zeal and its origins of pastoral power is perhaps reflected in the fabrication of these two subjectivities and their central role in growing the supply of psychotherapists meeting this economic demand and the need for management of emotionally distressed human material.

The movement from the 1950s onwards which led to the eventual eradication of large public mental health facilities in the Aotearoa New Zealand mental health landscape fits seamlessly with a neoliberal economic revolution in the Aotearoa New Zealand landscape in the 1980s, one in which the emphasis is on the need to take responsibility for one's selves: a "user pays" "hand up, not a handout" philosophy (Kelsey, 1997, 1999), in which each individual self needs to develop their own "authority, authenticity and autonomy" to create a "good" life, capacities which Milton (2016) argues in NZAP's *Ata: Journal of Psychotherapy Aotearoa New Zealand* are central to the process and outcomes of effective analytic therapy. Reflective of the discourse of the interior psychotherapeutic 'true Self' (this time a Jungian transpersonal self), Milton (2016) writes,

> Analysis is a process that facilitates individuation. … To the extent that the analyst is individuated, the analyst's capacities for autonomy, authenticity, and authority serve the analysand in the analytic process. …I think that when we can live from out of a transcending dialogue between ego and Self then we live relationally with true authority, authenticity, and autonomy. In conducting analysis, the analyst ideally relates with the analysand from out of this (pp. 132–134)[136]

And, as outlined above, it was psychotherapy conducted in private practice and in small non-government agencies which was the beneficiary of deinstitutionalisation and

[136] Milton, C. (2016). A view of Jungian analysis in Aotearoa New Zealand. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *20*(2), 129–142. https://doi.org/10.9791/ajpanz.2016.12 (pp. 132–134)

community care for mental health patients. Indeed, the enormous growth and the demand for psychological services for mental health suffering has exponentially grown as the consequences of a neoliberal economic philosophy have taken hold of the psyche (Leckie, 2024; Schwass, 2009). Rose (1999), in reflecting on the development of the psy disciplines and their profound and increasing influence on the nature of subjectivity in the latter part of the 20th century in Western economies, notes,

> these 'progressive' principles are double edged. They institute, as the other side of their promise for autonomy and success, a constant self-doubt, constant scrutiny and evaluation of how one performs, the construction of one's personal part in social existence as something to be calibrated and judged in its minute particulars. (p. 243)

Further, Nealon (2021) suggests, like Cushman (1996), the significance of this discourse of the individual self has, in producing via the biopolitics of psychological management of human material, the much-needed consuming citizens of our contemporary age. As Rose (1998) notes,

> In the novel political rationalities of advanced liberalism that have emerged in the wake of the neoliberal revival of the 1980s, citizens now are no longer thought to need instruction by 'political' authorities as to how to conduct themselves and regulate their everyday existence. We can now be governed through the choices that we will ourselves make under the guidance of cultural and cognitive authorities [the psy disciplines] in the space of regulated freedom in our individual search for happiness, self-esteem, and self-actualisation, for the fulfilment of our autonomous selves. (p. 166)

I suggest this psychotherapeutic discourse of individuation, in service of Milton's (2016) "autonomy, authenticity and authority", of liberation of the true interior individual self, has often resulted in dangerous consequences, particularly, however unintentionally, when in collaboration with a neoliberal economic capitalism, dangers I now explore in the next two sections of this chapter.

7.5.4 The Practice of Psychotherapy in Aotearoa New Zealand in Contemporary Times: The Violence of Kindness in Service of Liberating the 'True Self'

The persistence and ubiquitous nature of the discourse of the interior, consuming, universal self, is evident in contemporary psychotherapeutic texts in Aotearoa New Zealand. In 2006 New Zealand psychotherapist and educator Anne McDermott wrote in the NZAP Journal *Forum*,

> Winnicott considers that it is through the interaction with the environment that the baby learns whether they are safe or whether they may have to respond with compliance. This compliance could lead to isolation of the infant from its own spontaneous and life giving core (Winnicott, 1948). This compliant (false) self develops at early stages of relating when there is not 'good enough' mothering. (McDermott, 2006, p. 101)[137]

And in 2017, in a paper entitled, "Encountering the Internal Persecutor: Within the Psychotherapist, the Patient, and the Therapeutic Relationship", I reflect on my tendency to be somewhat 'absent-minded', and to attack myself for this forgetfulness. I then describe my discovery, through my own therapy and analysis, of an 'internal persecutor' attacking this forgetful quality in me, and its revealing of my ordinary human vulnerability.

> My discovery as an adult of … these frightening and persecuting aggressors, was both extremely disturbing and an immense relief. I slowly discovered that I didn't have to omnipotently attempt to restore my ego capacities in order to protect myself from the feeling of badness which my forgetfulness revealed. Slowly, I began to embrace the tenderness of my forgetful self, the fear that lay beneath the shame, beneath the dissociative absentness, the overwhelm of persecutory anxieties, the guilt and fear of my own potential destructiveness and the destructiveness of the other, the identification with this destructiveness and the shameful attacks which persecuted my inner world. As I began to embrace, to surrender to my vulnerability and humanity, rather than to submit to my identification with the aggressive persecutor and its shameful hate, the anxiety of my inner world began to ease and the tenderness of my vulnerability began to emerge, embraced both by my own compassion and my analytic work. (O'Connor, 2017, p. 109)[138]

In my reflections I perceive myself as facing an internal battle in the hope of attaining greater internal freedom and peace: an internal persecutor that attacks me, and a humanity and vulnerability under attack. My writing, and that of McDermott (2006), gesture to the emancipatory intent of psychotherapy: that enough emotional courage on my part, and empathic, interpretive analytic input from my psychotherapeutic analyst, might enable me to calm this internal persecutor and allow the truth of my interior, infant 'true self'; that is, my vulnerability and humanity, in order that I might inhabit the world more peacefully, more truthfully. In this thesis I question this intrapsychic lens on the

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[137] McDermott, A. (2006). The relevance of play to the teaching and learning of psychotherapy. *Forum: The Journal of New Zealand Association of Psychotherapists*, *12*(1), 99–110. https://doi.org/10.9791/ajpanz.2006.09

[138] O'Connor, J. (2017). Encountering the internal persecutor: Within the psychotherapist, the patient, and the therapeutic relationship. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *21*(2), 107–117. https://doi.org/10.9791/ajpanz.2017.11

nature of subjectivity and its capacity to be brought to light within the psychotherapeutic confessional relationship.

Indeed, each of the discourses I describe in the chapters of this thesis, and which I have suggested constitute the nature of self and enable manifestation of psychotherapy in Aotearoa New Zealand, are ostensibly informed by apparently benign intentions to tend to the wellbeing of humankind, by saving, healing, and ultimately liberating an imprisoned self. Christianity, attempting to save the Indigenous other in service of our own souls; medical science, attempting to heal the mad mind and sick soma; and psychoanalysis and humanistic psychotherapies attempting to free the psyche from its conflicted torment. Each in its own way appears to seek to participate in the emancipatory project of being a self, freely and truthfully, the utopian possibility of a self, free of oppression and subjugation. In relation to psychotherapy Rose (1999) notes,

> Even when professional help is needed, one of its first tasks is to help individuals 'come to a belief in their own ability to make changes in themselves and their lives'. Therapy is no attempt to enforce conformity but apparently part of a profoundly emancipatory project of learning to be a self. (p. 242)

Psychotherapy in Aotearoa New Zealand, as elsewhere, has often been characterised as 'radical', subversive, and countercultural (for example, Milton, (2013, 2016; Tudor, 2018). This characterisation of psychotherapy in the Aotearoa New Zealand context, is, I suggest, misleading. In the spirit of an "emancipatory intent", throughout the history of psychotherapy in Aotearoa New Zealand the psy disciplines have been infused by the overt humanitarian attempt to liberate others from suffering, whether by missionary zeal, 'benign' incarceration of madness, or psychotherapeutic interpretation of the unconsciously imprisoned psyche. Each of these is informed by a conceptualisation of power as unitary and sovereign; something that can be overcome by liberating humanistic aims. Indeed, as the text above by McDermott (2006) and myself (2017) illustrate, freedom and truth have been such central pillars of psychotherapeutic work. Winnicott's true self, the spontaneous gesture of the infant held in maternal pre-occupation, Brandchaft et al.'s (2010) imprisoned spirit, emerging from its intrapsychic cell, Jung's (1946) individuation from the collective, Bion's (1970) transformations in 'O', and CBT's core beliefs, all speak to the idea that there is an inner self, whether intrapsychic, interpersonal, or transpersonal, seeking expression and freedom and truth. However, paralleling the emergence of psychotherapy as a

technology of self, ostensibly enabling truth and freedom, has been the development of Aotearoa New Zealand as a political entity based upon a capitalist and increasingly neoliberal economic philosophy. And neoliberal economic ideology also seeks to 'free' us, but to be free in particular ways, to be free to serve the needs of the market. As Dean (1999) noted,

> [in] the liberal economy of government… [knowledge] from social economy … social statistics to criminology, educational psychology, sociology and beyond,… become the 'dialogical partners' (Weir, 1996) of liberalism's process of self-critique, self-review, and self-renewal. (p. 128)

This emergence of the emotionally 'true' self serves the development of autonomous individuals free to choose to be the productive self required of the post-war colonial citizen of the neoliberal capitalist Aotearoa New Zealand economy. And the confessing psychotherapeutic self is, I have suggested, one of the means by which we learn to become this self; a confessing self, ubiquitous in contemporary Aotearoa New Zealand, in which every aspect of our lives is psychologised, from body image to sporting skills, and newspaper columns providing psychological love life advice to the lonely and forlorn. Winnicott's (1965a) true self, Jung's (1946) transpersonal Self, Rogers' (1951) humanistic self, emerging in response to therapeutic empathy, authenticity, and unconditional positive regard, and Freud's (Breuer & Freud, 1957) transformation from misery to ordinary human unhappiness, with the capacity to love and to work, all speak to this possibility of 'freedom' to be a self, autonomous, independent, and productive. Yet, tragically, psychotherapy, in Aotearoa New Zealand as elsewhere, is littered with horrendous consequences when, facilitated by the minds of 'free men' inhabiting the role of holder of truth and healer of the psyche, in concert with the "socio-political obligations of the modern self" to which Rose (1999) refers, seek to liberate this self, assumed to be the universal and immutable essence of human kind, whilst hurting those we seek to heal.

7.5.5 Homosexuality and the Dark Other

Illustrative of the dangers of the 'kindness' of 'true self' discourse, is the history of the psychotherapeutic treatment of homosexuality, including here in Aotearoa New Zealand. This history is perhaps one of the most graphically painful manifestations of psychotherapy as a disciplinary technology, one in which psychotherapy is transparently revealed as itself a dangerous material effect of discourse. In the Aotearoa

New Zealand context this is reflected in the words of Basil James, a former President of NZAP, one of many whose minds were captured by a medical and psychotherapeutic discourse that pathologised homosexuality, as the antithesis of a self that is 'true'. Whilst in Britain in 1962, he wrote a paper entitled "Case of Homosexuality Treated by Aversion Therapy". He described a disturbing behavioural treatment in which nude photographs of men were paired with an emetic dose of apomorphine by injection, inducing nausea, whilst,

> The aversive effect of this pattern [of same sex sexual attraction] on [the patient] and its consequent social repercussions was then described in slow and graphic terms ending with words such as 'sickening', 'nauseating', etc., followed by the noise of one vomiting. (James, 1962, p. 769)[139]

In 1967 in the *New Zealand Medical Journal*, James wrote an overview of behavioural therapeutic principles informing the 'treatment' of homosexuality, noting,

> Behaviour therapists view homosexuality as a symptom, a biologically and socially maladaptive response … [and thus, aversive] techniques are roughly of two kinds – those using chemical and emetic agents and those using electric shock … apormorphine technique seems to have been largely replaced by the use of unpleasant electric shock delivered from finger electrodes as the aversive stimulus. (James, 1967, p. 252)[140]

Medical and psychiatric discourses in relation to race, gender, and same sex attraction combined in even more disturbing ways, as outlined in Laurie Guy's 2000 article "Straightening the Queers: Medical Perspectives on Homosexuality in Mid-Twentieth Century New Zealand". Guy described the psychiatrist Laurie Gluckman, who, in 1966, gave a diagnostic summary of 100 lesbians he had treated, labelling 68 with terms such as psychotic, pre-psychotic, and psychopathic (Guy, 2000, p. 113). In relation to Māori, Guy noted that Gluckman "once labelled certain Māori lesbians as suffering from 'heterochromophobia', that is, from 'a sexual neurosis in which sexual expression is stimulated by a racially different skin colour to that of the patient'" (p. 113).

Painfully, these 'therapeutic interventions' arise out of humanistic and psychotherapeutic psychoanalytic assumptions regarding the discourse of the interior and essential 'true' self, this self being mature and acceptable to society if it has

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[139] James, B. (1962). Case of homosexuality treated by aversion therapy. *British Medical Journal*, *1*(5280), 768–770. https://doi.org/10.1136/bmj.1.5280.768

[140] James, B. (1967). Behaviour therapy applied to homosexuality. *New Zealand Medical Journal*, *66*, 752–754.

successfully negotiated the assumed to be a-cultural, developmentally inevitable challenges of the oedipal crisis (Davies, 2015), in service of the development of ‘healthy’, heterosexual, monogamous relating. As an illustration of the dangers to which Foucault refers, of relying upon humanism’s construction of an essential self and the universal human rights with which this self is imbued, it is a painfully horrific illustration given the mobile mutability of a human ‘essence’ that ‘in the time of our own thought’ can appear to be utterly immutable; leading to practices that appear in support of what is culturally normative, in this case in service of a heterosexual reproductive imperative, perceived as crucial to the ongoing production of docile human material so essential to the economic demands of the neoliberal market. As quoted earlier, Rose (1998) notes that, “What today appears marginal, eccentric or disreputable was frequently at the time it was written, central, normal and respectable” (p. 43).

Reflecting on the tactic he terms ‘reversal’, in which subjugated knowledges turn discourse back on itself in order to reclaim their legitimacy, Foucault (1976/2020a) notes how this tactic is utilised in regard to homosexuality.

> There is no question that the approach in nineteenth-century psychiatry, jurisprudence, and literature of a whole series of discourses on the species and subspecies of homosexuality, inversion, pederasty, and ‘psychic hermaphrodism’, made possible a strong advance of social controls into this area of ‘perversity’; but it also made possible the formation of a ‘reverse’ discourse: homosexuality began to speak in its own behalf, to demand that its legitimacy or ‘naturality’ be acknowledged, often in the same vocabulary, using the same categories by which it was medically disqualified. (p. 101)

Nowhere is the mutability of humanism’s essential self more evident than in the debates currently raging, internationally, and specifically within the psychotherapy context in Aotearoa New Zealand, regarding the notion of ‘gender’ and its implications for psychotherapeutic clinical work. Thus, in Aotearoa New Zealand in 2004, the NZAP governing Council issued a statement, firmly stating that ‘conversion therapy’, that is psychotherapeutic efforts to intentionally attempt to change a person’s sexual orientation, were unethical. In 2023, a group of psychotherapists and members of NZAP were tasked by the NZAP Council with reviewing this 2004 statement and updating it in relation to both sexual orientation and gender identity change efforts (SOGICE) in psychotherapy. Their report further affirmed the unethical nature of such psychotherapeutic conversion efforts. In doing so they critiqued the above work by Basil James, utilising it as an illustration of the harm caused by such psychotherapeutic change efforts, and advocating

for ‘affirming psychotherapy’ which began from a place of affirmation of the individual clients’ experience of their sexual orientation and/or gender expression and identity. This led the Association’s governing Council (the Association having changed its name at the AGM in June 2024 to the Association of Psychotherapists Aotearoa New Zealand, APANZ) to issue the following, as part of a policy statement, in service of guiding its psychotherapy practitioner members in their clinical work with clients and patients identifying with diverse sexuality and gender communities.

> We regard diversity in sexual orientations and genders to be an inherent part of the spectrum of human sexualities. We affirm that no sexual orientation or gender identity, expression, or experience is any more valid, ‘natural’ or ‘normal’ than any other. Any psychotherapeutic attempts to change a person’s sexual orientation or gender identity or suppress their experience or expression of their sexuality or gender, is a form of conversion therapy and is unethical. (APANZ, 2024, para. 2)[141]

In so doing, senior representatives of the Association have moved from a view of the self in which normative sexuality is heterosexual and normative gender is binary, to a self in which both sexuality and gender are entirely fluid, illustrative of the mutability and fragility of modern powers’ nexus of power and knowledge in its construction of the ‘true inner self’. Foucault (1988d), whilst seeing merit in these reversal tactics, comments that whilst it may sometimes be,

> provisionally useful, to change the perspective from time to time and move from *pro* to *contra*, these reversals… are quickly blocked, being unable to do anything except repeat themselves… As soon as we repeat indefinitely the same refrain of the anti-repressive anthem, things remain in place: anyone can sing the same tune, and no one pays attention. This reversal of values and truths… has been important to the extent that it does not stop with simple cheers (long-live insanity, delinquency, sex) but allows for new strategies. (p. 120)

For example, in the case of sexuality, there is the risk that this reversal of discourse in relation to homosexuality assumes, in keeping with the ‘repressive hypothesis’ that by giving voice to one’s ‘true’ sexuality freedom is achieved for the individual, and for society at large: and in so doing there is a failure of interrogation of the notion of ‘sexuality’ as a construction itself, or of pastoral power’s assumption that freedom comes from giving voice to something within that has been ‘repressed’ by

[141] Association of Psychotherapists Aotearoa New Zealand. (2024). *APANZ November 2024 policy statement regarding sexual orientation and gender identity and presentation change efforts*. https://apanz.org.nz/wp-content/uploads/2024/11/APANZ-November-2024-policy-statement-regarding-sexual-orientation-and-gender-identity-and-presentation-change-efforts.pdf

society's, and specifically psychotherapy's, homophobic treatment, thus contributing to another of humanism's relentless attempts at essentialising and liberating human subjectivity.[142] With the above example of the dangers of psyche's discourse of the interior self in mind, the following and penultimate section of this chapter analyses the relationship between the emergence and greater visibility of psychotherapy's discourse of the interior 'true self' and the rise of the neoliberal economy within Aotearoa New Zealand in the last quarter of the 20th century and first quarter of the 21st century.

7.6 Psychotherapy: Subversive or Biopolitical?

As noted earlier, Foucault appreciated psychoanalytic psychotherapy's challenge to psychiatry's hegemonic dominance and disciplinary authority. In his lecture of January 23, 1974 (within his psychiatric power lectures of 1973–1974), describing the disciplinary

[142] Whilst a full genealogical exploration of the debates concerning gender and psychotherapy in Aotearoa New Zealand and internationally is beyond the scope of this thesis, I indicate the contemporary debates concerning gender and psychotherapy within NZAP as an illustration of how modern powers' fabrication of what is "essential" regarding the self shifts and changes. In brief, the considerable tension of contemporary debates regarding gender and psychotherapy in Aotearoa New Zealand is reflected in the published transcription of a debate between two contemporary overseas psychotherapeutic practitioners, David Bell and Avgi Saketopoulou (moderated by Rachel B. Blass; see Blass et al., 2021); a debate which occurred online, exploring contemporary challenges regarding gender and psychotherapy. In this debate Bell argues that the zeitgeist of contemporary times has led many children and adolescents to assert that they do not identify with the gender that has been assigned to them at birth, leading to his perception of dangerous impulses to biologically alter their bodies, via hormone treatment, surgery, and other medical treatments, at a time when, Bell argues, their youth means there is too much risk that they are medicalising unexplored emotional territory, prematurely. By contrast, Saketopoulou in the above debate, and in the book *Gender without Identity*, by Agi Saketopoulou and Ann Pellegrini (2023), influenced in particular by ideas from Foucault and the French analyst Jean Laplanche, argue that one's gender presentation and gender identity are fabricated by sociopolitical constructions of gender, and that for psychotherapists, it is our role to meet the client where they are in their experience of gender, and from that place enable psychotherapeutic consideration of this experience but with no attachment to needing to change, or even necessarily slow down, the clients' decisions regarding their gender presentation and identity. These ideas have caused enormous tensions between psychotherapists in Aotearoa New Zealand, with the NZAP Council, as described above, tasking a group of psychotherapists with writing a report with recommendations in relation to psychotherapeutic Sexual Orientation and Gender Identity Change Efforts (the SOGICE Report [2023]) and the dangers of these. The report provoked polarising responses amongst members, with some fearing that "affirming" clients' experience of their gender, even when this might necessitate biological medical intervention, risks harmful practice (this view, for example, was expressed in an NZAP newsletter article by Rose [2023]), and others arguing that cis-gender presentations have always been, and continue to be, affirmed in contemporary psychotherapeutic practice in this country, and that affirmation of the clients' current gender expression and/or identity, no matter what that might be, does not preclude psychotherapeutic exploration (this view, for example, was expressed in an NZAP newsletter article by psychotherapist Phoebe Hunter [2023]).

The passions and debates this material have generated is in stark contrast to the dominant assumptions prevalent prior to the 21st century in psychotherapeutic practice in Aotearoa New Zealand that the binary of gender as being men and women is "normal", and that gender assigned at birth was the "natural state of affairs". The current gender debate among the NZAP membership is a revealing example of the fragility of the power knowledge nexus in its construction of "essential" subjectivity, and the mobility of qualities once considered part of the "essence of the self" and previously considered immobile and immutable.

nature of the asylum, Foucault notes the emergence at the beginning of the 19th century of

> the organization of a sort of inquisitorial space or grid. … The hospital functions as a disciplinary system, that is to say, as a system subject to rules, expecting a certain order, imposing a certain regime that excludes anything like the raging and raving outburst of the crisis of madness. Moreover, the main instruction, the main technique of this asylum discipline, is: Don't think about it. Don't think about it; think about something else; read, work, go into the fields, but anyway, don't think about your madness. (2006, pp. 248–249)

Now, I suggest, with the move from the more social economics of the first 75 years of the 20th century in Aotearoa New Zealand, and disciplinary technologies to the biopolitical governmentality of the late 20th and early 21st centuries, rather than the instruction 'not to think about your madness', every citizen is guided, cajoled, encouraged, enabled, to think deeply about their 'inner world', in service of the production of the psychotherapeutically informed self, enabling the discourse of psychoanalytic psychotherapy to become a tool of modern power's governmental ways, as its normalising effects capture its subverting powers. It is notable that the emergence of the psychoanalytic discourse of the confessing self within the Aotearoa New Zealand context, extending beyond the parameters of the psychotherapeutic office, is not a new phenomenon. For example, in a lecture given before the members of the Wellington Provincial Masseurs Association by Dr D. Erdley Fenwick in 1923, and reported in *Kai Tiaki: The Journal of the Nurses of New Zealand*, the presenter proposed,

> I must just hark back for a moment to the cause of psycho-asthenic states. The emotions are at the bottom of all – fear, love, hate, anxiety – … [The patient] succeeded however in suppressing, or rather repressing this shock. … Now if this repressed incident, incidents, unpleasant experiences, or emotional disturbances can be discovered and brought to light, the patient is half way on the road to recovery. This is, roughly, the raison d'etre of a form of psychotherapy elaborated by Freud's Psychoanalysis. (Suggestive therapeutics, 1923, p. 99)[143]

In the above report we see an early example of the emergence of the confessing self in Aotearoa New Zealand, one which Rose (1999) suggests is central to the enabling and governing of productive citizens, individuals with a conscience who are free to

[143] Suggestive therapeutics. (1923, July 1). *Kai Tiaki: The Journal of the Nurses of New Zealand*, *XVI*(3), 99. https://paperspast.natlib.govt.nz/periodicals/KT19230701.2.14

choose to be the productive selves required of the post-war colonial citizen. In his critique of the psychotherapeutically produced confessing self, he comments,

> Psychotherapeutics is linked at a profound level to the socio-political obligations of the modern self. The self that seeks to liberate or restore is the entity able to steer its individual path through life by means of the act of personal decision and the assumption of personal responsibility. It is the self freed from all moral obligations but the obligation to construct a life of its own choosing, a life in which it realizes itself. Life is to be measured by the standards of personal fulfilment rather than community welfare or moral fidelity, given purpose through the accumulation of choices and experiences, the accretion of personal pleasures, the triumphs and tragedies of love, sex, and happiness. (Rose, 1999, p. 258)

Rose (1998) links the rise of neoliberal economic capitalism with the emergence of this choosing, psychological self,

> Neoliberalism has been a powerful contributor to this reorganisation of the problematics of government, questioning, from a particular ethic of individual sovereignty, the legitimacy and the capacity for authorities to know and administer the lives of their subjects in the name of their wellbeing. …Citizenship is to be active and individualistic rather than passive and dependent. The political subject is henceforth to be an individual whose citizenship is manifested through the free exercise of personal choice among a variety of options. (pp. 164–165)

Similarly, I suggest that, ultimately, psychotherapy in 21st century Aotearoa New Zealand operates as a biopolitical technology of the self, and its influence becomes particularly significant with the emergence of an increasingly neoliberal economy 9 in the Aotearoa New Zealand context in the mid-1980s, as opposed to the more 'social' economy of the early and mid-20th century in Aotearoa New Zealand. Ian Parker (2010) notes psychotherapy's dangerous congruence with a neoliberal economic ethos. And Rose, whilst arguing in his 2019 book, *Our Psychiatric Future*, that countries dominated by political regimes other than neoliberalism have also experienced alarming increases in rates of mental illness in recent decades, and that "accounts of the mental health consequences of neoliberalism are often weakened by exaggeration and overgeneralisation" (p. 52), nevertheless concludes,

> I find myself in agreement with the core of the argument. The evidence supports the conclusion that much contemporary mental ill-health in the global North has its roots in increasingly unequal societies and in the rise of governmental strategies to reduce the size and scope of welfare provisions, to promote the idea that individuals thrive best when they are encouraged to improve themselves through work, and to maximise the quality of life through consumption. (Rose, 2019, p. 52)

> The evidence supports the conclusion that as these dimensions of inequality increase … they are indeed throwing more and more of our fellow citizens into lives of misery, and generating the forms of mental distress – depression, anxiety, panic and 'post-traumatic' disorders – that are becoming more and more common. (Rose, 2019, p. 65)

By contrast with the USA in the 1950s and '60s, where psychoanalysis, relatively speaking, gained significant status (Cushman, 1996; Scull, 2022), Aotearoa New Zealand's colonial, emotionally repressive, frontier heritage meant that perhaps in order for psychoanalytic psychotherapy to begin to gain a foothold within the social and cultural fabric of Aotearoa New Zealand, it needed neoliberal capitalism and neoliberal capitalism needed it.

7.6.1 Statutory Regulation of Psychotherapy in Aotearoa New Zealand

The culmination of this demand for human services of psychotherapy to respond to the emotional distress produced by our neoliberal capitalist ethos (or what Rose [1998] describes as "advanced liberalism") in Aotearoa New Zealand perhaps arises with the establishment of the title 'Psychotherapist' as a statutorily registered profession within the Aotearoa New Zealand context. The motivations underpinning the NZAP's initiative to convince the state to register psychotherapy as a profession are reflected in the following text in which former NZAP President Paul Bailey, who was central to the advocacy for and eventual registration of psychotherapy as a profession within the auspices of the *Health Practitioners Competence Assurance Act 2003* (HPCA Act 2003), comments,

> In 1999 … I was moved to lobby for the State doors to open more easily for access to psychotherapy services … Despite neuroscience validating our work and attachment theory advocating for what we do, internationally pharmaceuticals and cognitive behavioural therapy (CBT) have continued to increase their staunch monopoly on mental health. I was motivated to make a change in the corridors of parliament against the power of these two multinational juggernauts and to speak for the work our lineage offers … My professional education and experience, first and foremost, was as a psychotherapist. Yet, in the wider state sector including Corrections, there had been no place for our profession to stand. Unless I was a psychiatrist or a social worker or a nurse or a psychologist first, I could not be employed, even by mental health services, to offer psychotherapy. Thus, I and most of us have been forced to work only in private practice. The few who were working in Government sector jobs did so under the guise of another profession. I was concerned with how the increasing marginalisation of our profession would lead to gradual extinction apart from ever diminishing pockets of private work. … having considered the matter of regulation for some time, I took this question to the Annual General Meeting of our Association [NZAP] in February 2000 to check

> if there was really any mandate for proceeding. To my surprise, the meeting agreed unanimously to go ahead. (Tudor, 2017b, pp. 90–92)[144]

The text reflects the nexus of reason of the state and pastoral power as psychotherapy's representatives in Aotearoa New Zealand sought to enable the greater reach of psychotherapy's truth claims, by strengthening its relationship to the state's power apparatus. On October 15, 2007 when the May 21, 2007 Order in Council came into effect, psychotherapy was included as a 'health profession' under the auspices of the HPCA Act 2003, and psychotherapy became a statutorily registered profession in Aotearoa New Zealand, with the term 'psychotherapist' now becoming a protected one (Tudor, 2017b, p. 23). Ransom (1997) notes Foucault's reflections on how the soft power of the confessional, without intention, collaborates with "reason of the state", in which the psy disciplines are central. He notes that ostensibly "reason of the state" has an opposite aim to that of the soft power of the psychotherapeutics of the self, with the latter ostensibly attempting to improve the welfare of individuals, and to enhance their personal development, whilst the former seeks to provide services to individuals only inasmuch as this enhances its own security and productivity. Ransom (1997) comments,

> modern power is based on the interaction of at least two quite different rationalities. One is a secularized pastoral power …. Pastoral power focuses on the individual's needs and state of mind and the internal movements of the soul. The secular 'pastor' - in the form of psychoanalyst or social worker - sets himself or herself up as a spiritual advisor and confidant to whom the individual is invited to 'open up'. … But the conditions for the expansion of this extraecclesiastical pastorate were found in the context of a rationality that was headed in an almost opposite direction: 'reason of state' … was in principle unconcerned with individuals except as a potential resource. Psychiatry [and psychotherapy] was able to prove itself useful in both assessing and potentially reforming the emotional lives of the individuals it treated. (p. 74)

Whilst psychotherapy in Aotearoa New Zealand often perceives itself as subversive and is not intentionally collaborating with a neoliberal economic ethos, its complicity with this ethos, particularly given its specific focus on the interior world of the self, is compelling. Ransom (1997) observes that it is hard to critique psychoanalytic psychotherapy, given it does not use violence to convince others of its truth. Rather, it offers itself as an empathic attempt to understand subjectivity. However, I suggest this empathic attempt contains a violence that is not always overtly visible, as psychotherapy

[144] Tudor, K. (Ed.). (2017b). *Pluralism in psychotherapy: Critical reflections from a post-regulation landscape*. Resource Books, pp. 90–92.

enters the fray of the contest of the true in relation to the nature of the self in Aotearoa New Zealand.[145,146]

In so doing, the formal nexus of Government regulation of health professionals, with the organisation of psychotherapy as a profession by the professional association, was complete. Cushman (1996) notes the ease of the fit between a psychotherapeutic lens on the self as ahistorical and acultural, needing only to 'consume' the resonance of human care to grow a self, and the consuming self required of 21st century capitalism. Whilst Bailey (Tudor, 2017b, p. 93) asserts that deregulation of the Aotearoa New Zealand economy in the years 1985 to 1998 meant that regulation of the profession was not possible until the fifth Labour Government led by Helen Clark in 1999, the nexus between a deregulated economy and the growth and formal organisation of the profession in this country and the increase in psychotherapeutic practitioners over the first quarter of the 21st century, I suggest, reflects the place of psychotherapy as an increasingly influential biopolitical governmental technology of the self for the management of human material within the Aotearoa New Zealand capitalist economic fabric.

In his article in 2016 entitled "A View of Jungian Analysis in Aotearoa New Zealand" published in *Ata: Journal of Psychotherapy Aotearoa New Zealand*,

[145] Statutory registration provoked much debate amongst psychotherapists in Aotearoa New Zealand with some arguing that it might enable greater status for psychotherapists in the minds of the general public and within public mental health systems, these arguments often generated by practitioners who appeared more influenced by Eurocentric notions regarding the nature of psyche and psychotherapy. Others were passionately concerned that this amounted to a ceding of clinical and cultural authority to the state and a loss of autonomy, clinical creativity, and capacity for the profession, often represented by voices more aligned with indigenous Māori perspectives regarding psychotherapy (Tudor, 2011, 2017b). In particular, indigenous Māori voices and allies to these voices from Pākehā and Tau iwi psychotherapists resisted the institution of state regulation of psychotherapists in late 2008 (Tudor, 2011, 2017b; and see Chapter 8 of this thesis). In an attempt to manage these tensions, the Psychotherapists' Board of ANZ's (PBANZ) Psychotherapist Standards of Cultural Competence now includes the requirement that, "All psychotherapists will be knowledgeable of culturally safe practices and familiar with the Treaty of Waitangi and be able to integrate these into their practice in ways that ensure that issues of diversity and equality are valued, upheld and promoted" (Psychotherapists Board of Aotearoa New Zealand, 2019, p. 3).

[146] In the first decade of the 21st century much effort was put in by Bailey and other senior members of the NZAP to achieve statutory registration of the profession. Whilst there was some opposition to this and, indeed, considerable resistance towards the end of this process, with the publication of two books edited by Keith Tudor (2011, and 2017b), critiquing the decision to seek registration, and dispute about the level of unanimity amongst the NZAP membership regarding the process leading up to registration (Tudor, 2017b), the majority of the NZAP membership at the time the profession was initially registered, supported the statutory registration of Psychotherapist as a health profession under the HPCA Act 2003.

Jungian Analyst Chris Milton describes his understanding of the essence of Jungian analysis and its purposes, as follows:

> Although individuation commences as a process of adaptation to the collective, by mid-life this may change so that the true authority, authenticity and autonomy of the personality may emerge. In one sense this situates individuation as a process that is ultimately subversive of culture. (Milton, 2016, p. 134)[147]

The discourse of a 'true' authentic, interior self is embedded in Milton's text, even as he asserts analysis's inherently subversive nature, as it encourages 'individuation from the collective'. Psychoanalysis and psychotherapy in Aotearoa New Zealand as elsewhere have often held themselves out to be subversive: a radical attempt to go against the injunctions of contemporary society, in service of expressing one's own 'authentic self'. However, Foucault's critique suggests that this 'truth' is contingently situated and fabricated by the discourses of its time. Writings by Rose (1998, 1999, 1999a, 2007, 2019) and Nealon (2021) suggest that the biopolitics which capture the practice of psychotherapy in this country, at a time when neoliberal economic theory informs our capitalist economy in contemporary Aotearoa New Zealand, means that the social unconscious within which psychotherapy is located invites psychotherapy to inhabit the biopolitical task of assisting the citizens of Aotearoa New Zealand to enact the "choosing self" which Cushman (1996) describes. This is a "choosing self" which is not only complicit with the neoliberal enterprise of becoming a consuming self, but that in fact psychotherapeutic developmental theory, with its focus on the interior, the universal, and the self that must from the beginning omnipotently consume the 'good objects' of its early environment, in order to become Milton's 'authentic, authoritative, autonomous self', is therefore a central piece in the construction and fabrication of this consuming self so essential to the neoliberal economic marketplace. Whilst Tudor et al. (2011, 2017b) are highly critical of the statutory registration of psychotherapy within the Aotearoa New Zealand context and the dangers of holding hands with the state, given the risk that the state intrudes in controlling and interfering with what is possible within clinical offices in Aotearoa New Zealand, I would argue that a more foundational Foucauldian critique of statutory registration is also relevant. As Nealon (2021) notes,

> The 20th Century was an era that, to borrow some terminology from Michel Foucault, saw a decisive shift in the individual's relation to the social

[147] Milton, C. (2016). A view of Jungian analysis in Aotearoa New Zealand. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *20*(2), 129–142. https://doi.org/10.9791/ajpanz.2016.12 (p. 134)

> whole, a shift that Foucault diagnoses as the movement from a society of 'discipline' to one of 'biopower', a distinction that can initially translate like this: discipline functions within and depends on a Fordist understanding of factory society (where the individual is understood as a cog within the larger social machine, and thereby has a series of disciplinary roles to fulfil – daughter, student, doctor, patient, tinker, tailor, soldier, spy). Contrast this with the laissez faire neoliberal consumer society in which we presently live (where everyone's primary job is to become him- or herself, hopefully without external intrusion by the government), and you can see the disciplinary idea of fitting in within a larger social whole (or merely working on the assembly line of the social, for the greater good of all) is now looked upon as dangerous, totalitarian even. (pp. 103–104)

Statutory registration of the psychotherapy profession in Aotearoa New Zealand is thus another step in psychotherapy's 'unconscious' collaboration with the biopolitical governmental endeavours of modern power; a process I further analyse in the next section.

7.6.2 The Biopolitics of Psychotherapy as a Technology of the Self

Foucault notes that, whilst in a disciplinary society, the truth of the self is imposed by disciplinary technologies over the self by another, in the biopolitical era the obedient subject is obliged to listen carefully to the monologue of the interior self, arguing for example in *The History of Sexuality Vol. I* (1976/2020a) that in relation to sexuality the institutionalisation of the truth about a subject arises out of just such an inner and required dialogue. In contemporary times, the disciplinary technology of the confessional via psychotherapeutic practices has become a biopolitical technology of the self in which the individual now interrogates themselves and their interior world in search of the 'truth' of the self. As Nealon (2021) observes,

> Biopower, one might say, radically expands the scale of power's sway … biopower enables an additional kind of 'wholesale' saturation of power effects, saturating these effects throughout the entire social field.. … [which] make it possible for biopower to produce more continuous effects, because one's whole life (one's identity, sexuality, diet, health [self]) is saturated by power's effects … Hence, biopower works primarily to extend and intensify the reach of power's effects: not everyone has a shared disciplinary or institutional identity (as a soldier, mother, nurse, student or politician), but everyone does have an investment in biopolitical categories like sexuality, health, or quality of life – our own, as well as our community's. (pp. 105–106)

And Nikolas Rose (1998, 1999) describes the crucial role of the psy discipline such as psychotherapy, as a biopolitical technology of the self, in expanding the reach of modern power's governmental aims, assisting as it does in constructing a self which must

look into its own interior world for its 'truth', Milton's (2016) "authority, autonomy and authenticity". Rose (1998) notes Foucault's linking of the soft power of the religious confessional with modern therapeutics, and observes,

> Contemporary individuals are incited to live as if making a *project* of themselves: they are to *work* on their emotional world, their domestic and conjugal arrangements, their relations with employment and their techniques of sexual pleasure, to develop a 'style' of living that will maximise the worth of their existence to themselves … All of this under the authority of experts who claim that the self can achieve a better and happier life through the application of scientific knowledge and professional skill. The allure of expertise lies in its promise to reconcile the tensions formed across the soul of the individual who is forced concurrently to inhabit different spheres. The new experts of the psyche, promise that modes of life that appear philosophically opposed – business success and personal growth, image management and authenticity – can be brought into alignment and achieve translatability through the ethics of the autonomous, choosing, psychological self. (p. 157)

This is an allure that collaborates seamlessly with Aotearoa New Zealand's increasingly neoliberal, and thus inevitably, individualistic economic ethos. In describing the transition from disciplinary power to biopower, Nealon (2021) notes that citizens are 'enabled' to look within to discover their truth, agency, and liberation within the neoliberal, economic societal fabric. He observes how this inner self is invited to become the autonomous, choosing self in service of the biopolitical needs of neoliberal capitalist economies.

> One might say we become more 'obedient' to neoliberal, biopolitical imperatives the more we become ourselves, insofar as the only thing that we as biopolitical subjects have in common is that we're all individuals, charged with the task of creating and maintaining our lives. And that biopower-saturated task is performed not solely at scattered institutional sites (as it was for discipline) but virtually everywhere, all the time, across the entirety of our life. (p. 106)

> In a biopolitical world, performative subjectivity or human capital finds its charge not through making products and commodities but in the on-going project of making ourselves. (Nealon, 2021, pp. 114–115)

Foucault critiques psychoanalysis as, on the one hand, beneficially problematising the nature of human subjectivity and questioning a humanistic perspective in which subjectivity is 'what you see is what you get', whilst ultimately resorting to normalising tactics that inevitably serves broader governmental aims; perhaps, as psychotherapists we participate in the neoliberal project not only of becoming a self, but of continuously producing ourselves as a consuming, choosing self, the

autonomous, individuated self of late 20th century and early 21st century capitalism in which Cushman's universal, acultural, individual, empty self feeds on psychotherapy's 'consumer' discourse, assisting in the fabrication of human subjectivity as an empty self, a needing self, seeking satiation via consumption, so essential to neoliberal capitalism and the ever increasing growth of a country's gross domestic product (GDP). Indeed, Mark Fisher (2009) proposes that, in contrast to the community welfare aims of more socially oriented post-war liberal capitalism, neoliberalism has as its sole aim the enhancement of GDP via individual action within the free-market, and that generations born post-1980 have known no other economic ethos. He therefore asserts that recent generations perceive no other possibility than to collaborate with neoliberalism's emphasis on competitiveness and its individualising, isolating, and consuming imperatives. Moreover, psychotherapeutic discourse with its emphasis on Cushman's empty interior, universal and individual self, both meets the demand of the emotionally distressed individual of neoliberal capitalism in the Aotearoa New Zealand context and produces the demand which, with its discourse emphasising the need to continually produce oneself, to become one's 'best self', to find one's 'true self' (Winnicott, 1965a), of Milton's (2016) "autonomy, authority, and authenticity", in service of more effectively inhabiting the consuming self our economy demands.

A recent contemporary challenge, reflecting the flexibility of psychotherapy and its biopolitical role in response to the neoliberal economy's demands, is the alteration of psychotherapy's relationship to technology in the delivery of its craft. Prior to the recent COVID-19 pandemic, the use of video calls and even telephone calls for the delivery of psychotherapy was generally critiqued as being a poor substitute for being in person, kanohi ki te kanohi (face-to-face). But the pandemic turned a practice which was criticised into one to be appreciated, as the mutability and fragility of the nexus of power and knowledge in relation to psychotherapy in this country is once again revealed. Aotearoa New Zealand psychotherapy practitioners and university academics Day and Thomas-Anttila (2021) write of the training of psychotherapists utilising video technology for their initial clinical work and comment,

> While the therapeutic alliance is not rated highly in the online setting by therapists (Simpson & Reid, 2014), clients of online therapy rate the quality of the therapeutic alliance highly (Berger, 2017; Norwood et al., 2018; Simpson & Reid, 2014). … This evident disjunct between client and therapist perceptions of the effectiveness of online therapy, alongside our experience of supporting our

> students to move their clinical work online, prompted us to consider what they might tell us about their experience online as trainee psychotherapists. (p. 93)[148]

In relation to the findings of their research, the authors conclude,

> During their transition to the online space — and as a result of their experiences and their engagement with research — students have generally reported an increased openness to working online. There are signs that initial antipathies are yielding to a willingness to enquire into the base of their own assumptions about differences between in-person and online therapy. Together we may be discovering how it is possible to be in person online. (p. 101)[149]

Thus, the fragility, mobility, creativity, and productivity of modern power enables psychotherapeutic practice to continue to produce productive citizens in a world of climate crisis, pandemic fear, gender controversies, and technological transformations, and is again demonstrated to be remarkably agile. Given that the most recent technological alteration in the landscape of psychotherapy and its delivery is in the form of nonhuman AI-generated robots providing therapy online, the flexibility of modern power to construct subjectivity as receptive to such initiatives, and its agility and swiftness in doing so, is profoundly disturbing. As Aotearoa New Zealand psychotherapist and academic Viljoen (2023) notes in relation to psychotherapy and AI technology,

> with the exponential development of AI social robots and/or digital avatars, specifically being designed for social interactions with humans, such as in mental health, healthcare, and companionship (Soul Machines, 2019, World Health Organization [WHO], 2022), Cundy (2015) questioned whether people would turn away from in-person therapy that might be slow and potentially painful, and towards online quick-fix therapy, or AI robot and avatar therapy. (p. 208)[150]

That technological video mediums were so swiftly embraced in Aotearoa New Zealand, as elsewhere around the world, during the pandemic, supported by the 'authority' of Aotearoa New Zealand academics and the status of the university, and that the prevalence of video delivery of psychotherapy has been maintained post the pandemic, suggests psychotherapy and its capacity to embrace further advances in the

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[148] Day, E., & Thomas-Anttila, K. (2021). In person online: What trainee psychotherapists discovered about online clinical work. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *25*(1), 89–105. https://doi.org/10.9791/ajpanz.2021.07 (p. 93)

[149] Day, E., & Thomas-Anttila, K. (2021). In person online: What trainee psychotherapists discovered about online clinical work. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *25*(1), 89–105. https://doi.org/10.9791/ajpanz.2021.07 (p. 101)

[150] Viljoen, B. (2023). *Investigating human beings' experience with artificial intelligent social robots and/or digital avatars in an interactional context; What is happening and how it informs the future* [Doctoral thesis, Auckland University of Technology]. Tuwhera Open Access Theses & Dissertations. http://hdl.handle.net/10292/17808

technological delivery of psychotherapy in this country, including AI robots, is not far away. This agility enables modern power to continue to construct the subjectivity of psychotherapists practising in Aotearoa New Zealand in a manner which invites us to swallow whole the subtle and dramatic changes in the discourses which fabricate us, offering therapy online as a haven from which to shelter from human-generated climate-induced catastrophe: in doing so, as we embody these discourses we continue to implicate ourselves in the creative material effects which manifest contemporary psychotherapy in this country, in service of its collaboration with modern power and its biopolitical ways.

Over the past 40 years in Aotearoa New Zealand, while psychotherapists would never intend to enact their clinical practice as practitioners who are assisting in the fabrication of subjectivity of their patients, as purely politically docile and economically productive, I suggest that within the social unconscious, psychotherapy has 'held hands' with modern power and indeed been part of the technologies of the self which in part constitute modern humans in the Aotearoa New Zealand context in which we assist in the management of human material and, in particular, those constructed as mentally unwell. Whilst Phillips' (1987) emotionally taciturn, frontier settler of "a man's country" was not encouraged to reflect on emotional difficulties, much less had the option to do this by stepping into the psychotherapist's office, so rarely available before WWII in the Aotearoa New Zealand emotional and cultural landscape, now in the years post the 1980s consumption of psychotherapy's individualising discourses is everywhere.

7.6.3 From Frontier Man to Self as a 'Brand'

Perhaps more visibly than any other text in the Aotearoa New Zealand context, reflecting the transition from the taciturn masculinity of emotional avoidance of Phillips' (1987) colonial reflections, to the possibility of greater emotional expression and introspection, is Greg McGee's play *Foreskin's Lament* (1981). In this play, the central character is Foreskin, a rugby playing intellectual, struggling with rugby's discourse of emotional avoidance in which "they ask ya whadarrya? [what are you?] but really, really don't want to know" (p. 72) and his own desire to reveal a more emotionally expressive self. In the play's final soliloquy, Foreskin, as he mourns the death of a peer who had died in the recently played rugby game, also laments the one-dimensional prison of 'Kiwi' masculinity,

> Ask the lads, the boys, to form a ruck at the side of his grave, rake earth over him with their sprigs, make a wreath of dirty laces, and ask the ladies to bring a tear – would that I could, but like most of you, us, we were taught not to cry a vale of tears ago. We'll thank the referee, or the god almighty, he might have made a bad fist of it, we can understand some of his decisions, but, lord, it's a tough game, a game still, for men, for men called boys. ….
>
> I'm hanging up my boots – whaddarya?
> kicking for touch – whaddarya?
> chucking it in – whaddarya?
> kicking it in the guts
> shimmying away on the blind-side
> just … couldn't … hack it. …
>
> Can't play the game.
> Can't play the game.
> or anymore wear the one dimensional mask
> for the morons' Mardi Gras
> where they ask you whaddarya
> but really, really don't want to know.
>
> McGee (1981, p. 72)[151]

Where once New Zealand's emotional landscape was dominated by an "anti-authority, egalitarian, pragmatic, number eight wire, do-it-yourself, dominating the land, male, Truby King, four hourly feeding, Plunkett society, milk in schools, All Black rugby, self-sufficient attitude" (O'Connor, 2023, p. 15), now the renowned New Zealand All Black international rugby player of the 1980s and '90s, Sir John Kirwan, promoter of mental health and of openness to emotional distress through his book *Kirwan: Running on Instinct* (1992), writes at the beginning of a revolution in how All Blacks and Aotearoa New Zealand men in general might deal with emotional difficulties by searching inside for the truth revealed by the interior self. In response (perhaps outside of his own awareness) to the question, "what are ya?", Kirwan describes his experience of becoming severely anxious and depressed while playing for the All Blacks, in so doing becoming the first New Zealand All Black to publicly speak of his experience of serious mental health difficulties. He writes,

> anxiety and depression are not easy subjects to discuss in a rugby environment. To be a good rugby player you have to suppress emotion and deny feelings; to come to terms with this sort of problem requires a person *to look inwards* [emphasis added], which isn't always easy in a rugby environment. (p. 213)

[151] McGee, G. (1981). *Foreskin's lament* [Play]. Te Herenga Waka University Press (p. 72).

> I went to see Doc Mayhew. He told me that what I'd felt and experienced was not particularly unusual … I gained some reassurance from talking to Doc and sort of came right. The beast hadn't been slain though - it was still lurking out there somewhere. (pp. 210–211)
>
> That's when I started seeing a [psy] specialist. (Kirwan & Thomas, 1992, p. 212)[152]

Gone is the drowning of emotional distress in alcohol and instead arises the discourse of psychotherapeutics: the seeking of help from another, from a psy professional, in service of searching the interior of one's subjectivity to find the internal distress and the strategies for managing this.[153] Subsequently, Kirwan fronted a public mental health media campaign in 1997 entitled "Like Minds, Like Mine", encouraging people to care for their mental wellbeing, and to reach out and 'talk about it' when struggling (Leckie, 2024). Kirwan has subsequently become a prominent advocate of psychotherapeutic and other mental health initiatives in this country, as the rhetoric of the psy disciplines once again emerges from the clinic room and into the world.

Foreskin's Lament evoked strong responses in the Aotearoa New Zealand psyche of the 1980s as the play touched the nerve of a population emerging from its emotional isolation, infected by an American popular culture, emphasising, with films like *Ordinary People* (1980), and *Kramer versus Kramer* (1976), the importance of 'opening up'. Forty-five years later, the futile quest of 'whaddarya? (what are you?)' in Aotearoa New Zealand has been replaced by the relentless interior investigation of 'who am I' and the production of oneself as a brand, is ever more persistent.

7.6.4 The Confessional Society and the Emergence of the 'True Self' as a Consuming and Consumed Brand

The construction of mental health as a 'burden' from which we must free ourselves via the technology of the self which is psychotherapy and the introspection into

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[152] Kirwan, J., & Thomas, P. (1992). *Kirwan: Running on instinct*. Moa (pp. 210–213).

[153] It is notable that whilst Kirwan's book, published in 1992, reflects greater receptiveness to the psychotherapeutics of the self, in the early 1990s this receptivity is primarily focused on more pragmatic therapeutic approaches, reminiscent of the "moral treatment" of earlier times, and is mixed with a "frontier man" hangover of "suspicion" towards psychoanalytic therapeutic approaches. Psychoanalysis's complex theorising of the nature of the inner world and the subjectivity of the human being, together with the duration of its treatment, continue to be problematic to the neoliberal world that seeks efficiency and productivity. Thus, Kirwan in latter pages comments, "I also don't want to meditate or read books or find a guru, or some other form of refuge. I just want to live through it, get this black thing out of my mind for good, and come out the other side as the person I want to be… As you see written on T-shirts in the United States: 'what doesn't kill me makes me stronger'" (Kirwan &Thomas, 1992, p. 216).

the ‘authentic self’ that lurks within us is the technology increasingly advocated by neoliberal Western economies in order to alleviate this internal suffering. That the answer is within, as evidenced by the prolific manifestation of social media and mental health influencers, such as Kirwan, advocating continuous improvement of oneself, discovery of oneself, attempts to be one’s best self, through introspection, self-revelation, and the confessional practice of psychotherapy. The nexus of reason of the state and pastoral power is evident in the production of selves seeking ever more consumption in order to discover, augment, be, and produce this self. And for this we need the psychotherapeutics of the confessional conversation, as described in the 2023 publication by Aotearoa New Zealand psychotherapist Kyle MacDonald, in his self-help book, *Sh*t Happens.* Drawing on Donald Winnicott’s concepts of the ‘true’ and ‘false’ self, he comments:

> Ultimately, to come to know ourselves, at age 4 or 54, we need space, permission and the genuine caring interest of another person. Of course, to throw off the false self, with its weight of the expectations of others, requires effort, but to better know one’s true self requires patience and compassion. (K. MacDonald, 2023, p. 163)[154]

Indeed, the confessional nature of Aotearoa New Zealand has only exponentially manifested in the last 50 years, with recent examples reflecting local ‘confessional’ practices including television programme *Couples Therapy New Zealand*, the expert guidance of K. MacDonald’s *Sh*t Happens,* and the upcoming *Married at First Sight in New Zealand*, complete with relationship experts. That these influences emerge from global trends is reflected in that the original screening of the above television programs occurred overseas. And with global influences now just the click of a mouse from our fingertips, Aotearoa New Zealand is flooded with international encouragement to take up confessional practices and their languages of the ‘unconscious psyche’. For example, in a recent advice column appearing in the Aotearoa New Zealand edition of the British *Guardian* newspaper (2025), a reader asks an advice columnist why they are not romantically attracted to, nor find a “spark” towards, their “nice friend”. The advice giver somewhat inaccurately co-opts the language of Freud’s repetition compulsion, in attempting to assist the reader to navigate the depths of their unconscious inner world, writing,

[154] MacDonald, K. (2023). *Sh*t happens: Lessons for dealing with life’s ups & downs*. Upstart Press. (p. 163)

> I think we need to unpack this idea of a 'spark' a bit more. What is this spark, really, and why are you missing it? Often, when we feel that instant attraction, it's not necessarily a sign that the relationship will be a good one. In fact, quite often that spark is our unconscious trying to complete an unfinished pattern from our past.
>
> For instance, if in childhood you felt that you were never quite enough for one of your earliest caregivers, you might be attracted to people who are hard to please or emotionally unavailable. The spark in that case is you unconsciously seeking to prove that you can be enough this time. It's like trying to fix an old wound through a new relationship. When the person who triggers this feeling is available, you experience excitement and victory, but it's a short-lived high, because they revert to type. Eventually, the cycle repeats itself and you find yourself back at square one. Often that spark is our unconscious trying to complete an unfinished pattern from our past[155] (Perry, 2025, paras. 5–6)

And in a recent local Aotearoa New Zealand text, psychotherapist K. MacDonald (2018) goes a step further in his online *New Zealand Herald* newspaper advice column as he also co-opts the psychotherapeutic language of the unconscious inner self and encourages that perhaps at times "we all" need the ministrations of a confessional psychotherapeutic relationship.

> Perhaps one of the most readily accepted of all Freud's ideas is that of the unconscious; that we can be upset and distressed in ways we don't fully understand, and that certain behaviours may happen without us being clear about why we are acting in such a manner… Psychotherapy recognises there is often a difference between the 'symptom', and the underlying struggle, conflict, past grief or trauma … Of course, if it was that straightforward, we wouldn't need psychotherapy. As it happens, however, we all need a helping hand to see these patterns, these repetitions that are beyond just needing to change our automatic thoughts, or simply learning to meditate. (K. MacDonald, 2018, paras. 4, 6–7)

Whilst the 'confessional society' which Foucault claimed we lived in in the 1970s was somewhat slow to emerge in Aotearoa New Zealand, it has begun to flourish in the first quarter of the 21st century. And as Nealon (2021) notes, "popular culture… becomes a mode of production in its own right – finding its end product not in songs or films or TV shows but in the form of subjects, consumers who produce their whole lives out of their consumption patterns" (p. 111). Tragically, this individual, dominating the natural world, empire building, rapaciously consuming self has massive consequences in Aotearoa

[155] Perry, P. (2025, January 5). A very nice man is interested in me, but I don't feel a spark. *The Guardian*. https://www.theguardian.com/lifeandstyle/2025/jan/05/a-very-nice-man-is-interested-in-me-but-i-dont-feel-a-spark

New Zealand, reflected in texts regarding the climate crisis by Weintrobe (2021) and D. M. Orange (2017) and in Aotearoa New Zealand by Claire Miranda (2022).[156]

7.6.5 Psychotherapy and the climate crisis in Aotearoa New Zealand: An 'Evasion Of Known'

In *Ata: Journal of Psychotherapy Aotearoa New Zealand*, in response to the challenges regarding the climate crisis, in the editorial to Volume 1 of the 2021 issue I write,

> French analyst Jean Laplanche (1987) has suggested 'All work is the work of mourning' (p. 298, cited in Davey, 2000, p. 59) … We suggest this capacity for grief is not only central to the individual patient in our clinical rooms. Perhaps more urgently than ever, the centrality of this capacity challenges the whole of humanity, as the climate crisis and its life-threatening sequelae looms ever more frighteningly before us. … We meet … the truth of our humanity: that the Earth is not 'our' planet, to be lived upon, dominated, and owned, but rather that we are in and of the Earth, that the human and the more than human world are interdependent and inseparable, and that our lives are changing and must change, if we are to live a life that respects this intertwined interdependence. To do so we must grieve our losses, and face the future together, connected to the tenderness of our humanity, and of the Earth's and our own vulnerability. (O'Connor & Woodard, 2021, pp. 7–8)[157]

Once again, the first port of call of psychotherapy's response to this crisis of the environment is a discourse of the interior self, of the feeling of inner feelings, the idea that community might be built through collective grief. Psychoanalyst Wilfred Bion (Brown, 2012) wrote similarly in relation to his war experience, a foundation for his decades of work reflecting on the challenges of thinking under emotional pressure. But perhaps the text above, with its focus on the inner world, in the midst of external devastation, parallel to Bion's World War I experiences, reveals the shadow of psychotherapy's well-meaning endeavours. This very reflection on the internal world, which is meant to free us all, as we escape our intrapsychic prisons is, in fact, the very fabric through which we construct another prison cell.

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[156] Recent publications in *Ata: Journal of Psychotherapy Aotearoa New Zealand* (Miranda, 2022) reflect the embryonic nature of psychotherapy's attempt to grapple with these changes in Aotearoa New Zealand, as the "landscape" of the power knowledge nexus shifts again, a change further reflected in developments regarding technology and psychotherapy in the 21st century in this country.

[157] O'Connor, J., & Woodard, W. (2021). Editorial: The climate crisis, clinical work and the work of mourning. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *25*(1), 7–9. https://doi.org/10.9791/ajpanz.2021.01

7.6.6 Psychotherapy's Inner Prison

In *Discipline and Punish*, Foucault (1977/2010b) describes actual prison cells, articulating his focus on a disciplinary society. As Nealon (2021) notes, "discipline forged an enabling link between subjective aptitude and docility: as Foucault concisely puts it in *Discipline and Punish*. The disciplinary body becomes 'more obedient as it becomes more useful'" (p. 106). And now, in the second half of the 20th century and the first quarter of the 21st century, Nealon suggests that, building on the disciplinary society, emerges a biopolitical society in which the politics of the human body capture us, not by overt violence but with discourses that invite us inwards, avoiding the outward manifestation of destructiveness which our inward interior focus produces. Is my photographed psychotherapist's office appearing in Chapter 1 of this thesis, another prison cell in which patients produce their psychotherapeutic inner self, in service of neoliberal capitalism's consuming demands? With its comfortable furnishings, reassuring books, and expensive tastes, is it a prison of refuge for the wealthier consumers, whilst its impact as a technology of the self now offers far greater reach, in which its discourse of the interior self is communicated via the technological mediums and publications previously described? Is it a cell in which individual psyches imprison themselves for an hour in order to seek the truth of themselves internally, and in which, in the contest of the true (Rose, 1999) psychotherapy's inner world becomes dominant, manifesting in the production of better and better selves who ever more rapaciously must consume in order to continually seek to produce the perfect consuming self of our neoliberal Western capitalist age?

These are questions with which I grapple further in the next chapter, which analyses the Indigenous Māori challenge to the dominance of Western constructions of psychotherapeutic theory and practice, a challenge unique to the Aotearoa New Zealand context.

7.7 Māori Resistance: Indigenous Challenges to the 'Monologue of Reason'

The hegemony of Western constructions of psychotherapy and the nature of self in Aotearoa New Zealand have, in the past 40 years, ruptured again with the increasing visibility of the Indigenous challenge. As described in Chapter 5, Māori were constructed as a "needing and wanting entity", even prior to the commencement of the colonial

enterprise in Aotearoa New Zealand. This enabled the manifestation of a binary pair: the European 'saviour' and the Māori 'one to be saved'. In this way, for much of the 19th and 20th century Māori were positioned within psychotherapeutic discourse as the 'patient', the ones 'deemed mad'. Nikolas Rose (2019) has argued, in relation to psychiatry, that,

> To end the monologue of reason about madness thus means to free madness from its Siamese twin of unreason, to argue that rigorous forms of knowledge can be created by those deemed mad, can be rendered objective through the creation of a new epistemic community, and can challenge the knowledge claims of psychiatry at their heart. (p. 169)[158]

Similarly, Indigenous Māori perspectives on Western psychotherapy have been vigorously challenging of European psychotherapists' construction of the self as individual and interior. This vigorous challenge has become more visible within Western psychotherapeutic theory and practice in Aotearoa New Zealand over the last 40 years, again paralleling the emergence of a deregulated economy. Does an Indigenous perspective offer an alternative freedom that challenges the dangerousness of the dominance of European perspectives on psychotherapy and psyche? It is to this possibility that my analysis now turns as I consider the Indigenous Māori challenge to the dominance of European psychotherapy in Aotearoa New Zealand in the next chapter, in which the Indigenous 'other' 'deemed mad', or at the very least inferior, seeks to free themselves from the discourses of missionary zeal, psychiatric madness, and psychoanalytic liberation.

[158] Rose goes on to describe the anti-psychiatry movement of the mid- and late 20th century Britain and North America, arising as it did from the experience of those who had encountered psychiatric practice. In doing so Rose (2019) acknowledges,

> "'lived experience is not enough': … experience is constructed, vision is never naive, but shaped by a system of thought, profoundly structured by the categories of language and meaning in operation at a particular time and place, hence not an individual but a collective production. (p. 168)

8. Māori Challenges to the Dominance of European Psychotherapy Theory and Practice in Aotearoa New Zealand

I sit opposite my client, a 25-year-old Māori woman. It is our second session. Just in front of her face, as if projected on a screen, is the face of a middle-aged Māori man. I blink; I rub my eyes. The face of the man remains. Is this a projection of mine, a construction of who I imagine her to be? Or is it a communication from her? Or might it be a deceased relative, who needs to be prayed for and asked to leave, as my cultural advisor suggests?

It is inevitable that Pākehā therapists will translate Māori concepts into a western psychotherapeutic reading; for example, to interpret the last suggestion above as a metaphor for internal object relations. But as with any translation, something is lost, and our apparent understanding masks what we do not know. In fact, our dependence on familiar ways of understanding has many psychotherapeutic, cultural and political implications.

(Dillon, 2008, p. 89)[159]

8.0 Introduction

In previous chapters in this thesis I have suggested that modern power enabled the manifestation of psychotherapy as a thinkable and doable thing, via the implementation of transcultural knowledge of European origin in conjunction with power which enabled this knowledge to take hold as a dominant knowledge source informing how psychological states were understood and treated in the Aotearoa New Zealand context in the 19th and 20th centuries. However, Foucault describes the inevitability of resistance arising in response to any attempt to hegemonically assert any particular knowledge perspective. As he comments in *The History of Sexuality, Volume 1* (1976/2020a), discourse can be an "instrument and an effect of power, but also a hindrance, a stumbling-block" (p. 101). Thus, Foucault encourages us to perceive discourses not as,

> once and for all subservient to power or raised up against it… We must make allowances for the complex and unstable processes whereby discourse can be both an instrument and an effect of power, but also a hinderance, a stumbling-block, a point of resistance and a starting point for an opposing strategy. Discourse transmits and produces power; it reinforces it, but also undermines and exposes it, renders it fragile and makes it possible to thwart it. (1976/2020a, pp. 100–101)

[159] Dillon, G. (2008). Imagining the Other: Some hallucinations from a therapy. *NZAP Forum,* p. 89.

As psychotherapy came to be formed in Aotearoa New Zealand out of the power knowledge nexus of European colonial, psychiatric, and psychoanalytic knowledges described in the previous three chapters, Indigenous Māori challenges to this dominance were persistent, and in the last 40 years, increasingly visible within European psychotherapy contexts in Aotearoa New Zealand: moreover, the uniqueness of the manner in which humanitarian and emancipatory discourses informed Aotearoa New Zealand's colonial project, as outlined in Chapter 5 of this thesis, I will suggest in this chapter have meant that the visibility of the Indigenous challenge in this country has been more overt, fierce, and influential in its impact than perhaps in any other context within which Western psychotherapeutic discourse has been influential.

This chapter provides an analysis of the emergence, nature, and effects of this Indigenous challenge to the hegemony of Eurocentric perspectives, theory, and practice in relation to psychotherapy within the Aotearoa New Zealand context. My analysis reveals the inevitability of the Indigenous challenge to the Eurocentric hegemony that has dominated constructions of psychotherapy in Aotearoa New Zealand. I will suggest these challenges are underpinned by an emancipatory intention to free the 'Indigenous self'. And I will argue that whilst these challenges have been both essential and vital, at the same time ultimately these challenges run the risk of collaborating with a neoliberal ethos which largely fabricates the Aotearoa New Zealand economic and social context, given that such challenges unintentionally implicate Māori in the discursive effects of psychotherapy as a biopolitical strategy, a strategy which invisibly collaborates with the demands of the neoliberal economic ethos which seeks to require that the freed Indigenous self be 'free' in particular ways, in service of neoliberalism's competitive and individualising economic imperatives.

8.1 The Naïve Pākehā Therapist

In his 2008 article "Imagining the Other: Some Hallucinations From a Therapy", self-identified Pākehā New Zealand psychotherapist Grant Dillon, who in 2010 became President of the NZAP, describes a cross-cultural clinical experience. Writing in the primary academic psychotherapy journal in this country (formerly called *Forum* and now known as *Ata: Journal of Psychotherapy Aotearoa New Zealand*), Dillon provides an account of psychotherapeutic practice in which he seeks 'cultural supervision', not from a fellow psychotherapy practitioner, but from a Māori elder, a kaumātua. Moreover, Dillon

interrogates his European-informed psychotherapy practice via the lens of his understanding of te ao Māori (Māori world view) spiritual and psychological concepts, and mātauranga Māori (Māori knowledge) as he grapples to understand his own hallucination of the face of a Māori elder which persistently appears whilst he is working with a younger Māori patient. Dillon writes,

> I'm writing as a Pākehā therapist, and I'm expecting to be read by other non-Māori therapists, given the small number of Māori therapists currently in NZAP. And I am writing as a pretty naïve Pākehā therapist …To Māori who may read this, I ask your indulgence … It was an experience from the margins for me; and as Adam Phillips (1995) says, one of the dilemmas psychotherapy faces is that it tries as a treatment process to address the most marginal of human experiences while wanting as a profession to claim a place in the mainstream. I was worried what my colleagues would make of me.
>
> **Cultural Supervision**
>
> It was time for cultural supervision. When I talked over this experience with Haare Williams, he suggested I take it seriously - to imagine that the man whose face I saw was a deceased relative who needed to be prayed for, and to be invited to leave … If ever I could have an experience of how different cultural supervision is from psychotherapeutic supervision, this was it. Haare was suggesting this was not an hallucination at all, but a visitation. I could not act in the way requested of me, but I could not stop thinking about it either. It simply did not fit within my framework. I wanted to make space within me for an Indigenous model; I just did not want it to be this one; in part because it was so far removed from my psychotherapeutic models, and from my sense of spirituality. But I respect Haare. When I am offered something by an elder, I do not reject it out of hand.
>
> At first I tried to think about this in the context of psychotherapeutic theory. In a way, this was easy. Psychotherapy is a metaphorical activity, a way of translating apparently concrete objects into symbols unrealised by the speaker. … So the dead relative was some internal object, the unprocessed remnant of something or someone who haunted [my client]. …It is also troubling to try and translate an Indigenous concept into a western one, or vice versa. There is the likelihood of a subtle colonisation, a taking over of Indigenous experience. … (Although this was getting confusing; I was trying to think/feel my way into an Indigenous concept given to me by a kaumatua to understand my own (Pākehā) experience with a Māori client). (p. 94)
>
> I took Haare's suggestion to heart and decided to act as if the face was 'real' - the presence of tupuna with Aria as she sat in the room. … Rangimarie Rose Pere makes one of the eight arms of Te wheke, her model of Māori health, ha a koro ma a kui ma – 'the breath of life that comes from male and female forbears (1988)'. (pp. 95–96)
>
> This was the start of our work becoming more conversational. … I gave up some of my supposed neutrality. (p. 97)

> And her face to me? …what do I make of it? … I do know that the outcome of seeing the face was to cause me to radically change how I relate to Aria and indeed to other clients in a way that is fruitful. … I have found that comparative transparency on my part has not destroyed transference on hers. I have had to make space for her whānau and her tupuna in my room. (p. 100)
>
> And I am grateful to the face; without it, I would not have had a clue what it was I didn't know that I didn't know. (p. 101)[160]

In the above texts, as Dillon grapples with his response to his cultural supervisor's input, he reflectively considers the possibility that the appearance of this face is a visitation from an Indigenous ancestor, rather than assuming it is a representation of an 'internal object' (either his client's or his own), as might more commonly occur in European-informed clinical psychotherapeutic practice, leading to significant changes in his therapeutic stance. The text reflects a radical shift in the previously Eurocentric construction of psyche that almost exclusively dominated the fabrication of psychotherapy practice and theory in Aotearoa New Zealand throughout the first 85 years of the 20th century. How has the nexus of modern power and knowledge which has enabled the construction of psychotherapy and the emergence of European-informed psychotherapy in this country shifted and altered over the past 40 years, enabling the manifestation of the subjectivity of a Pākehā psychotherapist who, rather than simply assuming the superiority of European knowledge, so evident in the early history of NZAP, and in the early constructions of European psychotherapy in this country, now in 2008 humbly seeks the 'indulgence' of Māori who may read the words of this "naïve Pākehā therapist" as he wrestles with integrating te ao Māori (Māori world view) and mātauranga Māori (Māori knowledge) into his psychotherapeutic practice? It is this rupture regarding the construction of psyche, within the Aotearoa New Zealand context, to which I now turn.

8.2 Formation of NZAP: Indigenous Absence 1947–1986

In the early history of the initial formal organising of psychotherapy in Aotearoa New Zealand, it is strikingly notable that consideration of Indigenous Māori perspectives and Indigenous knowledge was utterly absent in texts reflecting the formation of these early structures which regulated psychotherapy as a thinkable and doable thing in this country, whilst European medical and psychoanalytic discourse were by contrast

[160] Dillon, G. (2008). Imagining the Other: Some hallucinations from a therapy. *NZAP Forum*, pp. 94 & 101.

prominent.[161] In Manchester and Manchester's (1996) history of NZAP they quote Bevan-Brown explaining that, "psycho-therapy literally means 'healing the soul' – though it would nowadays be better understood to mean 'healing the personality as a whole'" (p. 16).[162] Or as Bevan-Brown puts it in 1956, "psychotherapy again comes from two Greek words … it means literally healing the mind; so that any process designed to heal the mind would come into the category of psychotherapy" (p. 4).[163]

These texts reflect a shift away from a spiritual construction of psyche to a psychological one. Manchester and Manchester (1996) go on to report that Bevan-Brown perceived that the inhabitants of Aotearoa New Zealand appeared blind to his perception that central to emotional health is the care of the infant, a text which reflects the increasing emergence of the discourse of the 'infant true self' of psychoanalysis, as analysed in the previous chapter of this thesis, in which he advocates that emotional care of the infant is central to later wellbeing. Embedded in the words of Bevan-Brown himself are powerful resonances with psychoanalytic discourse regarding the centrality of the infant self. In particular, as outlined in Chapter 7, the reflections of Manchester and Manchester (1996) and Bevan-Brown's own words resonate with British psychoanalytic infant developmental ideas of the time, particularly those of British psychoanalyst Donald Winnicott, and the work of John Bowlby on attachment theory.

The texts above, and numerous other texts in Chapter 7 of this thesis, reflect the construction of psyche as perceived as a 'personality', separate from body or spirt (much less the Indigenous Māori concepts of mauri or wairua). The absence in the words of the initial Constitution of the Association, and of its leading figure, Bevan-Brown, of sociopolitical or cultural considerations, let alone Indigenous Māori perspectives, is notable, and indeed striking, in contrast with Dillon's 2008 clinical case reflections. In particular, the absence of reflections on the significance of place and land, of whenua,

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[161] The formation of the New Zealand Association of Psychotherapists (NZAP) was announced in the *Otago Daily Times* of December 17, 1947 under the headline 'Association formed: Dominion psychotherapists', noting that:

> The objectives of the Association are:
>
> 1. The protection of the public by the maintenance of high professional standards.
> 2. Promotion of fellowship and understanding among psychotherapists in New Zealand; and
> 3. The provision of training facilities for psychotherapists.

[162] Manchester, R., & Manchester, B. (1996). *The New Zealand Association of Psychotherapists Te Roopu Whakaere Hinengaroo: Notes towards a history, a chronology of the first 50 years, 1947–1997*. New Zealand Association of Psychotherapists.

[163] Bevan-Brown, M. (1956). *The foundations of mental health by 'psychiatrist'*. Caxton Press. (p. 4)

for the health of the psyche, speak powerfully by their silence. In the entire Manchester and Manchester (1996) history (spanning the years 1947 to 1997) there is almost no mention of Indigenous Māori perspectives, apart from on page 107, where it is noted,

> Council meeting in Wellington on 28 May 1995 there was lengthy discussion of the hui and workshop held at Whaiora Marae, Otara, in April. It was agreed that NZAP would bring together a group in Auckland to develop ways of proceeding towards a bicultural partnership. (Manchester & Manchester, 1996, p. 107)[164]

As noted in Chapter 7, this text, like many others, offers a preliminary hint of the Indigenous Māori voice pressing to be heard within the life of NZAP, whilst the absence of this voice elsewhere in this history reflects the overwhelmingly biomedical, Enlightenment, humanistic, secular, psychoanalytic, humanitarian, European-informed discourses relating to psyche and soma, which underpinned and informed the first 40 years of the Association's history.

In response to the dominance of colonial, Christian, medical, and subsequently psychoanalytic discourses, discourses which were significant in enabling the early colonisation of Aotearoa New Zealand, and which provided the conditions of possibility for the emergence of psychotherapy as a disciplinary and biopolitical technology within the Aotearoa New Zealand context, the emergence of Māori resistance to the dominance of European-informed psychotherapy is, with hindsight, unsurprising. As Foucault highlights, the "insurrection of subjugated knowledges" (Foucault, 1980b, p. 81) is an inevitable manifestation of resistance by "disqualified knowledges" (p. 82) in response to the assertion of dominance by any particular power knowledge nexus.

8.3 Ontological and Cosmological Collisions and Indigenous Resistance

Indeed, this battle of the true, between European knowledge and mātauranga Māori (Māori knowledge) generally is one which Salmond (2017) eloquently describes as having been ongoing since the very first contacts between British colonisers and Indigenous Māori in Aotearoa New Zealand. Thus, in relation to the healing of soul, psyche, and soma, Salmond in "Māori and Modernity" (1999) describes the relationship

[164] Manchester, R., & Manchester, B. (1996). *The New Zealand Association of Psychotherapists Te Roopu Whakaere Hinengaroo: Notes towards a history, a chronology of the first 50 years, 1947–1997*. New Zealand Association of Psychotherapists.

between Samuel Marsden and Ruatara, a Māori Chief who, as described earlier, was central to the missionary project in Aotearoa New Zealand. Salmond comments,

> When Marsden and Ruatara met at Port Jackson [Australia], it was a turning point in Māori-European relations…. When Marsden meet Te Pahi … and then Ruatara in 1806, these encounters had inspired him with the idea of a Church Missionary Society mission to New Zealand. (p. 43–44)

As described in Chapter 5 of this thesis, Salmond (1999, 2017) notes that Marsden and his wife tended to Ruatara after he was badly beaten during his trip to England in 1809, and subsequently Marsden wrote of Ruatara's terrible experiences. I repeat the text of Dr Good's reply here:

> Poor Duaterra! [sic] How sincerely do I pity him that he should have fallen into the hands of a wretch so unworthy of the British name, and so careless about its reputation: But [there are] yet savages among Englishmen, and philosophers among savages. I rejoice most ardently … that he at length fell so marvellously into your care; whose kindness, and moral and religious instruction have already, I doubt not … atoned for all the brutal treatment of his first master. [If he is not yet] too much too discouraged to repeat his voyage, we will take care that he shall not again quit England, without feasting his eyes upon King George, and obtaining a full insight into the chief productions and curiosities that King George's country has to boast of. (John Mason Good, 1810, cited in Salmond 1997, p. 410)[165]

As I have suggested in Chapter 5, one reading of this text suggests a Christian discourse in which the native other is constructed as in need of missionary healing, and the European Christian coloniser constructed as that healer. Nevertheless, Mills (1997) notes that contemporary post-colonial discourse theory,

> no longer assumed that the dominant meaning of a discourse is the only meaning that is available within the text, instead the knowledges which are excluded by the colonial discourses are just as important as those that are figured within the text. … it is possible to characterise the relations of power between the colonised and the coloniser not simply in terms of master and slave … Instead, the involvement of Indigenous people in the production of colonial knowledge and in colonial resistance is now acknowledged. (p. 114)

This more layered understanding of discourse is reflected in Jones and Jenkins' (2008) analysis, again in relation to Marsden and Ruatara, in which they provide three different readings of what has historically and repeatedly been constructed and presented as the first Christian sermon in Aotearoa New Zealand by Samuel Marsden in

[165] John Mason Good to Samuel Marsden, April 29, 1810, MI. Al992: 485 (cited in Salmond 1997, p. 410).

1814. In this they suggest, from an Indigenous perspective, that there was in fact no ‘sermon’ but rather a political hui, of which the Indigenous Māori present were the central players, rather than Marsden and his missionaries, the more common reading by European historians. They suggest that a forensic reading through a European gaze constructs this event as a sermon, whilst an interpretivist approach might suggest otherwise.

> Missionaries appear at the centre of the story in the dominant Pākehā reading of the events … and Māori strategic planners and leaders appear central in the non-dominant ‘Indigenous’ reading. A kaleidoscope of different readings can provide a rich, complex picture of the possible engagements of the past, with none providing the only truth about ‘what really happened’. (Jones & Jenkins, 2008, p. 135)

Therefore, they suggest, from an Indigenous perspective, that it was not a sermon but rather a political hui that took place,

> our process … eschews the soft assertion that ‘there was a sermon run by Marsden if you look at it this way, and a political meeting run by Ruatara if you see it that way. With much more drama and a suspicious disregard for multiplicity, materialisation work announces: ‘There was no sermon.’ … In this scene of Marsden’s arrival, there were no missionaries. While Ruatara and a few other Māori travellers would have known that Marsden was interested in gods and religion, there is no reason to believe that Ruatara was at all interested either in allowing Marsden’s view of the spirit world to take over from his own, or in Marsden’s desire ‘to spread the word’. (p. 137)

Similarly, Salmond (2017) subsequently, as described in Chapter 5, articulates a more complex consideration of a meeting between Indigenous and non-Indigenous in Aotearoa New Zealand, once again in relation to Marsden and Ruatara, in which she describes a clash of ontologies and cosmologies in 1815, as Ruatara’s body succumbs to illness, and he is dying. As Māori tohunga (priests) and European missionaries approach Ruatara’s suffering body, from very different perspectives, Salmond (2017) notes that,

> The scene was set for an ontological collision, with Ruatara’s life in the balance. Competing cosmologies swirled around his sick bed. Ideas of ora and life, mate and death, tapu and the Christian God, atua and Satan, hau and the immortal soul battled it out over his wracked, tormented body. (p. 58)

The above texts, I suggest, are illustrative of how, in these earliest of cross-cultural encounters in Aotearoa New Zealand, cosmologies repeatedly collided, and I would suggest, have collided ever since. Further, European constructions of these

encounters have come to dominate the majority of written historical texts exploring such events and their meanings, in so doing subjugating if not obliterating, as Salmond (2017) points out, Indigenous understandings of self and the world, with the consequence that these 'histories' have powerfully influenced the subsequent theory and practice of much that influences the practices of health and healing in the contemporary Aotearoa New Zealand context, including and specifically psychotherapy.

Whilst typically non-Māori practitioners of psychotherapy in Aotearoa New Zealand might claim that psychotherapy only emerged as a practice in the early to mid-20th century, following the colonisation of Aotearoa New Zealand, I suggest the above texts gesture to therapy of psyche and soma having been practiced for many centuries prior to European contact, though the understandings of what constitutes 'psyche' and 'therapy' are very different when considered through a European lens as opposed to a Māori one. These are differences which Salmond's (2017) reflections on the collisions of ontologies and cosmologies outlined throughout her book *Tears of Rangi* make more visible (see also Leckie, 2024, pp. 49–76). As Woodard (2014) notes, with the passing of the *Tohunga Suppression Act 1907* came the driving "underground" of Indigenous knowledge and perspectives regarding the interconnected nature of, and practice in relation to, psyche; the "Māori patient" was inevitably positioned as marginalised resisters of this Eurocentric dominance, a theme which runs throughout the life of what has been constructed from a Eurocentric perspective as 'psychotherapy' in Aotearoa New Zealand. Indeed, Tudor (2018) notes that the phrase "Indigenous psychotherapy" has probably been utilised only relatively recently, citing Torrey (1970) as a possible beginning point for the use of this phrase, whilst suggesting that the practice itself may well have a much longer history (Tudor, 2018, p. 66 & 76). It is the dominant construction of 'therapy of the psyche' rather than the fact of its Indigenous practice that is challenged by Indigenous Māori, as a further contest over what can "enter the true" is well under way. Mika and Stewart (2016), as noted earlier, have suggested that the West has "canonically guessed Māori in advance as either needing or wanting something in particular, or generally being needing and wanting" (p. 305). In this, as outlined in Chapter 5, the colonial gaze on the Indigenous other is evident even before contact, constructed as the gaze of the Western Christian colonial power 'gazing' on the heathen Indigenous other in need of salvation. And psychotherapy has played its part in perpetuating this gaze.

Indeed, it is evident that the collision of cosmologies and ontologies which occurred in the earliest of encounters between Indigenous Māori and non-Māori has re-occurred ever since in Aotearoa New Zealand. In the second half of the 19th century, as cosmological collisions interacted with the economic imperatives which increasingly underpinned colonialism in this country, these painful collisions led to ever more violent constructions of 'the Māori', in contrast to the ostensibly more benign earlier humanitarian-informed fabrications (as outlined in Chapter 5). Significantly, I will outline later in this chapter that the visibility of these collisions has become increasingly more obvious within European-informed psychotherapeutic contexts over the past 40 years in Aotearoa New Zealand, as Indigenous challenges to the dominance of European-informed psychotherapy has more potently emerged in the last 20 years of the 20th century and the first quarter of the 21st. The greater visibility and influence of these collisions on the clinical theory and practice of psychotherapy in this country is exemplified in the text by Dillon (2008) referred to above. And I will argue below that these more violent constructions had a profound subsequent influence on the construction of psychotherapy, its codification, regulation, registration, and relationship with the state, as subjugated Māori world views and perspectives were forced to inhabit resistance to these dominant discourses.

8.4 Indigenous Māori Resistance to the Construction of Psychotherapy in Aotearoa New Zealand

The texts outlined in Chapter 5 of this thesis illustrate that early colonial constructions of Indigenous Māori by European settlers have tended to be ones of either romantic idealisation (primitive potential constructed as minds that are 'fertile soil' in need only of Christian cultivation) or dehumanising denigration. Such readings have much in common with Said's (1978) early work on colonial discourse in which he argues that Indigenous people are racialised and denigrated in order to justify the colonial project. Indeed, in relation to the Aotearoa New Zealand context, Mika and Stewart (2016) comment,

> The [Foucauldian] Gaze explains the fixation of the West on the behaviour of the other (who in New Zealand are Māori) taking as its most basic form a subconscious desire for the other (Hall, 1997; Said, 1978; Sardar, Nandy & Davies, 1993) ... Thus, the Indigenous subject is close to nature and 'natural' (but dirty and impulsive); he/she is 'brave' (but dangerous); he/she is spiritual (but

> irrational) and so on. Underlying all these dualisms is a fascination with the Indigenous group the West cannot seem to escape.
>
> As many readers of Māori counter-colonial scholarship will understand, throughout the years, legions of national policies would be implemented to satisfy this Western thrill. Māori would, for example, need biblical instruction because they were heathens and therefore damned (Church of the Province of New Zealand Diocese of Wellington. Māori Mission Committee, 1958); they would need training in all manner of generic, domestic and work-related skills because they were primitive and uncivilised (Simon & Smith, 2001); and they would need western systems of law, health and education because their systems were not based on an empirically rational project (Smith 2012). The gaze was hence established well in advance of any specific practice because colonisation, we speculate, could not have occurred without it. … This idea of an entity known in advance is clarified by Heidegger (1977), who suggests that the *entire trajectory of Western thought has been set up to definitively answer the very primordial need of the West to 'enframe' or establish how a thing shall appear* [emphasis added]. (pp. 305–306)

I would add the 'need' for psychotherapeutic healing to the list of 'needs' which Mika and Stewart (2016) suggest are fabricated by the "gaze" and "Western thrill", and which comprise its fascination with the "Indigenous". And I suggest, in recent decades, this 'primordial need' to 'enframe' the Indigenous Māori 'other', and Indigenous resistance to this enframing, manifests ever more visibly in the theory and practice of psychotherapy in this country. For it is into this contested context that Indigenous challenges of, and resistance to, the dominance of the European power knowledge nexus has arisen, in relation to psychotherapy practice and theory in Aotearoa New Zealand. The challenge has been fierce, articulate, persistent, and ongoing. In contrast to other colonial contexts such as Australia – the colonisation of which occurred decades earlier than Aotearoa New Zealand, and which was initially informed by a genocidal policy in relation to the Indigenous other (Lindqvist, 2007; D. B. MacDonald, 2016) – colonisation of Aotearoa New Zealand was more significantly informed by the humanitarian motivations referred to in Chapter 5; a history which I suggest plays a significant part in the visibility of the Indigenous challenge to psychotherapy today in this country.

In the next section I provide an overview of the historical context within which Indigenous Māori resistance to the hegemonic dominance of European theory and practice in relation to psychotherapy arises in Aotearoa New Zealand. I then provide an analysis of texts which are particularly significant in revealing Indigenous Māori resistance to, and challenges of, the dominance of European constructions of the theory and practice of psychotherapy in Aotearoa New Zealand.

8.5 Psychotherapy Practice and Theory: Biculturalism, 'Co-Governance', and Psychotherapy in Aotearoa New Zealand

Many authors writing about, and practitioners of, psychotherapy, both Indigenous and non-Indigenous, in Aotearoa New Zealand, have convincingly argued that psychotherapy has been largely constructed by conceptualisations of the nature of psyche drawn from traditions of psychotherapeutic thinking, philosophy, and psychological understanding that have their origins in Europe (for example, Bowden, 2001; Burns, 2008; Durie, 1998b, 2007; Hall, 2015; Hall et al., 2012; Morice, 2003). However, as described above, since the time of European contact in Aotearoa New Zealand, Indigenous resistance to the imposition of European perspectives regarding the nature of psyche has been considerable and consistent. Within the psychotherapy context in Aotearoa New Zealand, the meaning and implications of Aotearoa New Zealand's colonial historical context, including the signing in 1840 of Te Tiriti o Waitangi (the Treaty of Waitangi) and prior to this the 1835 He Whakaputanga o te Rangatiratanga o Nu Tireni (the Declaration of Independence of the United Tribes of New Zealand), and their ongoing influence on cultural and constitutional arrangements in relation to Aotearoa New Zealand, have been the topic of much discussion, debate, and discord amongst psychotherapists in recent decades. A number of psychotherapists have argued that from an Indigenous perspective, the nature of psyche that has informed perspectives on psychotherapy in Aotearoa New Zealand is at odds with, or disavowing of, Indigenous perspectives which offer very different understandings of the nature of psyche (see, for example, Bowden, 2001, 2018; Durie, 1998b, 2001, 2007; Fay, 2013; Fleming, 2016; Hall, 2012, 2015; Hall et al., 2012; Morice, 2003; Morice & Woodard, 2011; O'Connor, 2020b; Reidy, 2014; Woodard, 2008; Woodard & O'Connor, 2019).

At the same time the concept of biculturalism as a founding principle underpinning engagement between Māori and non-Māori has, up until recently, gained considerable impetus in Aotearoa New Zealand across many societal sectors, following the work of the Waitangi Tribunal, exploring claims made by Indigenous Māori iwi under the *1975 Treaty of Waitangi Act*, and subsequent 1985 amendment to the *Treaty of Waitangi Act*. In recent decades the call for bicultural engagement in New Zealand has gained significant momentum (Abott & Durie, 1987; Crocket, 2013; Durie, 1995, 1998b, 2001; Royal Commission on Social Policy, 1988). Indeed, the concept of biculturalism came to influence professional practice in a diverse range of disciplines in Aotearoa New Zealand,

including those within education, psychology, history, law, medicine, and psychotherapy (see, for example, Came & McCreanor, 2015; Crocket, 2013; Durie, 1998b, 2001; Hindmarsh, 2000). Thus, for example, Lambrecht (2017) explores these clinical tensions as he writes about his experience as a "German, white South African, Pākehā male" (p. 130) clinical psychologist and psychotherapy practitioner, working in a Māori mental health service, and the many pitfalls and possibilities such a bicultural context offers for him as a clinician, and for the service's patients. He offers an exploration of his own utilisation of psychoanalytic and Indigenous Māori perspectives on the nature of psyche within this context and considers both the challenges and opportunities of his own experience of "otherness" in which he challenges himself and "systems to consider the darker aspects of political and cultural dominance and to take personal responsibility for this" (p. 130). The text below (Lambrecht, 2016) is illustrative of his explorations:

> Spiritual holding within a sacred-political space in the clinical work at a Māori mental health service is an attempt to consider one amongst many possibilities about how to consider the cultural-clinical interface in psychotherapy. I realise that I have stretched psychoanalytic or psychodynamic psychotherapy into curious places, such as into the resonating nets of historical trauma and spiritual spaces that psychoanalytic theory can tolerate if it is considered to be an effective lens or method, rather than a reductionistic truth. Psychoanalysis has much to gain by listening to Indigenous cultures and their practices of consciousness, which neuroscience is beginning to evidence through the research on different types of states of consciousness or meditation. Other cultures have also something to gain from psychoanalysis in its knowledge of internal processes. There need be no loss, only gain through discerning wisdom. (p. 157)[166]

In more recent decades, the concept of 'biculturalism' has been critiqued, with Hindmarsh (2000), for example, drawing on Mason Durie's (1994) interrogation of the concept in advocating for 'post-biculturalism', in which the focus is much more upon Indigenous sovereignty and self-determination, commenting,

> Durie (1994, p. 8) suggests that we focus our energies in New Zealand to develop what he terms post biculturalism. Here the prime operative concept becomes the rangatiratanga (sovereignty) rather than 'culture'. It is argued that biculturalism inevitably undermines Māori aspirations for greater self sufficiency and determination and reduced iwi competitiveness with Pākehā state and non Government agencies to provide service to their own people. In effect, Māori and their resources become appropriated in the interests of Pākehā, even if the goal of bicultural has been to promote Māori interests. At the most, biculturalisms have

[166] Lambrecht, I. (2016). Psychoanalytic reflections on wairua and trauma: Spiritual holding at a Māori mental health service in New Zealand. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *20*(2), 151–159. https://doi.org/10.9791/ajpanz.2016.14 (p. 157)

> made Pākehā organisations more ‘Māori friendly’ and ‘culturally sensitive and responsive’ but have diminished Māori self determination (Durie 1994 p. 9). (p. 139)

In keeping with Māori efforts for decolonisation and restoration of rangatiratanga (sovereignty) in relation to their own health and lives, as in other areas of the social sciences in Aotearoa New Zealand, understandings regarding issues of power and resources have become more prominent in explorations of Te Tiriti o Waitangi and tino rangatiratanga (self-determination) in relation to health outcomes concerning Māori. As this has occurred concerns that the word ‘bicultural’ invisibilises issues of power and resources, subsuming them under notions of ‘culture’, have underpinned the more prominent emergence of the concept of ‘co-governance’ between Māori and non-Māori in relation to health care, culminating in the formation of Te Aka Whai Ora (the Māori Health Authority) by Aotearoa New Zealand’s most recent Labour Government, since disestablished by the new coalition Government in 2023.

The tensions underlying these debates have been considerable and led to wide-ranging discussions, both oral and written, exploring these tensions throughout the history of the practice of psychotherapy in this country. Underlying this debate has been a broader debate in public health about the need to incorporate Indigenous perspectives on health and wellbeing, given the failure of perspectives and practices informed by non-Indigenous conceptualisations about the nature of psyche to address the needs of Indigenous Māori in health settings in this country. For example, Durie (2001) outlines the very significant disparities in health outcomes for Māori compared with non-Māori and specifically the much greater prevalence and severity of perceived mental illnesses (for connections between the impact of colonial dispossession and health outcomes for Māori, see also, for example, Durie, 1998a, 1998b; Robson & Harris, 2007; Robson & Reid, 2001; Taonui, 2011, 2012). This central tension in the literature reflects concern about how particular systems of thought inform the practice of psychotherapy in this country, and the impact on clinical outcomes of these systems of thought.

With the above contextual background in mind in relation to psychotherapy in this country, and the biopolitical consequences this background enables and reveals, the following provides an analysis of texts specific to these tensions.

8.6 The Emergence of Te Ao Māori (Māori World View) Perspectives Within Eurocentric Psychotherapy in Aotearoa New Zealand: Debates, Tensions, and Resistance

The first record of the NZAP reflecting upon psychotherapy and te ao Māori is a paper offered at the 1986 annual NZAP conference entitled “Understanding the Māori”. Unfortunately, no record of the content of this paper remains today; however, the title of the paper appears disturbingly resonant with Mika and Stewart’s (2016) assertion of the creation of the Māori other as a “needing and wanting entity”. Since 1986, Māori authors and clinicians have vehemently asserted an Indigenous challenge to this positioning of Māori as the sick one in need of the white therapist’s healing powers. In so doing we come full circle, as Indigenous Māori refuse the discourse that preceded and informed the colonial project in Aotearoa New Zealand, that of the superior white saviour and the heathen Māori other to be saved, instead articulating an Indigenous psychotherapy in which the need to free the ‘colonised self’ is central. Indeed, Paraire Huata, in the text below from his provocatively entitled paper “Māori Psychotherapy – A Cultural Oxymoron” (2010), initially presented at the 2010 NZAP National conference, and subsequently published in the NZAP National Journal (then titled *Forum*), comments,

> Before you cross my border, let me give you some glimpses of what you will encounter.
>
> You will hear a different language. You will see a group, a community. You will smell a different aroma, you will taste food for the mind and spirit. You will touch beyond the constraints of the physical realm. In fact, you will be bombarded with a cacophony of sounds and images that may tell you that you are in a foreign land. Perhaps you are. (pp. 4–5)
>
> The term Māori psychotherapy is an oxymoron. As we know an oxymoron is a figure of speech that combines two normally contradicted terms. …
>
> Psychotherapy in many ways represents the clinical expressions for a Eurocentric modality best understood as being of the predominant culture. Is psychotherapy a noun or an adjective, I’m unsure.
>
> Under the notion of biculturalism then we are often forced into an oxymoron. (p. 5)

> I trust then that the journey you have as an association embracing all of your differences and struggling to not talk past each other will bear fruit that your grandchildren will gladly consume together. (p. 6)[167]

Even in his assertion of the oxymoron of Māori psychotherapy, he gestures to an emancipatory discourse, in the form of the freeing of the Indigenous self, as Māori bombard non-Māori psychotherapists "with a cacophony … [from] … a foreign land". Subsequently, the discourse of freeing the colonised self via the psychotherapeutics of the self has been taken up by both numerous Indigenous Māori and non-Māori clinicians; for example, Māori psychotherapy practitioner Margaret Morice (2003) argues for the merits, indeed the imperative need, to develop a Māori psychotherapy. Morice (2003) proposes a conceptualisation of psychotherapy which she frames as *Towards a Māori Psychotherapy*, in service of freeing the colonised self, underpinned by six relational principles originating from te ao Māori (the Māori world), which include wairuatanga, kaitiakitanga, rangatiratanga, manākitanga, kotahitanga, and whanaungatanga. Subsequently, Morice and Woodard (2011) argue that,

> The need for a Māori psychotherapy is relatively obvious to anyone who is Māori. The purpose of a Māori Psychotherapy is no different from the purpose of a Pākeha psychotherapy for Pākeha [non-Māori of European descent] or tau iwi [non-Māori]. However, as long as psychotherapy remains monocultural, it will remain unable to meet the needs and aspirations of Māori practitioners and Māori clients. (Cited in Hall, 2015, p. 80)[168,169]

These texts and the discourses that underpin them have crucial significance for the practice of psychotherapy given that understandings of the nature of psyche are central to and inform how therapists might position themselves in relation to a patient. European clinicians, positioning themselves as allies to Indigenous Māori challenges of

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[167] Huata, P. (2010). *Māori psychotherapy — A cultural oxymoron* [Keynote speech]. New Zealand Association of Psychotherapists' Conference, Christchurch, Aotearoa New Zealand.

[168] Morice, M. P., & Woodard, W. (2011). Māori psychotherapy and the requirement to register under the Health Practitioners' Competence Assurance Act 2003. In K. Tudor (Ed.), *The turning tide: Pluralism and partnership in psychotherapy in Aotearoa New Zealand* (pp. 69–76). LC Publications Ltd.

[169] Subsequently Reidy (2014) proposes a conceptualisation of psychotherapy focused on the indigenous concept of mana, in describing "a mana enhancing" psychotherapy. Whilst Fleming (2016, 2018) argues that the European psychotherapeutic concept of attachment, which focuses on primary, early, and specifically maternal attachments by the infant, is far too narrow, and that an understanding of attachment to the non human world as informed by indigenous Māori perspectives on attachment and psyche is essential to the practice of psychotherapy in Aotearoa New Zealand; specifically that attachment to mātauranga Māori, to whānau, and to the non human world, is essential. Similarly, Hall (2015) notes similarities and differences between Māori and Western attachment perspectives through her exploration of the concept of Tuhonotanga, in which "for Māori, attachments are fostered through a dynamic whakapapa system" (p. 132), including attachment to the collective in which the spiritual domain is central (p. 132). Hall (2012, 2015) also explores the concepts of porangi, wairangi, haurangi, and kahurangi as an "indigenous framework for understanding health from an ecological perspective" (Hall, 2015, p. 74).

the Eurocentric dominance of psychotherapy in this country, have sought to support Indigenous challenges. Keith Tudor (2018), a psychotherapy practitioner in Aotearoa New Zealand of British origin, observes that, "most histories of psychotherapy tend to overlook the fact that it is based on progressive thinking and that it has always had critical and radical theorists and practitioners" (p. 65). And in the spirit of this he notes (p. 251) examples of Indigenous Māori resistance in Aotearoa New Zealand to the dominance of Western psychotherapy perspectives (Morice, 2003; Morice et al., 2017). Connell (2007), in more broadly exploring the production of knowledge within social sciences, articulates what she describes as a Northern bias in the production of this knowledge. She argues, as Tudor notes, for theories arising from and specific to a Southern perspective in countries like Aotearoa New Zealand that might "present and represent experiences from the periphery and, therefore, that reclaim erased wisdom, knowledge and experience" (Tudor, 2018, p. 132). In the spirit of this, Morice et al. (2017) argue that,

> through the lens of te Tiriti, Māori psychotherapy would be actively encouraged to develop itself, both as a modern, Westernised approach to care for the psyche or soul, and as a contemporary Indigenous social healthcare practice rooted in traditional Māori values, worldview, and healing practices. (p. 126)[170]

Once again humanitarian and emancipatory discourses are evident in the above texts, but this time, in service of liberating Indigenous knowledge and thereby the very self of the colonised.[171]

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[170] Morice, M. P., Woodard, W., & Came, H. (2017). Māori psychotherapy and the Health Practitioners' Competence Assurance 2003. In K. Tudor (Ed.), *Pluralism in psychotherapy: Critical reflections from a post regulation landscape* (pp. 115–126). Resource Books. (p. 126)

[171] Woodard (2008; Woodard & O'Connor, 2019), writes of the Indigenous self, a self inextricably intertwined with whenua; that tangata whenua literally means "people – land", there is no "of" conjunction. He writes of the psychic impact of colonisation on indigenous Māori and describes three consequences. One, the loss of land and consequent alienation of the indigenous from their sense of self, given the intimate and interconnected sense of self in relationship to land that Māori experience. Two, the need to dehumanise the indigenous other demanded by the violence of the colonial project. And three, that not only were these dehumanising projections offered by the white colonists, but that the "Māori other" in the colonial situation has to look into the white man's eyes to find himself (Fanon, 1982). As Dalal (2002) notes, "…but instead of himself he finds the white man's perception of himself; in effect he is torn asunder and becomes an object unto himself" (p. 97, cited in Woodard & O'Connor, 2019, p. 99). Woodard argues that the essentialising tendency of European-informed psychotherapeutic perspectives and the tendency to ignore historical and social context in the development of personal subjectivity risks avoiding the significance of this social context. He comments,

> Colonial ideologies are mirrored and maintained by positive psychotherapies that split and privilege the internal over the external, the individual over the group and biological over societal (Dalal, 2002; Durie, 2001; Ericson, 1964; Fanon, 1983). The psychoanalytic models value depth over surface and the external world is simply seen as the manifest expression of what is real: the latent content of the psyche. The cause of dysfunction is sought within biology and individual development,

Thus, in 2006 at the NZAP Annual Conference, in a paper I presented as part of a panel on "Psychotherapy Through the Lens of Te Tiriti o Waitangi", I assert

> As therapists we need to learn to place our empathic resonance with the first people of this land. To behave as the empathic therapists we are. The Treaty of Waitangi did not dream of white sovereignty amongst the middle class of Pākehā society in psychotherapy or anywhere else. (O'Connor, 2006, p. 6)[172]

Similarly, Māori Psychotherapist Anna Fleming in her 2018 article exploring Māori notions in relation to Western attachment theory, argues,

> Māori health is a holistic construct, which focuses on all aspects of the self. As Durie (2003) stated, if the answer to Māori wellness can be found in the ability to 'be Māori', and it focuses on all aspects of the self, that provides us as psychotherapists and healers a pathway in supporting this.
>
> One of the areas that I have been exploring elsewhere is the idea of psychotherapy as decoloniser. Traditional psychotherapy, having its roots in Western modalities born out of Europe, can easily be seen as a Western practice. One of my challenges for psychotherapy in Aotearoa is to become further engaged in the socio-political landscape and educated in the historical and current processes which impact all our peoples in this place. (pp. 31–32)[173]

And Māori psychotherapy practitioner Wiremu Woodard and I (2019), in exploring the relationship between the experience of colonisation and the experience of self for Indigenous Māori of Aotearoa, and the implications for psychotherapeutic clinical practice, argue,

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> emphasising the process of projection and neglecting introjection (Dalal, 2002; Durie, 2001; Elias, 1994; Kleinman, 1998; Wolstein, 1977). (p. 58)

Similarly, Hall (2015) suggests that whilst

> psychotherapy compliments the philosophical underpinnings of Kaupapa Māori, in that the core tenants of both doctrines are founded upon whakapapa, whānau, and essentially, relationships. However, divergent ideas exist within this discourse where Kaupapa Māori approaches are founded upon collective principles while in general psychotherapy is more inclined towards the individual experience. (p. 80)

Writers such as Durie (1998b, 2001, 2007) have argued that it is incumbent upon Aotearoa New Zealand therapists to address the social, cultural, and historical reality in therapeutic practice when working cross-culturally with Māori, with Dalal (2002) calling for a psychotherapy in which socio-political history is at the forefront:

> A psychoanalysis stripped of history is bound to read events in internalist ways. If the history is removed, then one is forced to look for causes of events in the here and now. And if the only things in the field of view are those of a black and his anger then one is bound to look for the cause of the anger in the black, if only because there is nowhere else to look. Thus, internalism is a consequence of viewing individuals as closed, a-historical systems. (p. 211)

[172] O'Connor, J. (2006, March). *Psychotherapy through the lens of the Treaty* [Keynote paper presentation]. New Zealand Association of Psychotherapists Conference, Wellington, Aotearoa New Zealand.

[173] Fleming, A. H. (2018). Ngā tāpiritanga: Secure attachments from a Māori perspective. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *22*(1), 23–36. https://doi.org/10.9791/ajpanz.2018.03 (pp. 31–32)

> The implications drawn from this research are presented as a wero for the psychotherapeutic community to engage in a full and meaningful way with Indigenous peoples of Aotearoa. The challenging nature of the discussion is intended to provoke and stimulate dialogue.
>
> In this conversation, psychotherapy must acknowledge the inherent power differential between privileged Western perspectives and oppressed Indigenous voices. By reconsidering the therapeutic paradigm to include historical socio-political and environmental elements, psychotherapy opens to the possibility of clearly *seeing* Indigenous psychological issues in their whole context rather than locating the dysfunction within the Indigenous person. This has potentially dramatic implications for contributing to the holistic well-being and health of Indigenous communities. (Woodard & O'Connor, 2019, p. 107)[174]

Each of the above texts, I suggest, are underpinned by an emancipatory discourse, attempting to free the imprisoned colonised self. Such emancipatory aims are also reflected in the text of a proposed change to the NZAP Constitution at the 1994 AGM when the following notice of motion was moved,

> That the constitution be amended to include in the objects, the clause:
>
> To ensure that psychotherapy in Aotearoa New Zealand is conducted in accordance with the articles contained in the Treaty of Waitangi. (New Zealand Association of Psychotherapists [NZAP], 2018, para. 11)[175]

This motion was amended and passed at the 1995 annual general meeting to read,

> That the constitution be amended to include in the objects the following clause: 'to explore ways in which psychotherapy may be guided by the articles and spirit of the Treaty of Waitangi'.[176]

The motion was passed unanimously but never enacted. The unanimous passing of the motion, and the failure to have this motion enacted, reflects, I suggest, the considerable and often painful tensions and divisions in relation to te ao Māori and clinical psychotherapeutic practice in this country, and the inevitability of the Indigenous challenge regarding what can "enter the true" (Rose, 1998) in relation to psychotherapeutic theory and practice in Aotearoa New Zealand. The eventual incorporation of the Māori name for New Zealand, 'Aotearoa' in the name of the

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[174] Woodard, W., & O'Connor, J. (2019). Entering the void: Exploring the relationship between the experience of colonisation and the experience of self for Indigenous peoples of Aotearoa, and the implications for psychotherapeutic clinical practice. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *23*(1), 89–112. https://doi.org/10.9791/10.9791/ajpanz.2019.09

[175] New Zealand Association of Psychotherapists (NZAP). (2018). *History of biculturalism in NZAP*. http://nzap.org.nz/becoming-bicultural/history/

[176] *History | Association of Psychotherapists Aotearoa New Zealand*. (n.d). https://apanz.org.nz/about/history

Association, and the time that this took to be enacted, with the psychotherapy Association eventually officially changing its name from the New Zealand Association of Psychotherapists (NZAP), to the Association of Psychotherapists Aotearoa New Zealand (APANZ) at the June 2024 AGM, reflects both these painful tensions, and the increasing visibility of indigenous te ao Māori views within the practice and organisation of psychotherapy in this country. Indeed, Foucault (1976/2020a) suggests that the "insurrection of subjugated knowledges" (p. 7) is essential, and that one aspect of subjugated knowledge is,

> a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located lowdown on the hierarchy, beneath the required level of cognition or scientificity. I also believe that it is through the re-emergence of these low-ranking knowledges, these unqualified, even directly disqualified knowledges… that criticism performs its work. (Foucault, 1980b, p. 81)

This is specifically so in Aotearoa New Zealand, given the particularities of our colonial history in which Indigenous knowledges and ways of being were viewed through a Christian hierarchy of being, as 'primitive', and in which paternalistic humanitarian expressions of 'love' to some degree underpinned the colonial enterprise, as reflected in Henry Williams description of Te Tiriti o Waitangi as just such an act of love. There is of course a plethora of literature describing psychotherapy as an expression of 'love', for example, Donald Winnicott's (1965b, 1965c) paralleling of the psychotherapist's holding function with "primary maternal preoccupation", John Bowlby's (1969) linking of the importance of maternal attachment with the building of a secure attachment base in psychotherapy relationships, and multiple other writers (see for example Lewis et al., 2001). Given the violent shadow colonial 'love' has cast over Indigenous Māori in Aotearoa New Zealand, it is unsurprising that the voice of Māori Indigenous practitioners rise in opposition to the dominance of European-informed psychotherapeutic theory and practice in this country. Foucault would likely be supportive of this attempt to liberate subjugated knowledge. Indeed, he writes that genealogy provides the opportunity,

> to entertain the claims to attention of local, discontinuous, disqualified, illegitimate knowledges against the claims of a unitary body of theory which would filter, hierarchize and order them in the name of some true knowledge and some arbitrary idea of what constitutes a science and its objects. (Foucault, 1980b, p. 83)

Moreover, Foucault (1988a) suggests that the 'unsettling' of knowledge, which is held to be certain, is an important part of the object of genealogical historical analysis.

> History serves to show how that-which-is has not always been; i.e., that the things which seem most evident to us are always formed in the confluence of encounters and chances, during the course of a precarious and fragile history. … [and that what] have been made, they can be unmade, as long as we know how it was that they were made. (p. 37)

> [And that] experience has taught me that the history of various forms of rationality is sometimes more effective in unsettling our certitudes and dogmatism than is abstract criticism. (Foucault, 1988c, p. 83)

Given the vicious racism revealed in many texts arising out of the psy disciplines in Aotearoa New Zealand, the Indigenous challenge is therefore, I suggest, vital. For example, reminiscent of the text from 1910 by Peter Henry Buck (Te Rangi Hiroa) suggesting the more 'unstable nervous system' of the 'savage', the dark shadow of Darwinism and the Christian 'Great Chain of Being' is reflected in racialising discourses uncomfortably revealed by Johnstone and Reid (2000) in the text below, in which the researchers interviewed 247 psychiatrists regarding their training and its effectiveness for helping work with Māori clients. They note,

> 11.3%, all male, New Zealand born, and with 10 or more years clinical experience, believed that Māori were biologically or genetically more predisposed than others to mental illness. (p. 135)[177]

Numerous racist qualitative comments included the following text,

> This questionnaire is worthless! I mean the Māoris [sic] are always going on about the importance of land etc, etc, so why did they bloody well give it away. They went on about the importance of forestries and lakes and then that bloody idiot cut down the tree on One Tree Hill. I feel that they are getting the appropriate services they need, just not using them, medication is the answer – but they just don't take their pills – if cannabis was prescribed, I'd bet they'd bloody take that. (p. 142)[178]

The discourse of white supremacy, which Salmond (2019) suggests provided a foundation for colonisation of Aotearoa New Zealand, is painfully revealed in the above text. As described in Chapter 7, Herman (1992), writing within the context of the United

[177] Johnstone, K., & Reid, J. (2000). Psychiatrist recommendations for bicultural training in Māori mental health service: A New Zealand survey. *Australian and New Zealand Journal of Psychiatry*, *34*, 134–135.
[178] Johnstone, K., & Reid, J. (2000). Psychiatrist recommendations for bicultural training in Māori mental health service: A New Zealand survey. *Australian and New Zealand Journal of Psychiatry*, *34*, 134–135.

States of America on psychological trauma, tracks the episodic amnesia of trauma evident throughout the 20th century.[179] She concludes,

> The study of psychological trauma has a curious history – one of the episodic amnesia. (p. 7)
>
> … To hold traumatic reality in consciousness requires a social context that affirms the victim and protects the victim and that joins victim and witness in a common alliance. For the individual victim, this social context is created by relationships with friends, lovers, and family. For the larger society the context is created by the political movements that give voice to the disempowered. The systematic study of psychological trauma therefore depends on the support of a political movement. (p. 9)
>
> …. History teaches us that [otherwise] this knowledge could also disappear. (p. 32)

And similarly, Aotearoa New Zealand University of Auckland psychology academic John Read and his colleague Richard Bentall (2004) in their edited book *Models of Madness*, argue, in relation to the history of 'schizophrenia', that the medical model has a vested interest in maintaining a myth of schizophrenia as a biological disease, thus obscuring the relational trauma which often underlies the aetiology of so-called schizophrenia. They conclude, similarly to Herman, that,

> any behaviour can be transformed into a symptom of mental illness simply by an expert decreeing it so. It helps, however, if the behaviour is portrayed as meaningless or bizarre. An effective way to do this is to ignore the social context. (Read et al., 2004, p. 29)

Given the traumatic psychological impact of colonisation on Māori (Durie, 1998b) and the subjugation of mātauranga Māori (Māori knowledge), as reflected in much of the material described above, Foucault's recognition that genealogical analysis might helpfully reveal 'subjugated knowledge', is vital. However, whilst such a structuralist challenging of sovereign power is understandable and beneficial, Foucault argues that this analysis is limited as it fails to sufficiently grapple with the nature of modern disciplinary, governmental, and biopolitical power, which is not located in any one site of

[179] She reflects on the history of trauma, beginning with Freud's (1896) articulation of the likelihood that "premature sexual assault" lay at the origins of so-called "hysteria" at the end of the 19th century, and his alleged subsequent recanting of this, in part due to lack of a social context that was receptive to his hypothesis. She then explores how experiences of soldiers in World War I, World War II, and pivotally, the Vietnam War, eventually legitimated the notion of trauma as arising from violent war experience, and then the women's movement of first wave feminism of the 1970s gave rise to the voice of women's experience of trauma within domestic violence and sexual assault.

oppression, but operates from multiple sites and networks, and much more subterraneously in relays and networks. The following section analyses and critiques the limitations of the Indigenous challenge within psychotherapy in Aotearoa New Zealand, and the liberating ambitions of this challenge.

8.7 The Fragility of Modern Power: A Foucauldian Critique of Māori Challenges to Psychotherapy in Aotearoa New Zealand

Foucault suggests (1976/2020a) that resistance to dominant power–knowledge perspectives arise when disavowed knowledge inevitably challenges the 'fragility' of the power knowledge nexus which comprises modern power. Ruptures are created when people object, as people who have felt unheard 'shout' to be heard, and in so doing reveal the discourses that have been heard, that are dominant. The debates and tensions within psychotherapy in Aotearoa New Zealand, particularly between Indigenous and non-Indigenous practitioners, have often been passionate and 'violent', and reflect a response that has been ongoing in Aotearoa New Zealand since the first European contact with Indigenous Māori in 1769, the history of which, and its relevance for psychotherapy's construction in Aotearoa New Zealand, is outlined in Chapter 5 of this thesis.

In relation to construction of European-informed Western psychotherapy in Aotearoa New Zealand, Māori 'need and want' is constructed as the psyche or 'soul' in need of healing. It matches the psychotherapist's need to heal, just as colonial missionaries constructed the Indigenous other as 'heathen' and in need of 'salvation'. As Mika and Stewart (2016) note, "along with other groups, Māori have been rendered productive through being subjected to the Gaze of Western disciplines in classrooms, hospitals, military sites, prisons and courts" (p. 304).

And, I suggest, the psychotherapist's clinical office. In such a construction Western knowledge is superior and dominant, Indigenous knowledge marginalised and inferior. These systems of thought inevitably construct a tension, a tension which is then productive of the resistances and 'new' knowledges which seek to be forced into the 'true', particularly in the tensions and debates between Māori and non-Māori in relation to psychotherapy in Aotearoa New Zealand in the last 40 years. Moreover, Foucault observes: "in the specialized areas of erudition as in the disqualified, popular knowledge there lay the memory of hostile encounters which even up to this day have been confined to the margins of knowledge" (Foucault, 1980b, p. 83).

One such hostile encounter in which the state sought to eradicate Indigenous local knowledge, was the passing of the *Tohunga Suppression Act 1907*, a 'memory' that inevitably leads to the eventual visibility of subsequent resistance to the dominance of European-informed psychotherapy and healing of the psyche in Aotearoa New Zealand. Further I suggest that the above texts, generated by both Māori and non-Māori, reveal Indigenous challenges largely underpinned by a perception of power as 'sovereign', and 'subjugating'; a colonial power that must be overthrown in order to liberate the colonised Indigenous Māori self, to free it from this colonisation in the hope that it will then have the opportunity to flourish. This discord and the emancipatory aims that underpin Indigenous challenges is reflected in the texts below in relation to contestation regarding contemporary (1) codification and regulation of psychotherapy, and (2) psychotherapy's relation to the state in Aotearoa New Zealand.

8.8 Sites of Contest Within Psychotherapy in Aotearoa New Zealand

Indigenous resistance in the "contests of the true", regarding psychotherapy manifests in the following contemporary sites of contest.

1. **Contestation, Codification, and Regulation:** analysis of how psychotherapy in Aotearoa New Zealand is codified, including the micro detail by which what is permissible and not permissible within Psychotherapy is regulated, again reveals tensions arising from resistance by Māori to Eurocentric notions regarding psychotherapy in Aotearoa New Zealand, of which critique of the *Tohunga Suppression Act 1907* by contemporary Māori psychotherapy practitioners is an example. Thus, in the text below by Fleming (2018), she comments,

> For health care in particular, the Tohunga Suppression Act of 1907 set to legislate tohunga healing practice by imposing licensing systems and punishment for those who did not comply. This progressed the use of Western medicine as a treatment method but also as a means of control.
>
> These processes of marginalisation were not passively accepted, and Māori responded in several ways to the changes occurring across different levels of society. In the late 19th century, iwi began meeting and working together, discussing courses of action with regard to the growing dominance of Pākehā and what was seen as the many infractions of Te Tiriti o Waitangi (Walker, 1990). Māori groups and individuals started to become more active in

> politics and education in order to have more access to governmental and societal processes. (p. 31)[180]

Recent codification of psychotherapy in this country reveals psychotherapy's more contemporary attempts to 'manage' or govern these tensions. For example, the creation and ratification in 2006 of the current NZAP Code of Ethics contains for the first time in this Code the requirement that psychotherapists 'Honour Te Tiriti O Waitangi'. Specifically, the Code of Ethics states,

> 3.1 Honour Te Tiriti O Waitangi. Psychotherapists shall respect the values and beliefs of the Tangata Whenua and shall equip themselves to understand how the principles of Te Tiriti o Waitangi can influence and guide the practice of psychotherapy. (Association of Psychotherapists Aotearoa New Zealand, 2018, para. 3.1)[181]

This ethical requirement is to my knowledge unique in psychoanalytic or psychotherapeutic professional association codes of ethics internationally, in its requirement that psychotherapy practitioners, as members of the Association, must equip themselves to understand how the principles of an international treaty articulating the constitutional relationship between an indigenous people and a colonising power shall "guide [their] practice of psychotherapy". The uniqueness of this requirement, I suggest, links to the specific influence of colonial missionary discourse in the 19th century in Aotearoa New Zealand, first arriving as it did somewhat later than in other countries colonised by Britain, at a time when the British Aborigines Protection Society was influential in its so-called 'humanitarian' aims, as described in Chapter 5. Thus, perhaps, NZAP's contemporary ethical requirement in relation to the indigenous in this country is, in part, an aspect of the legacy of this missionary discourse.

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[180] Fleming, A. H. (2018). Ngā tāpiritanga: Secure attachments from a Māori perspective. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *22*(1), 23–36. https://doi.org/10.9791/ajpanz.2018.03 (p. 31)

[181] Association of Psychotherapists Aotearoa New Zealand. (2018). *Code of ethics of the Association of Psychotherapists Aotearoa New Zealand*. https://apanz.org.nz/wp-content/uploads/2024/11/APANZ-Code-of-Ethics-2018-with-Nov-2024-additions.pdf

Alongside this recent ethical requirement, following much debate at branch and national level, came the forming of Waka Oranga in 2007, a Roopu of Māori Psychotherapists, and, in 2009, the NZAP constitutional change enabling the provision of two places on the NZAP Governing Council for members of Waka Oranga, thus establishing a formal 'treaty based' relationship between NZAP and Waka Oranga (Morice & Woodard, 2011). These material practices reflect Māori critique of Eurocentric notions of psyche and psychotherapy, which argue instead for a Māori psychotherapy (see above), and consequent responses, including NZAP inviting the participation of 'Indigenous healers' or Tohunga at NZAP psychotherapy conferences (which occurred at the 2012 and 2013 national conferences of NZAP [Woodard, 2014]), and material practices exemplified by the clinical reflections of Grant Dillon in the paper described at the beginning of this chapter, and the text below, a copy of the image that appeared on the cover of the issue of the NZAP 2013 Ata: Journal of Psychotherapy Aotearoa New Zealand, which contained the papers delivered at the 2013 NZAP annual conference, held at Ōrākei Marae in Auckland.

Ata: Journal of Psychotherapy Aotearoa New Zealand
Volume 17, Number 2

Special Issue: "Ko Rangitoto te Maunga, Ko Waitematā te Moana | Figure and Ground"

December 2013

Figure 15: *Ata: Journal of Psychotherapy Aotearoa New Zealand*
Ko Rangitoto te Maunga, Ko Waitematā te Moana | Figure and Ground (*Ata: Journal of Psychotherapy Aotearoa New Zealand*, 2013). Used with permission.

2. **Contestation and Relationship to the state:** In 2007, following much debate at branch and national level within NZAP, psychotherapy became a statutorily registered profession under the auspices of the *Health Practitioners Competence Assurance Act 2003* (HPCA Act 2003). In particular, Indigenous Māori voices, and allies to these voices from Pākehā and Tau iwi psychotherapists, resisted the institution of state

regulation of psychotherapists (Tudor, 2011, 2017b). Statutory registration provoked much debate amongst psychotherapists with some arguing that it might enable greater status for psychotherapists in the minds of the general public and within public mental health systems, these arguments often generated by practitioners who appeared more influenced by Eurocentric notions regarding the nature of psyche and psychotherapy. Others were passionately concerned that this amounted to a ceding of clinical and cultural authority to the state and a loss of autonomy, clinical creativity, and capacity for the profession, often represented by voices more aligned with Indigenous Māori perspectives regarding psychotherapy (Tudor, 2011, 2017b). In an attempt to manage these tensions, the Psychotherapists' Board of ANZ (PBANZ) Psychotherapist Standards of Cultural Competence now includes the requirement that,

> All psychotherapists will be knowledgeable of culturally safe practices, and familiar with the Treaty of Waitangi and be able to integrate these into their practice in ways that ensure that issues of diversity and equality are valued, upheld and promoted. (Psychotherapists Board of Aotearoa New Zealand, 2019, p. 3)[182]

Nevertheless, Māori resistance to state regulation of the psychotherapy profession in Aotearoa New Zealand (resonant with earlier Māori practitioners' critique of the *Tohunga Suppression Act 1907*) is captured by the following text from Morice and Woodard (2011) critiquing the HPCA Act 2003, and stating that this *Act* is,

> a monocultural and colonising legislation. Written exclusively in English, without any reference to Te Reo, Māori, tangata whenua, Māori social and health concerns, needs or interests, the HPCA Act utterly fails to honour the Te Tiriti o Waitangi/The Treaty of Waitangi.
>
> By enforcing a uniform standard of regulation and registration, the Act replicates the harmful actions of the Crown that have contributed to Māori marginalisation, social suffering and ill health for the past 170 years. Māori psychotherapists are understandably

[182] Psychotherapists Board of Aotearoa New Zealand. (2019). *Psychotherapist cultural competencies*. https://pbanz.org.nz/common/Uploaded%20files/Standards/Psychotherapist%20Cultural%20Competencies%20July%202019.pdf

> reluctant to join the mainstream of psychotherapy on these terms. (p. 72)[183]

I have suggested earlier that in relation to Indigenous challenges to the dominance of the European theory and practice of psychotherapy in Aotearoa New Zealand, the conditions of possibility for the emergence of psychotherapy as a healing art in Aotearoa New Zealand can be seen at the intersection between colonial, post-colonial, and Christian imperatives to save the heathen savage, and the demands of imperial economic need, in which the Indigenous native is produced as a 'British subject' and at the same time created as inferior and uncivilised, and/or dehumanised, one who must be turned into a productive, mentally well member of society. The Indigenous challenges outlined above are an inevitable and vital response. However, in contrast to the liberating ethos of the texts above and their motivation to free the colonised self, as they articulate Indigenous challenges to the dominance of European constructions of the theory and practice of psychotherapy in Aotearoa New Zealand, I suggest the challenge for all psychotherapy practitioners in Aotearoa New Zealand is more complex and layered than this liberating ethos suggests. For psychotherapy in this country, in keeping with the thesis of Nikolas Rose, functions as a biopolitical and governmental practice (Rose, 1998, 1999), and thus it functions as an apparatus of normalisation and as a producer and consumer of the 'Māori psyches' and of the 'mental illness' of these 'traumatised psyches' which it claims to seek to serve. The subject position of patient and psychotherapy practitioner which the discourse of psychotherapy produces and fabricates therefore places Indigenous and non-Indigenous psychotherapy practitioners alike in the conflicted position of participating in the technology of psychotherapy and its governmental ways, as they collaborate with an individualising neoliberal economic ethos, whilst at the same time attempting to free the Indigenous self from its colonised oppression. In the following section I expand on my analysis of the complexity of these challenges for all psychotherapy practitioners in Aotearoa New Zealand.

8.9 The Indigenous 'Psychotherapeutic' Challenge and Its Limitations

Mika and Stewart (2016) comment that,

[183] Morice, M. P., & Woodard, W. (2011). Māori psychotherapy and the requirement to register under the Health Practitioners' Competence Assurance Act 2003. In K. Tudor (Ed.), *The turning tide: Pluralism and partnership in psychotherapy in Aotearoa New Zealand* (pp. 69–76). LC Publications Ltd. (p. 72)

> Modernity has propelled the West into assuming that what is normal *now* has always been so and what is normal to the West is normal for all. One of Foucault's aims is to expose the 'fault line' in 'the subsoil of our modern consciousness' (Foucault, 1998, p. 263) that exists beneath the surface of everyday behaviour….
>
> It would be hard for the West to imagine that there is another viable way of thinking about what is 'true', other than the one that currently dominates, simply because a whole web of truthful structures, ideas, language and even very fundamental orientations towards things, including their representation, converge in everyday life and sustain rationalist notions of truth. (p. 303)

Drawing on Foucault's reflections on subjugated knowledges they note,

> Foucault's lament here is reflected in part by Smith's (2003) statement that colonisation of Māori rests on a 'politics of distraction', or 'the colonising process of being kept busy by the coloniser, of always being 'on the back-foot', 'responding', 'engaging', 'accounting', 'following' and 'explaining''. (p. 303)

Resonant with G. Smith's (2003) analysis, in which Indigenous Māori are kept "busy by the coloniser" "responding", always "on the backfoot", is Foucault's articulation of the likelihood of resistance in response to modern power's relentless pursuit. As Mika and Stewart (2016) in articulating their attempts to 'thwart' discourses ordering demands observe,

> The [Foucauldian] gaze … in the case of its ability to order and categorise according to sight and expectation, it threatens Māori existence through disciplining it. (p. 308)
>
> The Gaze is not widely or immediately regarded as a cause of trauma in the West, but in its entitised form, it could conceivably amount to what we term a 'trauma of normalisation' that is not reliant on any particular addiction or illness. … for the Indigenous person, the colonial tool that is the gaze is no less traumatic than any addictive substance … the Māori self does not consciously participate in the entitised Gaze but does so without awareness. As Foucault constantly notes, the subject constructs themselves in line with normal. (p. 309)

Similarly, and perhaps inevitably, I suggest, as G. Smith (2003) observes, in constantly having to react to and resist the dominance of Western perspectives on psyche and its treatment, through engagement with this 'politics of distraction', Māori psychotherapy practitioners and their allies are at risk of being inevitably drawn into complicity with the Western colonial gaze which produces and perpetuates the practice of psychotherapy and the subjectivity of those who inhabit this practice. At one level, these Indigenous challenges can be understood as the inevitable arising of marginalised knowledge, as it attempts to destabilise the dominating power of the state, and its

legislating invisibilisation of Indigenous knowledge. This is perhaps most obviously evident in Māori critique of the *1907 Tohunga Suppression Act*, and in more contemporary times, as described above, opposition by Māori and non-Māori allies to the registration of the psychotherapy profession, and to the monocultural and colonising nature of the *Health Practitioners Competence Assurance Act 2003* that informs the regulation of psychotherapy in Aotearoa New Zealand via the Psychotherapy Board of Aotearoa New Zealand (Tudor, 2011, 2017b, 2018). However, underpinning these Indigenous challenges are several factors that, I suggest, leave Māori psychotherapy practitioners and their allies, and Māori knowledge, vulnerable to modern power's relentless governmental impacts.

8.9.1 Humanism's Liberating Ethos

The significant degree to which humanistic principles, and their claims to offer a potential freeing of subjugated Indigenous selves, underpin Indigenous challenges by Māori and non-Māori allies is notable, reflecting an attempt to reclaim the place and voice of Māori as the Indigenous first peoples of this country. However, claims which appear to underpin humanism's liberating ambitions, namely the hypothesis that Indigenous knowledge might reclaim its rightful place in the cultural context of Aotearoa New Zealand, thus freeing the Indigenous psyche from its colonial oppression and liberating the Indigenous self from the effects of oppressive colonial power, from a Foucauldian perspective, misses the ubiquitous subtlety and challenges of modern power. The creative violence of these tensions is further revealed by the outline below.

8.9.2 Psychotherapy's Emancipatory Intent

The manifestation of humanistic and emancipatory perspectives are particularly clearly in operation in texts from a debate between Jonathan Fay and Farhad Dalal in their exchange in the NZAP's Journal *Ata* in 2013, which arose following Dalal's contribution as a keynote speaker and 'large group' analyst at the NZAP annual conference in 2013 held at Ōrākei Marae, Tāmaki Makaurau, Auckland. Dalal (2018) suggests that political correctness insists upon uncritical embracing of cultural diversity that avoids authentic engagement with difference. In his paper published immediately following the conference he instead encourages Aotearoa New Zealand Psychotherapists to develop a secure sense of their cultural selves in order to be open to otherness. He asserts that it is incumbent upon an ethical practitioner to engage in

what he describes as the “conflictual ethical conversation” (Dalal, 2013, p. 171), in which the practitioner is always willing to assert their ethical position in relation to cultural difference, even if this means challenging the Indigenous other who may appear to be marginalised by the perceived dominance of the non-Māori therapist.

In asserting this position Dalal (2013) suggests that the liberal psychotherapist is often captured by the notion of what Dalal quotes Bertrand Russell (1950/2009) as describing as the “superior virtue of the oppressed” (cited in Dalal, 2013, p. 169), and this leads to a kind of thought paralysis in which the psychotherapist of non-Māori heritage in Aotearoa New Zealand feels constrained and unable to assert their ethical perspective, even when encountering cultural difference in the Māori therapist or client that is profoundly in conflict with their own ethical perspective. In the text below, Dalal (2013) comments that,

> This [ethical conversation] entails deep engagement and therefore necessarily, conflict. I think this kind of conflict of values and desires, if entered into sincerely and authentically (whilst being ever mindful of the power differentials between the protagonists), is ultimately beneficial for all concerned. … these moments of tension and conflict which, although difficult, were inspiring, as it was through these that we stood a chance of being together in a new, as yet un-thought, way. It is working with and through exactly this kind of tension and difficulty that I construe as conflictual ethical conversation - a continual journey with no place of ultimate arrival. (p. 171)[184]

In earlier work, Dalal (2002) offers perspectives on notions of race and racialisation, ideas about the colour-coded unconscious, the black id and white super ego, in which the disowned darkness of the European person’s motivations in countries like Aotearoa New Zealand project into the ‘dark other’ our disowned shadow. Now, Dalal (2012, 2013), in the above text, writes of the problems of the liberal emancipatory project in which the shame and guilt of these projective dynamics lead the liberal European to idealise and eulogise the wounded ‘dark other’, and in so doing to lose the capacity to think. He advocates for the value of the conflictual ethical conversation in which the European continues to find their own mind in response to the Māori person’s pain.

Fay (2013) vigorously critiques Dalal’s ideas. The two authors debate who has psychotherapeutic ‘authority’ from a cultural perspective on the Marae. Dalal advocates

[184] Dalal, F. (2013). The struggle to live and let live: The psychology, ethics and politics of tolerance, or, why discrimination is preferable to tolerance. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *17*(2), 159–172. https://doi.org/10.9791/ajpanz.2013.15

for the ethical conversation in which one holds one's own mind and does not capitulate or abandon one's own ethical values, for example, by standing on the Marae rather than sitting during an analytic group conversation conducted by a group analyst (in this case, Dalal himself, who conducted a large group on the Marae during the 2013 NZAP conference, during which Māori conference attendees, and their allies, insisted upon standing rather than sitting during the large group experience), when the analytic convention is to stay sitting and standing is considered 'acting out'. Fay, by contrast, suggests that the notion of such an ethical conversation disavows the power imbalance between the two parties in the conversation, the European other resourced by the cultural capital stolen through the colonial process, Indigenous Māori wisdom subjugated to second class status. In the text below, Fay (2013) asserts,

> There is, for example, no ethical virtue in the decision to ignore Māori protocol on the Marae, to sit rather than to stand, to decline to sing waiata, etc. This is not 'upholding' Pākehā values, it is merely the expression of a personal preference which, taken in context, represents a failure of empathy. … This is an individualistic and self-centred viewpoint founded on ignorance and/or a wilful refusal to see and acknowledge just how unlevel the social playing field really is. The myth of the level playing field does not conform to social reality. I believe that as psychotherapists we should simply acknowledge the privileged status of the suffering of the oppressed and not confuse it with the fallacy of the superior virtue of the oppressed. Oppression produces suffering. While the suffering is not virtuous, it is in need of our attention and care. (pp. 175–176)[185]

Fay (2013) challenges that our ethical duty is to place our empathic responsiveness with the distress of Māori so often decimated by European privilege, and to responsively engage in the social justice project of supporting the Indigenous Māori voice which demands the restoration of tino rangatiratanga (Māori sovereignty) over Māori resources and all things impacting upon Māori. (Similarly, writers such as Morice et al. [2017] have emphasised the value of the principle of biculturalism in guiding therapeutic cross-cultural work.)[186] Fay challenges Dalal's apparent denial of the uneven playing field, and the 'power dynamics' underpinning this, and his refusal to empathically join with the suffering of the subjugated Māori other by supporting the convention of

[185] Fay, J. (2013). "The struggle to live and let live…": A review. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *17*(2), 173–181. https://doi.org/10.9791/ajpanz.2013.16 (p. 175–176)

[186] In advocating this stance Fay gestures towards a more radical psychotherapy, something he explores more broadly in his 2008 article considering the different political positions psychotherapy can potentially inhabit, including the position that he perceives some non-Māori therapists, in which an alternative response arises with the idealisation of the Māori "other" as the spiritual ones, to whom we must pay guilty respect, whilst unconsciously demanding that they reward us for our guilty submission, by tending to the pain of our guilt.

standing to speak on the Marae, even in a group analytic conversation, given this is the kawa (protocols) on the Marae. And, in the text below, Fay (2013) directly draws upon humanistic values in his address to Dalal, proposing that,

> You … lose sight of the larger human task and purpose of ethical discrimination, which is not only to 'be ourselves' as individuals but to contribute collectively to a more just and equitable world. (p. 175)[187,188]

In critiquing Dalal's reading of Enlightenment and romanticism philosophical traditions in relation to psychotherapy, he draws on the doctrine of universal human rights,

> The enlightenment may value reason and prioritise basic individual human rights, but it also values individual differences, without which the idea of the individual doesn't make sense. Romanticism may value emotion and prioritise the fulfilment of individual human potential, but it also affirms *universal human rights* [emphasis added]. … I also see no good reason not to extend the *emancipatory intent of psychotherapy* [emphasis added] to larger levels of social organisation, peoples as well as people, via considerations of equity and social accountability which will orient us to interpretations and action steps that enable and empower us to make ethical choices and take ethical action on the larger stage of our participation in community and public life. (Fay, 2013, p. 180)[189]

The above texts, whilst understandably empathically supportive of the reclamation of subjugated Indigenous knowledge and ways of being, by recourse to humanistic traditions and the emancipatory project of liberation of psyche, citizen, and self, including direct connection of this to "the emancipatory intent of psychotherapy", brings us full circle, to the 'salvationist' and 'humanitarian' notions that informed the colonial project in Aotearoa New Zealand in the first place.

In so far as local Indigenous challenges to psychotherapy's dominance by European theory and practice goes, it is motivated by liberating intentions and is a 'revolt' with which Foucault would not necessarily disagree and may indeed vigorously support.

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[187] Fay, J. (2013). "The struggle to live and let live…": A review. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *17*(2), 173–181. https://doi.org/10.9791/ajpanz.2013.16 (p. 175)

[188] Fay (2013) further asserts,

> I believe that as psychotherapists we should simply acknowledge the privileged status of the suffering of the oppressed and not confuse it with the fallacy of the superior virtue of the oppressed. Oppression produces suffering. While the suffering is not virtuous, it is in need of our attention and care. … The equation "prejudice + power = systemic oppression" is not just a strap line but a daily reality for a great many people. This would include the systemic oppression of racism, sexism, classism, and a host of other "isms" that continue to bedevil us. (p. 176)

[189] Fay, J. (2013). "The struggle to live and let live…": A review. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *17*(2), 173–181. https://doi.org/10.9791/ajpanz.2013.16 (p. 180)

Whilst Foucault was highly critical and suspicious of recourse to normative and universal human rights, and the assumption of an essential quality to the nature of being human that these "essentialist accounts of human nature" (Ransom, 1997, p. 116) draw upon, nevertheless, as Ransom (1997) notes,

> Foucault asserts that all liberties, all the rights that we cherish and hope to protect, have their final anchor in revolts. Notice the inversion: instead of revolt being referred to normative goals for its justification, it is rights, liberties, and norms themselves that - for Foucault - have their foundation in revolt… This will come as a surprise to many of his critics, who assume that Foucault's move away from normative criteria deprives critical activity of any imaginable basis. (p. 116)

Nevertheless, the claims to universal "basic human rights" (Fay, 2013, p. 178) and the "emancipatory intent of psychotherapy" (p. 180) upon which underpin the above texts, are, from a Foucauldian perspective, problematic. As Ransom (1997) further notes,

> there is no question of dispensing with institutional rights that now exist. Efforts to restrict or eliminate constitutionally guaranteed rights would be opposed by Foucault just as much as by anybody else. But there is a difference between refusing to allow one set of social powers to remove promised liberties and positively asserting that the bare possession of these rights makes one a free individual. (pp. 166–167)

As Foucault himself writes,

> What I am afraid of about humanism is that it presents a certain form of ethics as a universal model for any kind of freedom. I think there are more secrets, more possible freedoms, and more inventions in our future then we can imagine in humanism as it is dogmatically represented on every side of the political rainbow. (Foucault, 1988g, p. 15)

Foucault's fear arises out of his recognition that humanism's call upon essential accounts of human nature, are,

> always tied to value judgements [that] have obviously varied greatly in their content, as well as in the values they have preserved. … From this, we must not conclude that everything that has ever been linked with humanism is to be rejected, but that the humanistic thematic is itself too subtle, too diverse, too inconsistent to act as an access for reflection. (Foucault, 1984/2010f, p. 44)
>
> 'Humanism' can be used to any end whatever. (Foucault, 1984/2010c, p. 374)

Indeed, as described earlier, the colonisation of Aotearoa New Zealand was itself in part motivated and justified by 'humanitarian' intentions, underpinned by Christian values, that at the time of New Zealand's colonisation in the 18th and 19th century

constructed the ‘essential’ nature of the human being as a Christian soul, requiring the salvation of Christian ministry. This allowed the humanism of the time to construct Indigenous Māori as primitive souls in need of European Christian salvation, ultimately facilitating the colonisation of the Indigenous self in service of this ‘humanitarian’ aim.

The Indigenous challenges outlined in this chapter, overall, including the texts earlier, on the one hand reflect a local revolt that anchors the possibility of liberty, but that on the other hand, the assumptions of an implied essential Māori self that might be free should colonialism and its dominating power be somehow removed, eradicated, displaced, relies on the great themes of humanism, and the myth of a utopian liberation of self that fails to recognise the subtleties and fluidity of modern power and its relentlessly governmental ways. These ideals I think underpin much of the texts that reflect and reveal the Indigenous challenges to the European power knowledge nexus that has dominated the fabrication of psychotherapy in this country. In the following analysis, I expand on this critique.

8.9.3 Indigenous Māori Challenge and the Essential Self

In his 2008 psychotherapy research dissertation, Woodard explores the relationship between colonial imperatives to acquire land, and the ongoing and destructive impact this has had on Indigenous Māori internal and external self-experience. In a publication arising out of this research, Woodard and O’Connor (2019) suggest that the essentialising tendency of European-informed psychotherapeutic perspectives and the tendency to ignore historical and social context in the development of personal subjectivity risks avoiding the significance of this social context. In the text below, they comment,

> [Woodard’s] research suggests the concept of self is as much a socio-political construct as it is an internal experience. The construction of self is a socio-political vehicle to validate the colonial experience and colonising processes (Fanon, 1983; Smith, L., 1999; Walker, R., 1987). This has significant implications for psychotherapy and psychotherapeutic practice. … Colonial ideologies are mirrored and maintained by positivist psychotherapies that split and privilege the internal over the external, the individual over the group and biological over societal (Dalal, 2002; Durie, 2001; Erikson, 1964; Fanon, 1983). These models value depth over surface and the external world is simply seen as the manifest expression of what is real: The latent content of the psyche. The cause of dysfunction is sought within biology and individual development, emphasising the

process of projection and neglecting introjection (Durie, 2001; Dalal, 2002; Elias, 1994; Kleinman, 1998; Wolstein, 1977). (p. 105)[190]

Similarly, Hall (2015), in the text below, suggests that whilst

> psychotherapy compliments the philosophical underpinnings of Kaupapa Māori, in that the core tenants of both doctrines are founded upon whakapapa, whānau, and essentially, relationships. However, divergent ideas exist within this discourse where Kaupapa Māori approaches are founded upon collective principles while in general psychotherapy is more inclined towards the individual experience. (p. 80)[191]

By contrast Woodard (2008; Woodard & O'Connor, 2019) proffers the notion of an 'Indigenous self', intimately connected with land and profoundly disrupted by the colonising process in Aotearoa New Zealand, as described in the text below:

> *The Ecological Self*
>
> Indigenous peoples (and the concept of indigeneity) are defined through their primary relationship with the land and environments they inhabit and embody. An Indigenous self is 'fused' with the land (Durie, 2005, p. 137). The land permeates identity, customs, language, lore and rituals (p. 137). This understanding of an Indigenous self is echoed by other authors (Pere, 1988, 1994; Ra, 2002; Shirres, 1997; Smith, L., 1999; Stewart-Harawira, 2005; Walker, R., 1987). Park, (2006), reflecting on the quality of these relationships for Indigenous peoples, observes that for Indigenous peoples:
>
> > The wing beats of tūī and kererū overhead spoke of the pulse of the land alive. These people ate from the forest and fished from the sea: forest and sea flowed through them. Living close to other native species, they understood themselves joined in a reciprocal coherence to them. Any sickness or damage that befell the forest befell them. (p. 89)
>
> Park's (2006) poetic descriptor captures an intensely intimate relationship between an Indigenous self and the surrounding environment. The premise of an interconnected self, described by Durie (2003, 2005) and Park (2006) is a central

[190] Woodard, W., & O'Connor, J. (2019). Entering the void: Exploring the relationship between the experience of colonisation and the experience of self for Indigenous peoples of Aotearoa, and the implications for psychotherapeutic clinical practice. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *23*(1), 89–112. https://doi.org/10.9791/10.9791/ajpanz.2019.09 (p. 105)

[191] Hall, A. (2015). *An Indigenous Kaupapa Māori approach: Mothers' experiences of partner violence and the nurturing of affectional bonds with tamariki* [Doctoral thesis, Auckland University of Technology]. Tuwhera Open Access Theses & Dissertations. https://hdl.handle.net/10292/9273

> notion within the formation of the concepts of indigeneity and an Indigenous self. (Woodard & O'Connor, 2019, p. 94)[192,193]

In the above texts, colonialism's violent imperative to acquire natural resources, and its consequent destruction of an Indigenous self intimately interconnected with whenua is potently critiqued, as is the manifestation of psychotherapy, also informed by Eurocentric colonial discourse and its tendency to internalise the self, thus separating it from whenua (land) and the wider social context, a separation that has the effect of decimating the Indigenous sense of self, so intimately connected with whenua, an alienating process so directly connected to missionary discourse (and thus to the process of colonisation itself) in which the self is constructed, at its essence, as a Christian soul in need of salvation. Woodard and O'Connor (2019) assert that the Indigenous self as a granular self is by contrast embedded in whenua, the land, and any separation between human and land is an alienating action.

By contrast, the influence of Christian Enlightenment discourse, in which humans are encouraged to take 'dominion' over the land, can be seen in the texts outlining the formation of NZAP in 1947 previously discussed, texts which reflect the separation of psyche from whenua (land), and in which mentally unwell 'personalities' are constructed as dominated by intrapsychic 'neuroses' and necessitate medical surveillance and 'treatment' by those charged with governing psychotherapy in Aotearoa New Zealand. Woodard and O'Connor (2019) write of what they perceive as the profound psychological harm of such discourse for Indigenous, given the intimate and inseparable relationship of the Indigenous self and whenua. Similarly, Durie (2001, 2005) suggests an attachment analogy, in which for Indigenous Māori, secure attachment to land is essential. Woodard notes Park (1990), commenting,

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[192] Woodard, W., & O'Connor, J. (2019). Entering the void: Exploring the relationship between the experience of colonisation and the experience of self for Indigenous peoples of Aotearoa, and the implications for psychotherapeutic clinical practice. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *23*(1), 89–112. https://doi.org/10.9791/10.9791/ajpanz.2019.09 (p. 94)

[193] Woodard and O'Connor (2019) go on to note violence of colonial projective dynamics in relation to the "indigenous self", commenting that,

> The extract also serves as an illustration of the dangers inherent in reconstructing the indigenous self. Park's comparison of Indigenous peoples as "other native species" (p. 223) is a relic of the dehumanising process of colonialism. The tendency to romanticise the relationship between the Earth Mother environment and her children, Indigenous peoples, effectively draws upon unconscious constructions of indigenous communities. Dalal (2002) talks of the romanticism as idealisation, and denigration as a projection, both of which have their roots buried in the ideology of imperialism. (p. 94)

> when a long-term association with the land, long enough to define yourself as being *of* it - long enough to know it is what fed your mother and hers - is summarily injured or reorganised, as most of the Māori landscape was between 1840 and 1890, it causes psychological pain. (Park, 1990, cited in Woodard, 2008, p. 20)[194]

Recognition of this pain, and of the very different cosmology out of which this pain arises, appears to be profoundly absent in the written early history of the Psychotherapy Association; instead, the Māori 'other', by their absence, are unconsciously constructed as the heathen with 'nothing', in need of 'salvation', and later intrapsychicly wounded and in need of psychoanalytic interpretation. It follows, by contrast, that an Indigenous psychotherapy must be grounded in an understanding of the Indigenous experience of self as intimately interconnected with whenua, an argument also advanced by Māori psychotherapy practitioners Reidy (2014), Fleming (2016, 2018), and Morice (2003).

This powerful critique challenges psychotherapy to give up its internalising and essentialising ways in this country, in service of enabling an Indigenous self that might reconnect to its inherent state of being, intimately connected to whenua. Anna Fleming (2016, 2018), in her critique of Western Indigenous attachment theory and its failure to recognise the significance of attachment to whānau (attachment to wider kinship ties), and its Eurocentric focus on maternal and parental attachment, in contrast to Indigenous Māori emphasis upon attachment to wairua and the nonhuman world of whenua and mātauranga Māori, similarly challenges Western psychotherapy in this country to recognise the wisdom of te ao Māori and an understanding of an Indigenous self as intimately attached not just to parental figures, but to wider whānau kinship attachments and aspects of the nonhuman world outlined above. Such an articulation implies an assumption of an Indigenous self, and that psychotherapy has a role to play in the freeing of the Indigenous self.

Such challenges, in the spirit of Foucault's valuation of local revolt, are I suggest vital to the possibility of liberty, particularly for Indigenous Māori in this country. However, whilst on the one hand these challenges critique the nature of psychotherapy for its reliance upon an internal, intrapsychic essential self, these challenges nevertheless appear to proffer an alternative, but no less essential Māori self, one embedded in the natural environment. This notion of self is then connected to challenges like those in the

[194] Park, 1990, cited in Woodard, W. (2008). *Entering the void* [Master's dissertation, Auckland University of Technology]. Tuwhera Open Access Theses & Dissertations. https://hdl.handle.net/10292/500 (p. 20)

texts above by Fay (2008, 2013), that psychotherapy must give up its dominant theoretical position, and its monocultural ideas regarding psyche, in order to free this Indigenous self to return to its inherent nature as a self intimately entwined with whenua.

The risk of these challenges is that in proffering an alternative Indigenous self which must be freed from colonial subjugation, these Māori challenges adopt the rhetoric of psychotherapy and its "emancipatory intent"; thus, Māori are invited to inhabit the very technology, psychotherapy, that plays its part in modern powers' governmental ways, leaving Māori once again trapped, not by the hegemony of colonial oppression, but by the act of participating in the very biopolitical technology that has worked on colonial power's behalf to produce productive and politically docile citizens for the Western democracy of Aotearoa New Zealand, a democracy infused by a neoliberal capitalist economy in which productive, politically docile citizens are essential. In this way, Indigenous challenges, which attempt to liberate Indigenous Māori from their colonial subjugation, run the risk of further embedding Māori experience in modern power's governmental tentacles.

In so doing I suggest Indigenous challenges run the risk of underestimating the omnipresent nature of modern power: indeed, by Māori being forced by European theory and practice's dominance in the field of psychotherapy to 'react' to Eurocentric conceptualisations of psyche and psychotherapy, Māori are unconsciously invited to become part of the power knowledge nexus they are attempting to critique, and which enables psychotherapy to continue to manifest as a thinkable and doable technology in this country. In so doing, as articulated in this chapter, thereby enabling Māori participation in the biopolitical technology that is psychotherapy, and which plays its part in supporting the neoliberal economic processes that fabricate all citizens within the Aotearoa New Zealand context.

8.9.4 Everything is Dangerous: The Seductive Pull of the Politics of Distraction, and Its Governmental and Biopolitical Consequences

Mika and Stewart (2016) note G. Smith's (2003) observation that Māori can be captured by the "politics of distraction", and link this to Foucault's reflections on the common failure to recognise that modern power, as opposed to sovereign power, is not overt, monolithic, and located in the state, but rather,

> a form of power that pervades all apparently banal practices. ...terrain [that] not only remains hidden, but directs the flourishing of certain behaviours to begin with … It is … a weakness of Western and colonised humanity that this ground is not probed at all. … In this hegemonic process, [for example], Māori are encouraged to think about pōwhiri and other such ceremonial practices in non-Māori settings as questionable in terms of their adherence to 'correct' tikanga, rather than to question their potential complicity with the colonising Gaze. (p. 303)

In relation to psychotherapy in Aotearoa New Zealand, Māori in asserting Indigenous challenges to the dominance of European-informed psychotherapy practice and theory find themselves in a similar dilemma. Just as Mika and Stewart (2016) note that Māori are encouraged to critique the use of Māori ceremonies such as pōwhiri as a ceremonial practice in particular circumstances and contexts, particularly those in which European people engage with or even host such processes (including recent NZAP Psychotherapy Conferences [Woodard, 2014]), in so doing Māori are invited into the "politics of distraction" in which they are continuously invited, if not required, to shift the deck chairs of modern power whilst in the process being unconsciously invited to engage with and become a part of the very technology, in this case psychotherapy, that acts as a biopolitical technology upon them and upon us all. As Ransom (1997) comments, "There is no way to give consent to the erection of a disciplinary power before becoming part of that discipline" (p. 18).

It is into this challenging territory that Dillon (2008), in the text describing the case reflections which commence this chapter, immerses himself, inevitably interfacing with the collision of cosmologies so eloquently described by Salmond (2017). Dillon utilises these ideas as he attempts to strike the balance between the cultural humility and cultural confidence to which the text by Fay appeals, as he seeks to embrace Indigenous cultural lenses and hold on to his own mind. Similarly, the text by Fleming (2018) utilises the European psychotherapeutic notion of attachment in both critiquing this notion and utilising it to inform the notion of 'Māori attachments' including those to the non-human world of whenua and mātauranga Māori. Fay (2013) appeals to liberal values of equity, Morice and Woodard (2011) perceive a Māori psychotherapy as making sense to all, and Woodard and O'Connor (2019) and Fleming (2018) appeal to the essence of the granular self that is a Māori psyche, in which there is no separation between self and land, tangata and whenua; each attempt to articulate the crucial importance of bringing a te ao Māori lens to psychotherapy in the service of freeing an Indigenous colonised self.

Similarly, I also, in a paper entitled “Standing at the Waharoa” (O’Connor, 2020b), assert the value of surrender to Indigenous knowledge whilst also attempting to hold onto my own psychotherapeutic mind. This paper contains the following text:

> Perhaps … most terrifying for me was many years ago when I was facilitating a therapeutic group in a maximum-security prison. I remember entering that prison, to be greeted by a sea of brown faces, the majority Māori, the remainder almost exclusively Pacific peoples, with just one or two white faces in front of me. The cultural wounding of our country’s history sat before me in stark horror. I did my best to offer input in helping the men ‘manage their anger’, but who could not be angry in the face of such trauma. Halfway through the group, one man stood abruptly, angrily throwing the desk in front of him to the floor, and shouted at me, ‘You have an answer for everything, don’t you ... you skinny white maggot.’ In that moment the painful histories of our personal and cultural context collided. I could only guess at the ways in which the relentless white man’s voice, with the answer for everything, had subjugated his own voice, telling him who to be, what to be and how to be, whilst taking from him the ground of his being. In my voice, the voice of the liberal, caring, European man, resourced by the layers of privilege behind me, and then subsumed into impotent, silent guilt in response to the black man’s aggression which inevitably I constructed as dangerous and violent, there emerged the avoidance of the grief, the impossibility of understanding what took place between us. Indeed, of course grief and the possibility of mourning, so eloquently evoked by Akhtar (1999), is a luxury only possible when one’s basic survival is not threatened. A maximum-security prison is no place for grief. And perhaps neither is grief possible in a country gripped by generations of cultural trauma. Immediately another Māori man, the unnamed but clear leader of this group, a participant in it, stood and said, ‘John, we’re gonna take a break’. The prisoners left the room for about 10 minutes. When they returned, the man who had become so angry at me for the relentlessness of my voice and the whiteness of my skinny frame stood drenched in whakamā (shame), his eyes to the floor, and mumbled a frightened apology, saying he was sorry, and that this would not happen again. I could only imagine the pressure put on him by his peers in the group to mumble this apology, who did not want to lose the ‘prison privilege’ of a therapeutic group. And for us all to avoid the unending grief that might underpin this exchange, the pain of our combined histories and the inability to begin to approach the vulnerability underpinning those histories. (p. 70)[195]

This text, I suggest, parallels Salmond’s (2017) reflection on the death of Ruatara in 1815, and the clash of cosmologies that are so inevitably and painfully present. Subsequently, in the same paper in the following text I advocate,

> If I can wait without demand, willing to speak the truth of my emotional experience as I meet the other, might this lead us to something more like transformation? …. not being captured by what Snell (2013) described as the ‘colonising gaze’ (p. 33) of psychoanalysis, … whilst still holding on to our own minds. Exploring notions

[195] O’Connor, J. (2020b). Standing at the waharoa. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *24*(1), 67–78. https://doi.org/10.9791/ajpanz.2020.06 (p. 70)

> such as that of wairua (spirit, soul, essence) resonate with Jung's transcendent function and notion of the transpersonal Self … This is the possibility of two taboos touching, of a deep emotional engagement, of, as Symington suggested, 'a meeting of souls'. (O'Connor, 2020b, p. 76)[196]

In this text, I seek to embrace wairua, my perceived spiritual essence of a Māori self, in service of liberation of the subjugated other. I also attempt to embody both cultural humility and cultural confidence in service of embracing Indigenous cultural lenses and holding on my own psychotherapeutic mind. Whilst these appear to be important attempts to free subjugated Indigenous knowledge and allow it to interface with and to creatively challenge Western perspectives on psyche and psychotherapy, in so doing such subjugated knowledge becomes part of the biopolitical technology of psychotherapy, a technology that has governmental consequences for Māori and all Aotearoa New Zealand inhabitants. For, if psychotherapy itself is a disciplinary technology of modern power in the contemporary Aotearoa New Zealand context, then Indigenous participation in this technology does indeed mean Māori, via their participation in this technology become "productive: they ontologically match the expectations of the coloniser" (Mika & Stewart, 2016, p. 305). In so doing, Māori practitioners and writers and their allies are invited to engage in the politics of distraction, in which Māori react, respond, engage with, and to, this governmental technology; even as psychotherapy attempts to become no longer 'monocultural' but opens itself to the Indigenous challenges.

8.10 Māori and the Foucauldian Gaze

In 1999, the NZAP held a conference commencing with a pōwhiri (traditional welcome) followed by mihimihi (introductions) intended to take up only the first evening of the conference, with the following two days planned for papers, presentations, and discussion. However, unexpectedly the above processes took up almost the entirety of the two days of the conference, as marae kawa (protocols) embraced the conference attendees and lengthy processes of sharing of personal histories occurred amongst the NZAP members in attendance, meaning the rest of the conference programme did not proceed (Carson et al., 2008). This was a painful, powerful, and moving exploration, as a predominantly non-Māori gathering inhabited a Māori context, and engaged with Māori tikanga (ways of being) and kawa (protocols) in a way that many experienced as

[196] O'Connor, J. (2020b). Standing at the waharoa. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *24*(1), 67–78. https://doi.org/10.9791/ajpanz.2020.06 (p. 76)

enriching (Carson et al., 2008), but which inevitably positioned Māori as responders, resisters, challengers, educators, engagers, in so doing requiring Māori to engage with and become a part of the very biopolitical practice of psychotherapy which the above texts reveal they are attempting to challenge.

The Foucauldian 'gaze' is an experience of seeing and looking, mediated by the capacity of 'sight'. Mika and Stewart (2016) reflect on how Māori are continually invited to reflect upon, critique, engage with, react to, and resist pōwhiri processes, when organisations and gatherings which are inhabited predominantly by non-Māori attempt to integrate a te ao Māori lens into their work and gatherings by utilising Māori ceremonies and kawa, is an example of the "politics of distraction" that specifically and regularly manifests within the psychotherapy context in Aotearoa New Zealand. This positioning of Māori, as "on the back foot" responders, has re-occurred on countless occasions within psychotherapy in Aotearoa. For example, the NZAP have held several conferences, including 2008 at Waitangi, and 2013 at Orakei, in part or entirely on Marae, over the past 20 years. Almost all conferences over these 20 years have commenced with either a mihi whakatau or pōwhiri, and concluded with poroporoaki. Whilst ostensibly the embracing of these ceremonies and processes reflect an opening towards and integration of te ao Māori and mātauranga Māori within the theory and practice of psychotherapy in Aotearoa New Zealand, they inevitably position Māori as "on the back foot", and, more notably, directly in the line of sight of the 'gaze' of the very Eurocentric psychotherapeutic disciplinary practice which Māori are attempting to interrogate, and which acts as part of the web of governmental strategies of modern power in this country.

Similarly, as Dillon (2008) and I, as allies to Indigenous challenges, attempt to 'liberate' subjugated knowledge, this knowledge is at risk of being colonised once again, not only by the danger, as Dillon notes, that it will be taken over once again by a European psychotherapeutic world view, turning Māori knowledge into a pale imitation of itself, but also by the very act of becoming a part of the governmental technology of psychotherapy itself, a technology, which, as I argue in the previous chapter, by its embeddedness within the governmental technologies of modern power in a neoliberal capitalist economic milieu in this country, plays its part in constituting the individual citizens of the market economy, enabling them to be at the same time economically productive and politically docile, a position Māori have been placed in, all too often.

Foucault writes about the possible dangers, benefits and potentials of the "insurrection of subjugated knowledges". As Foucault (1980b) notes, because such subjugated knowledge has not been captured by modern power's unifying capacities and forced to be thought of "in terms of a totality" (p. 81), this enables such knowledge to be "capable of opposition and of struggle against the coercion of a theoretical, unitary, formal and scientific discourse" [such as psychotherapy] (p. 85). (See also Ransom, 1997, p. 98.)

However, as Foucault (1980b) suggests, the risk is that, for these 'subjugated knowledges', such freedom is short lived.

> Is the relation of forces today still such as to allow these disinterred knowledges some kind of autonomous life? Can they be isolated by these means from every subjugating relationship?... and, after all, is it not perhaps the case that these fragments of genealogies are no sooner brought to life… than they run the risk of… recolonisation? (Foucault, 1980b, p. 86)

For, as Ransom (1997) comments, "Today's unitary discourses are not so rigid as to be unable to work these fragments into their own account" (p. 98). In the text by Fay (2013), he critiques Dalal's failure to recognise the unevenness of the social playing field between Māori and non-Māori, in which Dalal becomes representative of a sovereign power, a colonising power that subjugates. He draws on humanistic principles of equity and equality to support his critique; whilst not inaccurate, this runs the risk of disguising how modern power operates to create us all as agents and effects of its manifestation. In so doing, with the aim of freeing the Indigenous other, I, Dillon, and the Indigenous psychotherapy practitioners whose texts I analyse above, by inviting ourselves to bring a te ao Māori lens to the theory and practice of psychotherapy in this country, and inviting Māori to engage with psychotherapies biopolitical ways, run the risk of inviting psychotherapy's capacity to turn the Indigenous other into a 'consuming self', 'free' and 'productive' in just the ways that neoliberalism requires. Given that, as I have argued in the previous chapter, psychotherapeutic practice and theory 'fits' perfectly with neoliberalism's individualising ethos, the dangers of this Indigenous participation in psychotherapy's biopolitical practices is worthy of considerable interrogation.

In my own reflections on the Indigenous man in a literal prison who called me "a skinny white maggot", I subsequently suggest in the text below (O'Connor, 2020b) that,

> We in New Zealand are asked to engage, to become intersubjectively and interculturally immersed, and availably present to the centre of Indigenous experience: to feel the grief of the Indigenous, and my own grief, to surrender but not submit, to be present to the other whom my colour-coded unconscious so quickly dehumanises, to feel the grief of all our combined violent migrant histories, to allow and enable the 'shared labour of relational mourning' (Gerson, 2009, p. 1351) and the creative, often forceful, exploration of difference. I am more than a witness, I am participating, and I am engaged. (p. 73)[197]

In this text, in reflecting on the failure of the possibility of shared grief between us, I invite us to cry together, that we might soften, lose the hard edges of unemphatic misunderstanding between each other, allow the insults to subside, in the service of a 'rehabilitated self', a self that can exit the prison of colonial oppression, and enter the modern world in which productivity and political docility is so essential. Thus, we might both then 'ontologically meet' the expectations of modern power and its neoliberal economic ethos in capitalist Aotearoa New Zealand.

8.11 The Fallacy of Emancipatory Knowledge

If psychotherapy is part of modern power's panoptic gaze, then to engage with it is to surrender to its disciplinary and biopolitical governmental capacities. Ransom (1997) observes that

> Foucault dismisses the idea that some form of knowledge (of our true nature, true interests and so forth) can act as the platform from which we can denounce power …this separate, emancipatory kind of knowledge does not exist. The role that knowledge usually plays, including in many cases the kind that claims to be emancipatory, is that of companion to the constructs of power which shape our world. For instance, practitioners of the human sciences such as psychiatrists, social workers, and demographers provide the wielders of power with both crucial information about the objects of its exercise and knowledge about how to shape and transform human material. (Ransom, 1997, pp. 21–22)

As I have outlined in the previous chapter, I suggest psychotherapists in Aotearoa New Zealand, like other 'practitioners of the human sciences', with our intrapsychicly focused ways of knowing, play our part in providing information about the nature of the 'inner world' of our patients, and of ourselves, thus enabling facilitation of modern power's governmental ways. For Foucault, the legacy of perceiving power as sovereign, located in the domination of the state, leads us to turn to humanism's principles of equity for all,

[197] O'Connor, J. (2020b). Standing at the waharoa. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *24*(1), 67–78. https://doi.org/10.9791/ajpanz.2020.06 (p. 73)

and fundamental human rights. But such a claim, whilst necessary, is insufficient for modern power's tentacles. As Foucault (1980b) comments,

> Against these usurpations by the disciplinary mechanisms, against this ascent of a power that is tied to scientific knowledge, we find that there is no solid recourse available to us today, such being our situation, except that which lies precisely in the return to a theory of right organised around sovereignty and articulated upon its ancient principle. When today one wants to object in some way to the disciplines and all the effects of power and knowledge that are linked to them, what is it that one does, concretely, in real life … if not precisely appeal to this canon of right? (Foucault, 1980b, pp. 107–108)

For Foucault there is no subjectivity outside of power, and thus human rights arguments, seeking to liberate ourselves from power's subjugating effect, are inherently limited in their liberationist aspirations. In this recourse, we become further fabricated by the power knowledge nexus of the very discipline whose subjugation we are attempting to escape. In keeping with what Foucault describes above, the emancipatory knowledge of a Māori self and a Māori psychotherapy is very tempting, but in so doing mātauranga Māori runs the risk of becoming additional objects, utilised in order to discipline, 'shape, and transform human material'. I suggest that mātauranga Māori, even as it attempts to interface with psychotherapy's unitary knowledge, is co-opted by it in the texts analysed above by Dillon, Fleming, Hall, Morice, Fay, Woodward and O'Connor, Dalal, and, O'Connor. For example, in my own paper "Standing at the Waharoa" (O'Connor, 2020b) I suggest that Aotearoa New Zealand psychotherapists might, in service of their clinical work in this country, explore Māori relational, psychological, and psycho-spiritual concepts such as,

> manaakitanga (hospitality, compassion, generosity) so evocative of Winnicott's (1965) primary maternal preoccupation; kaitiakitanga (guardianship), evocative of Bion's (1962) container; and ūkaipō, the feeding at the breast in the middle of the night, suggestive of the clinical experience of infantile distress and disturbance we so often encounter as we attempt to offer Bion's 'contained' 'good food'. (p. 76)[198]

In so doing, I find myself seeking to 'work these fragments [of Indigenous Māori knowledge] into [my] own account' (Ransom, 1997, p. 98) of psychotherapy. But whilst

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the challenge of subjugated knowledge is an important assertion of resistance to dominant unitary totalities, its liberating effect is limited. As Ransom (1997) observes,

> It is true that once these disqualified bits enter into a strategy of resistance they lose their status as bits and are no longer opposed by everything that surrounds them. Foucault's attachment to these particles of knowledge appears to involve their isolation from any cycle of truth and power. They do not claim to represent a form of truth and so act as monads of knowledge unassociated with forms of power ... But this does not free them from the requirement that to be useful they must play their role in the strategies of opposition, which will, perhaps unfortunately, denude them of this unique characteristic … Foucault recognises that subjugated knowledges – specifically of the 'popular' and local variety – have this unique character of being isolated from every dominating relationship. As such they constitute a radical challenge to unitary discourse. But – and this is what Foucault appears to regret – this unique character must be sacrificed if effective strategies of opposition are to be devised. Once integrated into a strategy, once they help form a previously nonexistent 'we', they are no longer outside the confines of power-knowledge and may indeed become elements in a future 'main danger'. (pp. 99–100)

This is a significant risk of Indigenous challenges. Asserting Indigenous knowledge and challenging the dominance of European psychotherapeutic practice and theory enables subjugated local knowledge to enter the "contest of the true". Such freedom is asserted by Māori authors such as Morice (2003) in relation to a Māori psychotherapy, Woodard (2008; Woodard & O'Connor, 2019) in relation to an Indigenous self, Fleming (2016, 2018) in relation to Māori attachment, and is supported by non-Māori allies. The texts of practitioners and authors such as Dillon (2008) and O'Connor (2020b) present psychotherapy as part of the emancipatory project itself, attempting to free subjugated Indigenous prisoners from their colonial cell, literally in the case of the imprisoned man referred to in my paper "Standing at the Waharoa" (2020b). But in so doing, increasingly as mātauranga Māori becomes part of the fabric of psychotherapy in Aotearoa New Zealand, no longer entirely subjugated, it risks colonisation once again, but this time not just by European psychotherapeutic knowledge, but by the governmental technology of psychotherapy itself, which is now part of a modern power's network of biopolitical governmental technologies in Aotearoa New Zealand, part of a governmental web that plays its part in producing the political docility which has enabled, and perhaps continues to enable, the colonial project, and modern power's relentless, subjugating, and subjectifying creativity.

8.12 Conclusion

This risk in relation to the Indigenous Māori challenge to the theory and practice of psychotherapy in Aotearoa New Zealand presents considerable challenges for psychotherapy theory and practice in this country. For in each of the preceding chapters in which I have provided analysis of the discourses that have enabled psychotherapy to become a thinkable and doable thing in Aotearoa New Zealand, I have suggested that motivations to liberate and free 'imprisoned' selves have been at the heart of the discourses I have interrogated: whether it be missionary discourse attempting to free the primitive soul from its heathen status by the ministration of Christian salvation; freeing the soma of the mad person, ironically via asylum incarceration and 'moral treatment' of the European man of medical science; freeing the conflicted psyche of the modern 'New Zealander' via psychotherapy's psychoanalytic and psychotherapeutic interpretive powers; or freeing the colonised Indigenous Māori self by the reclaiming of Indigenous mātauranga Māori understandings of psyche and self. But are we any 'freer'? Or do the catastrophes of the climate crisis that faces us all, and its link to imperial domination of the earth (D. M. Orange, 2017), the gross inequities of neoliberal economic wealth distribution, the terrors of pandemic isolation, and the ongoing horrific statistics on incarceration, life expectancy, and illness that befall Indigenous Māori in this country (Durie, 1998b; Manning & Nicholls, 2020; Woodard, 2008) continue to reveal that modern power's tentacles, its networks and relays, are impervious to the construction of power as monolithic and sovereign, to be over thrown, in order to liberate us all? By contrast, is the following well-known warning by Foucault as pertinent for psychotherapy and its practitioners in Aotearoa New Zealand now as it ever was? "Everything is dangerous, which is not exactly the same as bad. If everything is dangerous, then we always have something to do" (Foucault, 1983, pp. 231–232).

Foucault's ideas, rather than evoking nihilism in us, invite us towards 'hyper-and pessimistic activism', in which we continually explore the "ethico-political choice … to determine which is the main danger" (Foucault, 1983, p. 232). With these challenging questions in mind, in the following chapter, the discussion chapter of this thesis, I interrogate my own subjectivity as a psychotherapist and Jungian analyst as I reflect upon the meaning and implications of the findings of my research for my own clinical work, political activity, and my very subjectivity, as well as for the theory and practice of psychotherapy generally in Aotearoa New Zealand.

9. Pastoral Power and the Violence of Kindness

> *Within these different forms of activity, I believe it is possible… to do one's job as a psychiatrist, lawyer, engineer, or technician and, on the other hand, to carry out in that specific area of work that may properly be called intellectual, an essentially critical work. When I say 'critical', I don't mean a demolition job, one of rejection or refusal, but a work of examination that consists of suspending as far as possible the system of values to which one refers when… assessing it. In other words: what am I doing at the moment I'm doing it?… At the present time… doctors, lawyers, judges carry out a critical examination, a critical questioning of their own jobs that is an essential element in intellectual life.*
>
> (Foucault, 1988b, pp. 107–108)

9.0 Introduction

In my 2017 paper entitled "Encountering the Internal Persecutor: Within the Psychotherapist, the Patient, and the Therapeutic Relationship", I describe a conflict within me between an attacking persecutor and a vulnerability under attack, as I seek greater internal freedom and peace for myself and my patients. However, a Foucauldian analysis regarding the constitution of what is termed the 'self', and the vulnerability which psychotherapy suggests is at the essence of the human experience, proffers that this inner self is constituted not simply by an internal violence and corresponding tender terror, but by the external systems of thought, the discourses of contemporary times, that fabricate my very subjectivity. Such a formulation suggests that the search for a more peaceful and freer existence manifesting from the resolution of an internal struggle between an attacking other and a vulnerable self, whilst emancipatory in its intention, is limited at best in the possibility it offers for greater 'freedom and peace'. In this discussion chapter, I consider the implications of this possibility, and of the findings of my thesis generally in the preceding four chapters, for my work as a psychotherapist, including for the clinical, intellectual, and political activity of this work, and for my experience of my 'self' as a human subject. Further, I consider the implications of the findings of this thesis for psychotherapy more generally in Aotearoa New Zealand.

9.1 Psychotherapy and the Emancipation of the Self in Aotearoa New Zealand

I have described four central discourses which have in particular underpinned the constitution of the 'self' and consequently of psychotherapy in Aotearoa New Zealand since the first European contact with Māori in this country in 1769, and even preceding

this: (1) the self as a soul in need of Christian salvation, (2) the self as a sick soma in need of medical healing via asylum incarceration, (3) the self as a conflicted psyche in need of psychotherapeutic interpretation, and (4) the self as a colonised Indigenous self, in need of emancipation from colonial subjugation. Each of these discourses ostensibly seek to enhance freedom and liberty for the human subject in this country. Christianity, attempting to save the Indigenous other in service of our own souls; medical science, attempting to heal the mad mind and sick soma; psychoanalysis and humanistic psychotherapies, attempting to free the psyche from its conflicted torment; and Indigenous knowledge, seeking to free a colonised self. Each, in its own way, appears to seek to participate in the emancipatory project of being a self, freely and truthfully, the utopian possibility of a self, free of oppression and subjugation. However, paralleling the emergence of psychotherapy as a technology of the self, ostensibly enabling truth and freedom, has been the development of Aotearoa New Zealand as a political entity based upon a capitalist and increasingly neoliberal economic philosophy. As I describe in Chapter 7, the emergence of the emotionally 'true' self in the 20th century in this country serves the development of autonomous individuals free to choose to be the productive self required of the post-war colonial citizen of the neoliberal capitalist Aotearoa New Zealand economy. And the confessing psychotherapeutic self is, I have suggested, one of the means by which we learn to become this self, a confessing self, ubiquitous in contemporary Aotearoa New Zealand. Yet, tragically, psychotherapy in Aotearoa New Zealand as elsewhere, is littered with horrendous consequences when facilitated by the minds of 'free men' inhabiting the role of holder of truth and healer of the psyche in concert with the "socio-political obligations of the modern self" to which Rose (1999) refers, 'seek to liberate' this self, assumed to be the universal and immutable essence of human kind, whilst hurting those we seek to heal, of which psychotherapy's responses to homosexuality in Aotearoa New Zealand are a painful historical example, as is, I suggest, psychotherapy's contribution to the fabrication of the 'consuming self' a more contemporary illustration, and one no less dangerous or destructive given its contribution to the consumption and domination of the natural world and the consequences this has for the climate crisis we all now face.

In addition, as argued in Chapter 8, there is a parallel risk in relation to the unique Māori Indigenous challenge to the dominance of European knowledge and power in relation to the practice and theory of psychotherapy in Aotearoa New Zealand, and the

subjugation of Indigenous Māori knowledge. These challenges risk utilising the repressive hypothesis once again, this time in the form of Māori psychotherapists and patients, and their non-Māori allies, vigorously challenging the colonising ways of European-informed psychotherapy practice, whilst in so doing failing to recognise or wrestle with the possibility that such resistance leads Māori to inevitably become complicit with a biopolitical technology in the form of psychotherapy that has played and continues to play its part in colonial subjugation, and in the very construction of Māori themselves as a homogenous group, rendered politically docile by psychotherapy's demand that Māori respond, engage, react to, and inevitably participate in the dominance of the very power knowledge nexus of psychotherapeutic discourse which Māori are attempting to escape.

Parallel to the homophobic 'psychotherapeutic' treatment of homosexuality by Basil James described earlier, we see the dark shadow of Darwinism and the Christian 'Great Chain of Being' (Salmond, 2017), so central to the humanistic conception of the 'missionary self/soul' of the early colonial period, manifest in more contemporary times. The racialising discourses uncomfortably revealed by Johnstone and Reid's (2000) research is an example. Such overt and destructive racism inevitably and understandably evokes the kind of Indigenous resistance described in the previous chapter. In Chapter 8 I nevertheless suggest that such resistance has its dangers. For Foucault notes that the 'essential self' fabricated by 'modern power' is significantly different from the earlier conceptualisations, evidence of both the fragility and mobility of the power knowledge nexus and its contingent and unpredictable alterations. The risk, as Foucault points out, is that faith in a universal and essentialised self is precarious, given the 'essential' nature of the self has inevitably continually shifted and changed as a consequence of the fragility of modern power's arrangements, and the mobility this inevitably leads to, in modern power's constitution of the 'self'.

9.2 Psychotherapy's Emancipatory Intent and Indigenous Liberation in Aotearoa New Zealand

In Chapter 5 of this thesis, I have suggested that missionary discourse and colonial power constituted Māori, even prior to European contact, as inferior and in need of Christian salvation, in so doing enabling the conditions of possibility for the eventual emergence of psychotherapy as a thinkable and doable thing within Aotearoa

New Zealand. And, as I outline in Chapter 8, psychotherapy continues to constitute Māori as in need of psychotherapy's 'liberatory intent'; in so doing, Māori are thus placed in the position of having to react and respond to, and to oppose, the dominance of European psychotherapeutic perspectives as they manifest within psychotherapy theory and practice.

In so doing, whilst this 'revolutionary' attempt to free the Indigenous self from the colonising effects of psychotherapy's European dominance by calling for a Māori psychotherapy that is no longer monocultural, contemporary Māori psychotherapists and the non-Māori psychotherapists who are allies risk inhabiting, reinforcing, and enabling modern power's governmental effects, as Māori begin to inhabit the very biopolitical technology against which they are attempting to revolt: psychotherapy itself. The missionary and colonial discourse that originally constituted Māori in precolonial and early colonial days now through the subterranean stealth of modern power continues to attempt to constitute psyche through this biopolitical technology. As Māori are invited into the role of resisters of psychotherapy's European dominance, critiquing psychotherapy's infusion of Eurocentric notions of psyche, in so doing Māori and non-Māori allies risk missing how psychotherapy itself acts as a biopolitical strategy, assisting citizens to become both productive and politically docile, in so doing taming Indigenous Māori in order that they might inhabit the neoliberal self that lies at the heart of psychotherapy humanistic 'true self' tradition, and that so neatly fits into neoliberal capitalist economy's need for productive, self-critiquing, self-producing, consuming citizens (Rose, 1998, 1999; Dean, 1999; Cushman, 1996).

In writing regarding the cross-cultural 'other', I include my hope that "we might get beyond our mutually unformulated shame, in order to reach each other … That we can misunderstand each other, be in aggressive states with each other, and stay" (O'Connor, 2018, p. 80). This speaks to the wish that my patients and I might feel the pain, grief, and hatred between us, between the colonising and the colonised, grieve together, and meet each other in our shared vulnerability, human being to human being. But in writing and describing these emotionally moving experiences, there is the profound risk that I miss how modern power's tentacles are constituting us both: me, the productive agent of psychotherapy's biopolitical strategy, playing my politically docile part in contributing to a capitalist society, in which emotional distress is attended to, not in a lunatic asylum with a panoptic tower to govern and survey all, but in a prison, or more commonly, in a small

comfortable office with soft furnishings, books on the walls to demonstrate my ‘expertise’, and a Freudian couch to gesture to my analytic heritage; all bolstering my authority, which then expresses itself through the confessional power of psychotherapy, enabling my patient also to produce themselves as an increasingly productive and docile ‘civilised’ citizen.

Figure 16: Clinical psychotherapy office in Māngere Bridge, Auckland, Aotearoa New Zealand
[Photo by author, 2023]

In this way, modern power’s tentacles via the biopolitical technology of psychotherapy also construct my Māori patient as in need of healing, who must search inside themself to find a true Māori self, free of colonial oppression, in order that from this internal terrain of wairua and connection to whenua they might find a ‘true’ authority beyond colonisation’s domination. And they pay me for the privilege of this internal discovery. A discovery which enables them to fulfil their role more effectively and productively in corporate Aotearoa New Zealand’s economic activity, softening their most

agitating political impulses, turning radical fury into political docility, in order that we might both participate in the neoliberal task of being a productive, consuming, politically docile self.

9.3 Implications for Me as a Psychotherapist

I suggest the illustrations throughout this thesis of the fragility of modern power have significant implications for me (and for my colleagues) as a psychotherapist and Jungian analyst currently in clinical practice in Aotearoa New Zealand. Foucault's ideas regarding how my subjectivity may be constituted by modern power and by the biopolitical technology of psychotherapy itself challenge me as I face the possibility that my clinical practice may be captured by what I may perceive as immutable notions regarding the nature of subjectivity that are indeed far from 'essential', leading to the kinds of dangerous practice enacted by Basil James in relation to homosexuality. Just as, in earlier times, I might have been captured by a colonial missionary zeal to save the heathen primitive native's soul, or by a medical discourse informing an intent to free the 'mad' patient's soma of their madness via asylum incarceration, or, more likely now, by a psychoanalytic aim to interpret intrapsychic conflict that haunts the patient's inner world, thus freeing patients of the unconscious repression that imprisons their true self, or by a surrendering to Indigenous knowledge in service of freeing the Indigenous self of its colonial subjugation. Am I compelled therefore, in my work as a psychotherapist and analyst, to simply continue to enact the "cultural unconscious" of modern power's biopolitical ways, in which I play my part, holding hands with neoliberal capitalism in the production of selves? Or is there another possibility? Can I think myself and the other differently in the time of my own thought?

9.4 The Creativity of Error: The Opportunity to Think 'Other Than I Am'

Whilst from a Foucauldian perspective it is easy to critique psychotherapy as a manifestation of the creativity of modern power, one which relies so heavily on humanistic notions of an essential self, far from a nihilistic point of view in which we are doomed to be constituted by modern power's subtle and multifarious manifestations, I suggest Foucault's critical analysis offers many possibilities for critical analysis of modern power's manifestation in the construction and practice of psychotherapy in this country, and therefore of possibilities to subvert its creative capacities. As noted in Chapter 8, Foucault (1983) famously comments,

> My point is not that everything is bad, but that everything is dangerous, which is not exactly the same as bad. If everything is dangerous, then we always have something to do. …So my position leads not to apathy but to a hyper- and pessimistic activism. (Foucault, 1983, pp. 231–232)

Of which the most pressing activity I draw from *both* Foucault's writing, *and* from the work of psychoanalysis, is the capacity to 'think critically'; for if we do not, we run the risk, as Foucault observes, of "thinking the same" (Foucault, 1966/2002, p. xxvi). Thus, Foucault's writing presents psychotherapists in Aotearoa New Zealand with a central challenge: the essential need to engage in a critical analysis of the very discipline which I and we inhabit. Foucault encourages 'specific Intellectuals', to take on the task of critical thought and analysis of power and its manifestation as material effects within their fields of expertise as a vital task. He comments with regard to what he describes as the 'specific' intellectual (as opposed to the 'universal' intellectual; for example, Enlightenment thinkers such as Kant), that we attempt the possibility of thinking our own selves in the time of our own manifestation.

> Within these different forms of activity, I believe that it is quite possible … to do one's job as a psychiatrist, lawyer, engineer, or technician, and, on the other hand, to carry out in that specific area of work that may properly be called intellectual, an essentially critical work. When I say 'critical', I don't mean a demolition job, one of rejection or refusal, but a work of examination that consists of suspending as far as possible the system of values to which one refers when … assessing it. In other words: what am I doing at the moment I'm doing it? At the present time … doctors, lawyers, judges carry out a critical examination, a critical questioning of their own jobs that is an essential element in intellectual life. (Foucault, 1988b, pp. 107–108)

Can I 'do my job' as a psychotherapist and Jungian analyst and, at the same time, 'critically examine' 'what I am doing as I am doing it?', not only from a psychoanalytic and psychotherapeutic perspective, but from a Foucauldian perspective? This I suggest is the central and critical implication that arises from the findings of my research, for the theory and practice of psychotherapy in this country, for myself, and for all psychotherapy practitioners in Aotearoa New Zealand. And I suggest, this is far from the stance of the docile citizen. Rather it is a politically active one. Foucault cites the example of J. Robert Oppenheimer, whose

> direct and localised relation to scientific knowledge and institutions that enabled him to speak with authority… the nuclear threat affected the whole human race and the fate of the world, his discourse could at the same time be the discourse of universal… the atomic expert brought into play his specific position in the order

> of knowledge.… I think, the intellectual… because of the knowledge at his disposal: it was at this level that it constituted a political threat. (Foucault, 1980a, p. 128)

It is at this level of the specific intellectual, drawing on my specific knowledge, that I attempt to 'think myself'. In this sense, in keeping with Foucault, I am not attempting to evaluate psychotherapy in Aotearoa New Zealand (or my activity as a psychotherapist in this country) as good or bad, but rather to analyse its manifestation, the subterraneous nexus of power and knowledge that constitutes this activity and my subjectivity within it, and its material effects including the dangers which it presents. Foucault (1981/1991) similarly articulates the experience of his own writing:

> According to Nietzsche, Blanchot and Bataille, experience… accomplishes the 'tearing' of the subject from itself, transforming it into something different from what it was, or completely other than itself, achieving its annulment, its disassociation, as a result. This enterprise of de-subjectification, the idea of a 'circumscribed experience', that tears the subject from itself, is the fundamental lesson I have taken from these authors… The way I do my books, I have always conceived them as direct experiences 'tearing me' from myself, to prevent me from always being the same. (pp. 31–32)

In the following reflections, I similarly attempt to 'tear myself' from myself, to 'think the other in the time of my own thought' in the hope that I may not be the same.

9.5 Me on the Couch, with Foucault

As I begin to grapple with the challenge of critically examining my activity and subjectivity in service of thinking myself differently in the time of my own thought, as a psychotherapist and Jungian analyst in this country, I find myself returning to a confessional mode with you the reader, despite the Foucauldian critiques outlined in Chapter 7 of pastoral power and its confessional origins. In my return to this confessional mode, are the paragraphs which follow yet another manifestation of how I am captured by psychotherapeutic discourse's seducing pastoral power? As yet I do not know. Nevertheless, in order to interrogate my subjectivity as a psychotherapist in Aotearoa New Zealand, via the lens of Foucault's ideas, I find myself beginning with a focus on my inner experience and history.

As someone who has literally laid on the couch of psychoanalysis for decades, seeking to enhance my 'authenticity, authority, and autonomy', to quote Milton (2016), it is frightening to consider how the discourses I have just described might course through

the fabric of my being and constitute my very subjectivity. The Christian discourse of missionary zeal encouraged me to seek the confirmation name of Francis, as the shy 12-year-old that I was sought to inhabit the priest-like identity of my Catholic faith, guided by the prayer of St Francis (n.d.):

> Lord, make me an instrument of your peace.
> Where there is hatred let me sow love;
> Where there is injury, pardon;
> Where there is doubt, faith;
> Where there is despair, hope;
> Where there is darkness, light;
> Where there is sadness, joy.
> O Divine Master, grant that I may not so much seek
> To be consoled as to console;
> To be understood as to understand;
> To be loved as to love.
> For it is in giving that we receive;
> It is in pardoning that we are pardoned;
> And it is in dying that we are born to eternal life.[199]

The asylums, subsequently relabelled mental hospitals, infused my childhood; my aunt, with whom I lived, worked as a social worker at Kingseat Hospital for decades. In the 1970s I would go to Kingseat open days, fairs, and picnics, mingling with the patients, doctors, and nurses, bewildered, and enchanted by the strange and fascinating conversations that emerged. St Francis was right at home. These encounters shaped my choice of profession as I discussed with my aunt the possibility of becoming a social worker, then discovered such a thing as a psychotherapist which seemed to inhabit similar terrain. I still immensely value residential therapeutic communities, having been part of initiating one with Segar House in Auckland, Aotearoa New Zealand, 26 years ago. And psychoanalysis introduced me to an ‘inner self’, the shock of discovering an inner world perpetually bubbling beneath the surface, informing my every move; this now felt the answer to freedom and truth. Before Indigenous discourse shocked me out of my slumber, inviting me to wairua, to Māori, to hongi, mauri, and the breath of life. Perhaps the Indigenous ally, rather than saviour, was my true psychotherapeutic home.

[199] Francis of Assisi (attributed). (n.d.). *The Peace Prayer of Saint Francis.* Franciscan Media. https://www.franciscanmedia.org/franciscan-spirit-blog/the-peace-prayer-of-saint-francis

9.6 The True Self: Foucault and the Process of Thinking

Whilst Foucault's relationship to psychoanalysis is layered and somewhat ambivalent as outlined in Chapter 7, overall, it is clear that Foucault had little time for the concept of a 'true self', an inner truth to which we might listen and which might be enabled by the confessional act of psychotherapy. As described in Chapter 2, Ransom (1997) notes,

> Foucault dismisses the idea that some form of knowledge (of our true nature, true interests and so forth) can act as the platform from which we can denounce power.… Marxism, for example, singly or together, these emancipatory visions are said to constitute a kind of knowledge - of what our true interests are, of what human nature really requires before it can flourish, and so on. … For Foucault however, the separate, emancipatory kind of knowledge does not exist… [For example, in *Discipline and Punish*] The inmates' true selves are not repressed: rather, their 'true selves' are created, manufactured by one of several technologies of power. (p. 22)

As Foucault (1977/2010b) himself puts it,

> We are neither in the amphitheatre, nor on the stage, but in the panoptic machine, invested by its effects of power, which we bring to ourselves since we are part of its mechanism. (Foucault, 1977/2010b, p. 217)

Foucault would, I suggest, critique faith in psychotherapy's "emancipatory intent" as a misguided belief in the enactment of Christian pastoral power and a regrettable belief in the idea that freedom might reside in the confession of one's inner truths. Such inner revelation, Foucault suggested, merely reflecting the emergence of a self-fabricated by the discursive systems of thought of the time. Jung's dialogue between ego and the trans-personal and transcendent self is reduced, through a Foucauldian lens, to a self-deception, in which we mistake the phenomenological experience of freedom, inner truth and numinous connection, as evidence of relationship with a transpersonal Self, rather than, as Foucault would argue, yet another manifestation of discourse and its material effects. Whilst ambivalent, Foucault (1976/2020a) was eventually increasingly critical of the confessional activity of psychoanalysis and its roots in pastoral power. Indeed, Foucault argues, we have become a 'confessional society',

> the confession became one of the West's most highly valued techniques for producing truth. We have since become a singularly confessing society. The confession has spread its effects far and wide. It plays a part in justice, medicine, education, family relationships, and love relations, … one confesses one's crimes, one sins, one's thoughts and desires, one's illnesses and troubles. (p. 59)

It is hard to argue with this, given the explosion of confessional practitioners in all sectors of modern Aotearoa New Zealand society, whether it be psychological reports to judges in criminal trials, confessional *Couples Therapy New Zealand* television programs, or required public relations advice, evidenced by mea culpae confessional apologies from politicians, such as in Aotearoa New Zealand, the Green MP Golriz Ghahraman when she made a mistake, in which she links her shoplifting activities in part to unresolved early trauma, stating in a press release at the time that,

> The mental health professional I see says my recent behaviour is consistent with recent events giving rise to extreme stress response, and relating to previously unrecognised trauma. (Cited in Armstrong, 2024, para. 10)[200,201]

Ultimately Foucault was highly critical of the tendency for psychoanalysis and psychotherapy to assume it can offer a liberating knowledge that exists outside of power. In Chapter 2, I note Ransom's (1997) comments:

> As the example of the Panopticon shows, Foucault wants to dismiss essentialist notions of human nature. There is, for him, no final emancipated human condition that society should realize - nor, to be more modest, is there a vision of human nature that can be appealed to when assessing today's faulty approximations. These things do not exist. Thus, there can be no knowledge of them that can act as an effective bar to the encroachments of power. (p. 22)

This leads to a tempting critique of Foucault in which he is characterised as pessimistic, even nihilistic, regarding the potential of human beings to in any way challenge the dominance of discourse and its creative effects: if power and knowledge are so implicated in each other, then how can any knowledge be at all liberating? Are we not consigned to be continually trapped and constituted by the discourses that fabricate our subjectivity as we play our part in the power knowledge game that creates us all? Is this my destiny as a practitioner of psychotherapy in Aotearoa New Zealand. Whilst the temptation to critique Foucault as nihilistic is inviting, particularly for someone such as myself who has been immersed in the confessional practice of psychotherapy for so long, this critique does Foucault an injustice. For Foucault is at pains to emphasise that it is

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[200] Armstrong, K. (2024, January 16). *Golriz Ghahraman: New Zealand MP resigns following shoplifting allegations*. BBC News. https://www.bbc.com/news/world-asia-67992597

[201] In a subsequent interview with Aotearoa New Zealand journalist John Campbell, Ghahraman describes that she is undertaking trauma therapy as a result of her shoplifting convictions, and past experiences of trauma in Iran and as a result of online abuse including death threats and threats of sexual violation whilst a politician in New Zealand. 1News. (2024, June 27). *Former Green MP Golriz Ghahraman speaks on shoplifting scandal* [Video]. YouTube. https://www.youtube.com/watch?v=EntmhOSYvUg

the very fragility of this nexus of power and knowledge which makes it so available for revolt. He explains in an interview,

> When I read - and I know it has been attributed to me - the thesis, 'Knowledge is power,' or 'Power is knowledge,' I begin to laugh, since studying their *relation* is precisely my problem. If they were identical. I would not have to study them… The very fact that I pose a question of the relation proves clearly that I do not *identify* them. (Foucault, 1988a, p. 43)

Is my subjectivity inevitably formed by discourse, unable to transcend it, as I wrestle with the difficulties of staying with uncertainty, fear, and doubt, my own and my patients', in relation, for example, to contemporary transgender experience and the discourses that traverse this terrain? Will I inevitably repeat dangerous discursively informed clinical practice, even as I seek to do my 'Christian Good', a white saviour repeating the cultural unconscious of our discursively constructed times? Or is there a way for me to inhabit myself, beyond discourse and its creative material effects? I do not know. Nevertheless, Foucault, clinical moments, and the psychotherapeutic ideas of C. G. Jung, Thomas Ogden, Wilfred Bion, and others inspire possibilities in me. For I suggest that Foucault, in combination with contemporary Bionian, relational, and intersubjective psychotherapeutic theory, provides opportunity for a psychotherapeutic, clinical, and political stance which invites the possibility of inhabiting the kind of critical thinking which Foucault advocates, a type of thinking that, I propose, has much in common with Bionian thinking.

9.7 The Creative Possibilities of Foucauldian Critical Thought

From my reading of Foucault, I have deduced the following points as central to the creative potential of Foucauldian critical analysis, particularly in relation to my work as a psychotherapist and Jungian analyst.

1. **The fragility of modern power:** It is not that power is knowledge and knowledge is power, but that it is the relationship between power and knowledge which constitutes modern power. And it is the very fact of this relationship which makes this nexus fragile. Any assertion of knowledge always leaves something out. This invites resistance, as we have seen in the ruptures in knowledge regarding the nature of self in Aotearoa New Zealand, whether this be a shift from psyche as inhabited by a Christian soul in need of salvation, to madness being constituted by the sick body, to the conflicted mind and its repressed turmoil, to

the colonised Indigenous self. Thus, far from criticism being a passive process, it is critical thought itself, which allows us to inhabit change.

2. We are constituted, but not determined, by modern power: There is no essential universal self, rather the self is constituted by a nexus of power and knowledge, and given the fragility of this nexus, subjectivity is constantly mobile. We are constituted by power knowledge, but we are not determined by it.

3. We are multiple: There is no such thing as a unitary self. Rather, there is a self continually in conversation with itself. Continually encountering within us an ongoing debate about the nature of who we are, as disparate aspects of ourselves encounter each other.

4. The opportunity for the ongoing interrogation of subjectivity: The experience of this multiplicity means we constantly have the liberty of interrogating ourselves, of a revolt against ourselves. Of being other than who we are.

5. The creativity of critical 'thinking': Central to this capacity for being other than who we are, of no longer inhabiting 'the history of the same', is the capacity for 'thought'. Foucault notes that, "There is no experience which is not a way of thinking" (Foucault, 1984/2010d, p. 335). That is, all experience is constituted by a nexus of power and knowledge. It is this unthought 'thought' which saturates both our own subjectivity, and that of our experience of and meeting of others. And it is this relentless, ever present 'thought' which if it can be interrogated, also offers the possibility for something new to arise. For if relations of power are always mediated by thought, then there is always the possibility of error and interrogation. And it is the critical thinking process of this interrogation which offers, not a revolution in service of a utopian liberation of humanity's essential self, but rather, as I quoted in Chapter 2, the possibility of new 'thought', and consequently potential transformation. As Foucault observes,

> Criticism is a matter of flushing out… thought and trying to change it: to show that things are not as self-evident as one believed, to see that which is accepted as self-evident will no longer be accepted as such. Practising criticism is a matter of making facile gestures difficult.… As soon as one can no longer think things as one formerly thought them, transformation

> becomes very urgent, very difficult, and quite possible. (Foucault, 1988e, p. 155)

Foucault does not collapse knowledge and power into “one big ball of domination” (Ransom, 1997, p. 21), but rather, by articulating the relationship between the two, offers the possibility for interrogation of this relationship. And it is this interrogation that I am attempting to offer in relation to psychotherapy in Aotearoa New Zealand. A critical interrogation, from which, I suggest, when inhabiting the stance of psychotherapist and analyst, I, and Aotearoa New Zealand psychotherapists generally, may considerably benefit. But how can a Foucauldian critical thinking analytic stance be compatible with a psychotherapeutic analytic stance?

9.8 Contemporary Psychotherapeutic Theory and Practice

I suggest that much of Foucault’s reflections upon the process of critical thought, and its relevance for the specific intellectual, in interrogating what we are doing as we are doing it, as outlined below, resonate with contemporary psychoanalytic theory, particularly that which emerges out of the theory of thinking first articulated by psychoanalyst Wilfred Bion (1962), and subsequently developed by contemporary relational and intersubjective theory, much of which has been generated post Foucault’s death. Further, I suggest that contemporary psychotherapeutic practice, and specifically psychoanalytic practice, is far less dominated by the repressive hypothesis than once might have been the case. Rather, the emphasis is upon the nature of psyche as inherently dissociative (for example, Jung, 1946; Stern, 2003, 2009, 2015). That is, rather than the idea that our psychic inner world is made up of defences attempting to help us not know about things that have once been known to us and are pressing to be revealed, contemporary psychotherapeutic theory focuses on the idea that there are multiple states of mind within us, to which a thinking mind has never been brought, and which have thus never been known to us by a thinking mind. They are not repressed, they are unknown, or, perhaps more accurately, in the words of Christopher Bolas, “unthought knowns”.

Theorists who postulate this idea include Jung’s (1946) prescient focus on the nature of mind as inherently dissociable and Donnel Stern’s (2003, 2009, 2015) ideas regarding what he terms “unformulated experience”; that is, states of mind and experience that have never been formulated by a thinking mind, but rather exist within us unthought, but enormously influential. Particularly relevant for Foucault is Bromberg’s

(1996) ideas about “multiple self-states”; that subjectivity is comprised of innumerable self-states, any one of which we can inhabit at any particular time, and that the craft of building emotional and intellectual capacity is in generating the capacity to ‘stand in the spaces’ between different states of mind, indeed to both observe, experience, and bring a thinking mind to different states of mind as they arise within us, all at the same time. This is combined with contemporary intersubjective and relational theory, which assumes that subjectivity is in process, never static, and is cocreated in interpersonal, intersubjective context, over and over again. Writers like Jessica Benjamin (2004, 2009, 2018) utilise the above intersubjective theories and notions of dissociation to reflect on the idea of enactment; that is, the recreation of previously unknown states of early and often traumatic experience as they are recreated between patient and therapist/analyst (what Donnel Stern [2009] describes as “disassociation inter-personalised”), in which the contribution of the therapist’s subjectivity is as much up for interrogation as the patient’s, within an asymmetrical yet reciprocal patient therapist relationship. An implication of this for therapy being that if subjectivity is always intersubjectively generated, then it is incumbent on the therapist/analyst to be willing to “go first” (Benjamin, 2009) in articulating their part in painful or even traumatic re-enactments of early experience within the therapeutic relationship, in recognition of the asymmetrical but reciprocal nature of the power relationship and its cocreation of subjective experience.

Much of this, I suggest, perhaps controversially, is helpful to Foucault’s ideas about thinking, and can be utilised and broadened to include Foucault’s conceptualisation of how subjectivity is constituted by modern power. It is a challenging task, but if the psychotherapy practitioner can inhabit a critical stance in which all aspects of these theories of thinking can be considered, including Foucault’s critical analysis of the creative effects of discourse as it is generated by modern power, then a truly critical analytic undertaking may be possible for the psychotherapeutic clinician.

9.9 Helplessness, Ignorance, Error, and the Art of ‘Thinking’

What actually comprises the process, or ‘art’, of ‘thinking’ that enables the quality of criticism which Foucault describes? Foucault does not articulate this. For this I think we need Bion, Thomas Ogden, and a form of psychoanalytic capacity, about which Foucault does not appear to be familiar, or at least about which he does not write. For to ‘tear ourselves’ from ourselves, to ‘think differently than who I am’ is an enormously

challenging emotional, as much as intellectual, task. For the specific intellectual to be able to interrogate our own subjectivity, in service of considering how they may be fabricated by the dominant systems of thought of any particular time, is to wrest oneself from the time of one's own thought. To do so, requires I think, in the spirit of Bion, to create space in our mind for 'thinking' under enormous emotional pressure.

Bion was famously motivated to generate his thoughts about thinking, and particularly thinking under excruciating, utterly undoing, emotional disturbance, by his experiences in World War I. Specifically, foundational to Bion's (1962, 1963, 1967/1988, 1970) exploration of this capacity for thinking under emotional pressure was an experience as a very young tank commander. As Brown (2012) describes,

> Nowhere is this war of nerves more prominent than in Bion's 1997 description of his entrapment in a shell hole during the war of Amiens with his young runner, who he calls Sweeting. ... The pair had taken shelter from the German attack with Sweeting holding close to Bion when the runner asked: 'Why can't I cough, why can't I cough, Sir?' And then:
>
> Bion turned around and looked at Sweeting's side and there he saw gusts of steam coming from where his left side should be. Shell splinter had torn out the left side of his chest. There was no line left there. Leaning back in the shell hole, Bion began to vomit unrestrainedly, helplessly (Bion, 1997, p. 255).
>
> Sweeting started incessantly to beg Bion to be sure to write to his mother and these appeals appeared to grate on Bion's already frayed nerves, 'Oh, for Christ's sake shut up,' shouted Bion, revolted and terrified (p. 255). Then later, 'I wish he would shut up. I wish he would die. Why can't he die?' ... Sweeting's horrific injury and his panicked desperate entreaties for Bion to contact the boy's mother confronted Bion with an overwhelming in vivo experience from which he learned about the nature of alpha function [higher order thinking] and its limitations. (Brown, 2012, p. 1199)

This incident "illustrates not only the sheer horror of war but also Bion's attempts to think amidst overwhelming sensory bombardment and his ultimate failure to do so" (Bion, 1997, cited in Brown, 2012, p. 1199). From these terrifying war experiences Bion (1962, 1963, 1967/1988, 1970, 1997) spent the rest of his life reflecting on the nature of thinking, how we might find thinking for 'thoughts without a thinker', and symbolise beta

elements of somatic, emotional, affective, horror. His notion of 'containing' describes an ongoing process of experiencing the other in one's own mind.[202]

I suggest that as psychotherapists and analysts we are similarly 'bombarded' by the systems of thought that fabricate and constitute our subjectivity. If we are to be able to consider how these systems of thought constitute us, without being determined by them, we must be able to think about thinking and about feeling, and feel about feeling and about thinking, as they manifest in what Foucault describes as the "cultural unconscious" (Foucault, cited in Simon, 1971, p. 198). Indeed, particularly in relation to the colonial context of Aotearoa New Zealand, and the pressures on both Māori and non-Māori practitioners to submit to particular ways of thinking, the capacity to think other than what we are, is put under enormous strain. As Paraire Huata (2010) described in his paper "Māori Psychotherapy: A Cultural Oxymoron", "you will be bombarded with a cacophony of sounds and images that may tell you that you are in a foreign land" (pp. 4–5).

Similarly, I have previously written, when reflecting upon Aotearoa New Zealand's colonial history and its impact on psychotherapists in the cross-cultural clinical moment, particularly for those like me, of European origin, who can feel overwhelmed by feelings of shame and guilt in relation to our 'complicity' with the violence of our colonial past:

> In my fear how do I not be completely consumed, subsumed, and overwhelmed by the shame and emotional intensity of such [colonial] history. Is it even possible for the fear, shame, the guilt of this moment, not to propel every action with which I engage? Indeed, the impulse to project my own disavowed trauma into and onto the Indigenous other, to proffer my guilt and shame for the aggression my ancestors perpetrated, whilst denying my own painful ancestral history, risks

[202] Bion (1962) famously paralleled the experience of thinking in clinical work with the maternal dyad of baby and mother, in which he used the mother's breast's relationship with the infant as demonstrative of a literal process of psycho-somatic "thinking": and metaphorically for the process of "thinking" that occurs between patient and therapist or analyst, a process he described as "containing", to capture the ongoing process of experiencing the other in one's own mind. Bion emphasised that we put each other under enormous emotional pressure in interpersonal contexts, and that retaining the capacity for thought is an immense emotional as well as cognitive challenge. As Biran (2015) summarises,

> When the mother provides a correct translation, she is thinking for her baby. Later on, he will learn, through her, how to think verbally on his own. She is helping to acquire this important function and to learn to deliver his messages to the world in a clear way, leading to joy and satisfaction ... this function shows us the extent to which Bion conceives of the container as a thinking container ... which does not simply absorb, but also thinks and transforms, endowing the material entrusted to it with further meaning. Bion believes this manner of thinking is an action: therefore, the container is seen as an active agent, rather than a passive absorber, as it is often mistakenly depicted. A container with the capacity to contain is an active, dynamic, seeking, wondering, examining, and questioning container. This means that thinking is an act, and action. Thinking through the process of finding the right word is a complex, subtle, and devoted activity. (p. 4)

> enacting the very trauma I am attempting to undo. I suggest that psychotherapy in relation to the 'racialised' other has often been infused by the politics of melancholy, in which the guilty shame which arises in those of European heritage is enacted in the clinical moment with the racialised other, in which there is an unconscious request for forgiveness, indeed a desire for maternal care from those whom we are attempting to assist. (O'Connor, 2020b, pp. 69–70)[203]

To take up Foucault's challenge to the specific intellectual, to critically interrogate my specific knowledge in the domains of my practice, to 'tear myself from myself', is an enormous challenge in the 'heat' of such emotional pressures, particularly when they descend in emotionally charged clinical moments. I suggest the process by which I, and my psychotherapeutic colleagues, might do so involves the capacity to feel states of disintegration and unknowing before we can enable our minds to gradually cohere into a 'selected fact' (Bion, 1962) that might eventually assist us to no longer be solely constituted by discourse, but rather, by the act of being able to critically think about the discourse that may be constituting us, become other than who we are. This craft requires, I suggest, the capacity for Bionian 'thinking and dreaming'. Therefore, with these principles in mind, I will now outline some core principles which inform my own therapeutic and analytic work, and then explore how I might inhabit them alongside Foucauldian discourse analysis ('thinking'), in service of the possibility of 'tearing myself from myself', and 'thinking other than I am'.

9.10 Psychoanalytic and Foucauldian Critical Thinking Under Pressure

Ogden (2004a) suggests that analytic thinking involves the interplay of the dialectic of oneness and twoness. The twoness being the relational cocreation between patient and therapist, and the oneness the capacity to find my own thoughts in service of enabling a thinking mind for the thoughts without a thinker. This is an emotionally very challenging thinking capacity, the capacity to think about feelings and feel about thinking, that requires considerable clinical discipline and courage given the pressures humans (and, from a Foucauldian perspective, modern power) puts on each of us; a 'thinking' capacity initially conceptualised by Bion.

Ogden (2004b) distils the components of this process Bion calls 'thinking' as involving the capacity initially to feel undone by the preconscious "unthought knowns", that are evacuated into us by patients, often involving enormous distress, and which

[203] O'Connor, J. (2020b). Standing at the waharoa. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *24*(1), 67–78. https://doi.org/10.9791/ajpanz.2020.06 (pp. 69–70)

leave us feeling uncertain, undone, and not-knowing; what Keats (1817) describes as “negative capability”. Far from a pejorative concept, the capacity for not knowing, for being with mystery uncertainty and doubt, is considered from a Bionian perspective to be an emotionally challenging, hard-won, and essential capacity that is crucial to ‘thinking’ within clinical engagements. Eventually, if we can inhabit this stance of uncertainty for long enough, like a caregiver attempting to settle a distressed infant, we might experience ‘dream thoughts’ (reverie), just as we do when awaking from a literal dream and having fragments of the dream drift through our mind, escaping our consciousness just as we attempt to grasp them. Eventually, such thoughts may form into something more familiar to the conscious mind, a ‘selected fact’, that coheres in our mind to represent something which feels meaningful, in relation to our patient. To quote Thomas Ogden (2004b),

> The ‘container’ is not a thing, but a process. It is the capacity for the unconscious psychological work of dreaming, operating in concert with the capacity for preconscious dreamlike thinking (reverie), and the capacity for more fully conscious secondary-process thinking. Though all three of these types of thinking—unconscious dreaming, preconscious reverie, and conscious reflection—are involved in the containing function of the mind, Bion views the unconscious work of dreaming as the work that is of primary importance in effecting psychological change and growth. (Ogden, 2004b, p. 1356)

The potency of Bion, in combination with Foucault, I think then, is the conceptualisation of the process of thinking; that the mind is a pictogram, continually dreaming itself, an unconscious cinema, not only intra-psychically unconsciously generated, but fabricated by the systems of thought, arising out of a nexus of power and knowledge that dominate this unconscious landscape, and which plays beneath the surface of our awareness. Ferro (2011), drawing on Bion writes,

> I believe that the ‘waking dream thought’ (Bion, 1962) is the most significant and important of [Bion’s] concepts. … our mind … constantly creates a continuous operation of ‘alphabetisation’ of all the sensory stimuli and proto-emotions that we receive. The endpoint of this operation is the formation of alpha elements, which, when we put them into sequence, produce the waking dream thought. (p. 155)
>
> The mind that brings about this transformation does not only transform the proto-sensorial and proto-emotive chaos into affectively meaningful representation, but, through the constant repetition of this mental work, it also transmits ‘the method’ [of thinking] employed to achieve this (*a* function). (p. 162)

What this means for how we might inhabit the ‘critical’ therapeutic moment is poetically captured by Thomas Ogden (1997):

> the analyst must be able to experience ... what it feels like being with the patient; and yet, for the most part, these experiences are unconscious. The analyst is initially, and for quite a long time, more 'lived by' these predominantly unconscious feelings than he is the author of a set of thoughts, feelings, and sensations that he experiences as his own creations and can name for [her/them] himself. A good deal of my work as an analyst involves the effort to transform my experience of 'I-ness' (myself as unself-conscious subject) into an experience of 'me-ness' (myself as object of analytic scrutiny). (p. 720)

Central to the phenomenology of what Ogden and Bion describe is the capacity for reverie: to hold the dream thoughts of our mind, evoked in the presence of our dreaming patient, in our mind, even as these fleeting fragments slip illusively from us. That is, in the words of Foucault, to be able to critically examine 'what I'm doing as I am doing it?', to 'tear myself from myself', requires the emotional thinking capacity to feel, glimpse, reflect upon, and form into thoughts, my 'experience of I-ness'. To do so facilitates the capacity to become 'other than who I am'. As Ogden (2004a) observes,

> The individuals engaging in this form of relatedness unconsciously subjugate themselves to a mutually generated intersubjective third for the purpose of freeing themselves from the limits of whom they had been to that point.... The act of having oneself 'given back' by the other is not a returning of oneself to an original state; rather, it is a creation of oneself as a (transformed, more fully human, self-reflective) subject for the first time. (Ogden, 2004a, p. 189)

9.11 Foucault and the Inner World of Psychoanalysis

Such theorising, with its emphasis on the 'inner world' and emotional experiencing, would appear, on first sight, to be as far away as it is possible to get from a Foucauldian analysis of the relentlessly creative and subjectifying effects of modern power. Indeed, much of the above could be critiqued for its emphasis on the idea of an inner world that lacks the Foucauldian analysis of the fabric of this inner world, and in particular, the idea that this world is not innately 'inner', but rather is constituted externally by modern power's relentlessly disciplining, normalising, biopolitical, and governmental ways. Indeed, it would be easy to critique the above psychoanalytic theory as a component of pastoral power's governing of the Western democratic citizen of the 20th and 21st centuries, inviting them to confess to an inner world to which they must remain loyal and 'true', an innately 'true self', rather than a contingent, mobile, and fragile experience of subjectivity, constituted by modern power and its relentlessly creative material effects. However, whilst I hold the above critique in mind, I suggest that the above theory offers something to Foucauldian analysis, which Foucault does not provide.

In psychoanalytic psychotherapeutic work we are invited to listen for the derivative manifestations of the unconscious as they reveal themselves like fragments of a dream, elusive to our minds, but able to be glimpsed if we linger like Ogden (1997, 1999, 2004a), patiently and attentively. And perhaps it is this experience of subjectivity, which, if we are emotionally brave enough, and intellectually rigorous enough, might allow us to glimpse beyond the nexus of power and knowledge that gives rise to much that we experience as subjectivity, the symbolic that allows a representation of otherwise relatively unknown experience, and the possibility of subjectivity constituted by, but not determined by, discourse.

Jung (1946) described in his psychology of the transference the encounter, unconscious to unconscious, of the pictogram of the mind of patient and analyst. Ogden (2001) and Bion (1962) encourage my phenomenological inquiry into these fleeting dreams and thoughts, slowly allowing them to cohere into representation of inevitably disturbing affective states, and Foucault (1972/2008) warns me that to react too quickly is to risk inhabiting and reflexively enacting the discourses of our time. To do so, I suggest, is to avoid thoughtlessly inhabiting my self, feeling, dreaming, and eventually thinking, recognising the immense emotional labour such a stance requires. If psychotherapy is not to be a further “monologue by reason *about* madness” (1972/2008, p. xxviii), then our only hope is to surrender to, and linger with, the irrationality of the encounter, unconscious to unconscious, therapist and patient: an unconscious that is not only psychoanalytically intrapsychic, but also ‘social’ in the Foucauldian sense, fabricated as it is by the discourses made possible by modern power’s governing modes. This task of surrendering, listening, ‘thinking’, was beyond Basil James at the time of his dangerous pathologising of homosexuality. Rather he was fabricated by the normalising discourses of his time in relation to homosexuality, leading him to manifest these discourses in the form of dangerous ‘psychotherapeutic’ interventions. Nevertheless, subsequently it was a task he gestured towards as an ‘after’ ‘thought’.

9.12 Basil James ‘Thinks’ Again

Subsequent to his dangerous pathologising of homosexuality, James in 1999 (Guy, 2000, p. 117) offered an emotional reflection in which he regretted the harm which he had perpetrated. Guy (2000) quoted James as writing in a personal communication to him, that,

> The treatment of the [homosexual] patient which I published not only, it now seems to me, sought to incorporate some of the avant-garde thinking of the day (learning theory) but much more importantly, helped me to deal with my helplessness and ignorance. (p. 117)[204]

Helplessness and ignorance. Perhaps the feeling psychotherapists, and humans generally, most fear is helplessness. We will do anything but feel helpless, a helplessness which Brown described Bion being overwhelmed by during World War I. Yet perhaps it is in this moment of utter incapacity, by which I do not mean a glib lip service to Bion's without memory, desire, or understanding, Keats' negative capability, mystery, uncertainty, and doubt, but rather a determined willingness to experience such undoing states, that true creativity is possible. To feel, particularly states of helplessness and ignorance, fear, desire, hate, love, disgust, shame, or sexual passion, without evaluation of myself as a good or bad therapist: or, as Foucault emphasises, the biopolitical practice of psychotherapy as 'good or bad'. Such evaluation inevitably requires a flight from these disturbing affective states, leading us, I suggest, to take refuge in a submission to the contemporary systems of thought of the cultural unconscious which construct the 'truth' of the psyche in any given episteme. When I flee such disturbing and affective states, I cannot dream my thoughts, as Bion would encourage, I cannot bear the uncertainty of ignorance and helplessness. I am too tempted to reach impulsively for the refuge of certainty and action, of prescription drugs and electric shock treatment, with leucotomy as a last resort. I am too frightened to allow the pictogram of my dreaming mind to slowly form into a Lego block of thoughts about feelings.

By contrast, if I am courageous enough, is there the possibility of an emotional contact, an intimacy, unconscious to unconscious, that enables me to glimpse beyond these discourses? And if I am intellectually rigorous enough, can I combine this emotional courage and intimacy with a capacity for Foucauldian critical thought that might reveal not just the intrapsychic unconscious, but the 'social unconscious' in the discourses which fabricate my apparently 'intrapsychic' inner world.

James hints at the possibility of transformation that exists in managing to bear our helplessness, of not being captured by the need to fix, heal, and cure. Do the discourses of Christianity, medicine, meta-psychological psychoanalysis, perhaps even

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[204] Guy, L. (2000). 'Straightening the queers': Medical perspectives on homosexuality in mid-twentieth-century New Zealand. *Health and History, 2*(1), 101–120.

Indigenous critique, command my mind to know? Or can I bear the possibility of feeling something and knowing nothing? The challenge for us as psychotherapists and for me as a psychotherapist, is, I suggest, to inhabit this capacity for thinking and feeling and feeling about thinking, and to utilise Foucault's tools of discourse analysis to critically and courageously explore the discourses that might be capturing my and our subjectivities, even as I think and act within clinical context.

9.13 Clinical Vignette

In a 2022 paper entitled "The Unconscious is a Shy Beast", I write of my clinical work with a patient whom I call Michelle, whose horrific history of early relational horror had emerged relentlessly in the tumultuous first three years of our therapeutic work. We explored her experience of feeling like she does not exist, and at one point Michelle said:

> You know how you sometimes talk about me holding you in my mind in between sessions. And how I don't seem too good at doing that. … I think when we have a sucky session … it seems that you stop existing in between sessions … I don't feel … you know, how to explain it. I know you are not really gone, but you stop existing. I also know I can't contact you no matter how much I might want to because you stop existing. (O'Connor et al., 2022, p. 114)

She appeared fragile and I felt protective and anxious. She further expressed,

> It is hard to explain the disintegration I so dread. … a feeling unlike any other. As if someone picked up an eraser and started to slowly wipe me out of existence. They started at my feet, disconnecting me from the world around me. I can feel myself floating and I know that I have to stop them from erasing me entirely, for if I am erased completely, I will never be able to come back. I will not be able to re-form, and people will never be able to connect to me again. (O'Connor et al., 2022, p. 114)

And then later in our work she comments,

> We talked and we were quiet, and as the tears subsided I could feel myself slowly being reformed. I had dreaded this moment for months, years even, for fear of falling apart and not being put back together ... That if I would start to fall apart, I would disappear, for John wouldn't be able to glue the pieces back together ... And yet today, this is exactly what seems to have happened. (O'Connor et al., 2022, p. 114)[205]

[205] O'Connor, J., Nicholls, D. A., Thorpe, M., & Woodard, W. (2022). "The unconscious is a shy beast: don't pounce!" The making of psychotherapy (and a psychotherapist) in Aotearoa New Zealand. *Ata: Journal of Psychotherapy Aotearoa New Zealand, 26*(2), 91–122. https://doi.org/10.9791/ajpanz.2022.11

9.14 Existence

As my patient encounters her experience of not existing, and then in the feeling and thinking environment of our therapeutic relationship discovers the possibility of being ‘reformed’, what is this subjectivity that comes into ‘existence’ in her own mind: is it a subjectivity formed by discourse? Is this an experience of ‘existence’, of subjectivity, emerging out of the experience of ‘thinking’: her’s and mine, as we dream and think together, and slowly there emerges a self that feels coherent; how constituted by discourse, by the systems of thought analysed in this thesis, is this experience of existence? Is it in my therapeutic engagement and manifestation of pastoral power and its constituting effects? Is there the possibility that this is a practice of ‘care of the self’, as we attend to the minute experiences of her mind and body, and my own, together allowing a ‘reforming’ to occur, one that, rather than freeing an essential self from its repressing prison allows an experience of self to emerge in a relational crucible, a crucible that enables a creative act, a care of the self, cocreated as a work of art. Foucault in his later writing suggests,

> there has been an inversion between the hierarchy of the two principles of antiquity, ‘Take care of yourself’, and ‘Know thyself’. In Greco-Roman culture knowledge of oneself appeared as the consequence of taking care of yourself. In the modern world, knowledge of oneself constitutes the fundamental principle. (Foucault, 1988f, p. 22)

But perhaps in the above work, in which the notion of dissociation as emphasised by C. G. Jung and others summarised above is prioritised over Freud’s original conceptualisation of repression, the emphasis is returned to a focus on ‘care of the self’. We were not seeking to ‘know’ something prematurely, that was always there, but rather through the ‘care’ of ‘thinking and feeling together, and thinking about feeling together’, allowing ‘knowledge of the self’ to emerge as it is ready to do so. For this work is not dominated by a meta-psychological view of psyche, a tripartite ‘id, ego, superego’, but is rather informed by a focused care: an attempt to bring a ‘care-full’ thinking mind, to another ‘care-full’ thinking mind, in service of the emergence of, rather than the freeing of, a self. Foucault comments:

> To be modern is not to accept oneself as one is in the flux of the passing moments; it is to take oneself as object of a complex and difficult elaboration.… modernity does not ‘liberate man in his own being’; it compels him to face the task of producing himself. (Foucault, 1984/2010f, pp. 41–42)

This I find a beautiful and evocative opportunity. However, I propose that the task of producing oneself is a task that can only be achieved when one's own capacity to generate a thinking mind is supported via the thinking minds of others. As Dalal (2002) hypothesises, we are a 'we' before we are an 'I'. Contemporary intersubjective and relational developmental theory recognises that in the earlier stages of life, an infant requires the thinking and feeling minds of others in order that a self might emerge, otherwise the infant will die. Indeed, more contemporary developmental psychotherapeutic research and theory, concurrent with the perceived relational turn in psychotherapy, has seen the emergence of developmental models which place much greater emphasis on the early relational environment as midwife to the emergence of self, or indeed of selves. Are these psychotherapeutic theorists postulating another form of the 'essential self' so central to humanism's construction of the human being, or are they describing the experience of a 'cocreated' 'work of art', in which the mind of another, thinking feeling mind, midwives another's self into existence? I 'hold my patient Michelle in mind' as a co-participant in the care of the self, that facilitates, for Michelle, I suggest, not the liberating of a repressed self, but the 'producing of herself'.

In describing a second vignette described in the paper "The Unconscious is a Shy Beast" (O'Connor et al., 2022), I write,

> After several years of frightening and moving work, the young Māori woman in front of me stood to depart for the last time. She walked towards me, and I felt fearful: was she about to kiss me? The shy boy of my youth prepared to retreat. She slipped her hand into mine, used her other hand to pull my shoulder close. I glimpsed her intention to hongi. Unthought thoughts of the marae moments of my life filled me: All Black haka and tearful tangi, standing at the waharoa, and the grief of the unmourned losses of my British ancestral history heaved within. I lost all sense of my authority as white analyst. She pressed her nose into my nose. A hongi. We breathed the breath of life together. A uniquely Aotearoa New Zealand psychotherapeutic moment. In my relationship to St Francis, did I enact the white saviour? Or, as our hands held each other's, my nose against her nose, our breath together, did this offer something new, as I surrendered to my ignorance and helplessness?
>
> Is this what Foucault might mean by creating myself as a work of art each day? But now inter-personalised. The art of feeling without submission, but with

> surrender, embracing my ignorance and my helplessness, and offering the possibility of feeling something with another? (p. 117)[206]

It is not only the violence of the intrapsychic which mitigates against the therapeutic stance which embodies and embraces uncertainty, mystery, and doubt; it is also the violence of the socio-political. As Snell (2013) notes, such profound receptiveness to uncertainty and not knowing is undertaken in an environment of enormous emotional and cultural pressure and disturbance and is thus always at risk of being undone (p. 33). The force field of my own mind, with its compulsion to save, encounters and is constituted by the compulsion of our cultural and socio-political context, in which efficiency, doing, and the 'management of human material' are urgently demanded.

Yet what if the urgency of this very demand mitigates against the creativity of new possibilities if we are to truly take on the invitation not to know, which does not mean impotence, but rather the profound gift of presence, in the unformulated, disassociated, terrifyingly unknown aspects of our own and others' psyches. Perhaps this tension is in all therapists. The impulse to know, the impulse to impose the truth of our view of the psyche, to use our maps and morals to know what the patient cannot know, and yet the disturbing inevitability that all is confusing, that, as Jung suggests, each therapeutic journey is a unique, unknown, and thus terrifying engagement with our own, the other's unconscious, and the social unconscious fabricated by modern power that constitutes us all; confrontation with the unconscious every time. How can I possibly bear such an 'impossible' profession?

Some critique the deeply receptive nature of the analytic attitude gestured to above as being passive, even submissive. However, I suggest that it in fact involves a deep and active engagement in one's own and the patient's inner world, alongside a Foucauldian critical analysis of the networks of modern power that fabricates our beings, in service of the cocreation of the 'work of art' which engagement with these multiple layers of the unconscious might enable. Perhaps that is where Keats' willingness to

[206] O'Connor, J., Nicholls, D. A., Thorpe, M., & Woodard, W. (2022). "The unconscious is a shy beast: don't pounce!" The making of psychotherapy (and a psychotherapist) in Aotearoa New Zealand. *Ata: Journal of Psychotherapy Aotearoa New Zealand, 26*(2), 91–122. https://doi.org/10.9791/ajpanz.2022.11

embrace mysteries, uncertainties, and doubts is profoundly helpful. Snell (2013) noted that,

> Psychoanalysis requires the analyst to give up the colonising wish to bring the foreign and the other into an omniscient Enlightenment [and I would argue European] gaze... Listening necessarily precedes knowledge and theory; yet it is [and we are] always at the risk of becoming compromised by theory, since it is always also, to a greater or lesser extent, mediated by theory that threatens to direct and dictate. When the crisis is too hot to handle, or the moment of crisis has passed and 'the colonising impulse gains the upper hand,' the language of the irrational and the unconscious is suppressed, and so too is the very possibility of psychoanalysis. (p. 33)

As I meet the other in my room, there is so much I do not and cannot understand. There is so much new to be revealed potentially. It seems to me that if psychoanalysis is to embrace negative capability in relation to the meeting of the other and clinical work, this inherently means not imposing our meta-psychological theories on the other, not holding to our notions of 'truth' about the nature of 'psyche', but rather being willing to embrace notions of truth and 'psyche' profoundly different to our own whilst rigorously engaging in the 'task of thinking' that is both psychoanalytic and Foucauldian.

Nevertheless, whilst the possibilities gestured towards above evoke hope in me that I might inhabit the work of psychotherapy as a 'work of art', I remain troubled. For, whilst as a specific intellectual, I appreciate the opportunity to critically analyse the micro-detail of my clinical work, the broader landscape which is the practice of psychotherapy generally in this country, remains, in my mind, vulnerable to Foucauldian critique.

9.15 Pastoral Power and Reason of the State: Psychotherapy as a Biopolitical Governmental Technology in Aotearoa New Zealand

Ransom (1997) notes that,

> disciplines make two promises: they claim to be able to take an unorganised, untrained, and potentially disruptive - at best, useless - population and inculcate and enhance its productive capacity, and at the same time ensuring its political docility. (p. 40)

As outlined earlier in this thesis, psychotherapy is a technology which, in the Aotearoa New Zealand context I have argued, arose out of Christian pastoral power and that without psychotherapists intentionally doing so, psychotherapists in Aotearoa New Zealand have enacted 'pastoral power' in service of 'reason of the state', and in

concert with the state, thereby assisting in the production of citizens whose subjectivity is both productive and politically docile, so essential to the networks of power inherent to neoliberal capitalism. Part of psychotherapy's effectiveness, indeed its potency, in this contemporary context, is that it does so 'subterraneously'. Modern power does not overtly use violence against its subjects without consent, but disciplines and governs, utilising the nexus of power, knowledge, and invites the patient and psychotherapist to trust the confessional psychotherapeutic context in which we genuflect to the essential self, the Winnicottian true self, that psychotherapy then seeks to liberate. And in producing these true selves and constituting them, we are then better equipped to act as productive citizens for the neoliberal economy that inhabits Aotearoa New Zealand. Moreover, it is difficult to critique such a discipline, given the absence of obvious violence, and indeed the apparent consent of the population that makes use of psychotherapy's 'healing powers'.

Indeed, as recognised in Chapter 7 of this thesis, psychotherapy has increasingly throughout the second half of the 20th century and the first quarter of the 21st century become the evermore popular relational context of choice for those in emotional distress, to confess their inner distress, in the hope of discovering inner emotional peace and psychological freedom. In contemporary Aotearoa New Zealand, psychotherapy is everywhere: in the television relationship experts invited to advise us via *Married at First Sight* in the sacred art of marriage, one of whom was a Aotearoa New Zealand trained psychotherapist, and the relationship psychotherapist, Amanda Cox, appearing in the television show *Couples Therapy New Zealand,* providing couples therapy to 'real' couples, which viewing couples may then consume vicariously in order to help them with their own relational struggles. How can one critique such a benign manifestation of confessional pastoral power. "We are only trying to help people!", the psychotherapist might proclaim.

Whilst the above reflections on my clinical work evoke creative possibilities for me regarding Foucault's later work, reflecting on the possibility of producing oneself as an 'work of art', the challenges Foucault offers, and which I have explored in this thesis, particularly in relation to the Aotearoa New Zealand context and the genealogical history of psychotherapy in this country, present additional and more complex challenges. Ransom (1997) writes that,

> The relation to the social world in which the individual works and the relation to oneself can be thought of, respectively, as the sphere of the specific intellectual and the care of the self. The two practices refer to different levels of our experience of the world, but it is not hard to see how they call out to each other: to understand their position in the social world, specific intellectuals will need to come to grips with what the world has made of them on the subjective level. Those practising self-care will find the social world they inhabit to be an unavoidable element in their own constitution. (pp. 151–152)

The challenges of 'thinking' what the social world has made of me as a psychotherapist, indeed how the social world has made me, are exacting. I have suggested in Chapter 7 of this thesis the emergence of psychotherapy as a biopolitical technology, part of the web of modern power's disciplinary strategies allowing the government of its citizens, and the production of economically productive, politically docile selves. Thus, even as I explore the possibility of psychotherapy as an act of 'care of the self' in service of the work of art that is the production of the self, I am left with the uncomfortable challenge that, just as Indigenous Māori, in the very act of responding to the dominance of European theory and practice in relation to psychotherapy in this country, are at risk of being constituted by this biopolitical technology which plays its part in the web of modern power, so too am I.

As I explore in Chapter 7 of this thesis, the role of psychotherapy and its increasing prominence in the second half of the 20th century parallels an increasingly neoliberal economic capitalist economy in this country, and reflects the construction of psychotherapy as a biopolitical governmental technology in which clients access 'support' for their emotional challenges, largely in private practice, settings in which they pay for the opportunity to meet themselves emotionally, with all the normalising consequences that pastoral power facilitates.

In my work with the Māori man in a physical prison, in placing my faith in the 'shared labour of relational mourning' do I again seek to soften, modify, calm the differences and conflict between us, and within us. It seems to me, on reflection, that my faith in our ability to 'be in aggressive states with each other and stay' seems to betray anxiety about 'aggressive states'; that they must be calmed and transformed into something more palatable. I enter the prison as an expert of the psyche, seeking to provide an 'anger management' group. I am described as a "skinny white maggot", who "knows everything", as I seek to facilitate 'rehabilitation' in service of 'productivity' and the calming of aggressive feelings. Yet the political activism, so essential to our time, I

suggest, requires an aggression that political docility fails to deliver. As described in Chapter 6, Cohen (2014, 2021) suggests that the significant and disproportionate increase in the diagnosis of, and engagement by, indigenous Māori in public Western mental health 'treatments' in the latter part of the 20th century and in the 21st century parallels the forceful and increasingly visible assertion of previously subjugated te ao Māori knowledge and perspectives. And that this confluence is no coincidence: that it reflects a colonial 'need' to discipline and make docile protesting voices of Māori as these became more visible from the 1970s onwards.

In reflecting on Foucault's emphasis on the value of critical thought, Ransom (1997) further comments,

> If criticism is a virtue that promotes 'reflective indocility', politics is the arena in which various kinds of governance intersect with more or less docile, more or less resistant objects of governance … [and that] a developed capacity to discern the particular dynamic of a power knowledge circuit might allow one to develop the reflective indocility that Foucault talks about. (p. 155–156)

Beyond inhabiting a capacity for both Bionian 'thinking' and Foucauldian analytical thinking in the heat of the clinical moment, there is a challenge for me, as a specific intellectual, to reflect upon the nature of psychotherapy itself in the contemporary context, particularly given the genealogy I have attempted to explore in previous chapters. And to bring this Foucauldian critique to understanding the political nature of my clinical work and role. In this sense, I reflect with ambivalence now on the nature of the clinical work with my imprisoned patient in an anger management group so many years ago, in which I sought to convert our conflict into a 'shared labour of relational mourning', in service of taming the violence that not only did I fear in the interpersonal clinical moment, but which society seeks to govern and make docile and productive. In such clinical moments, I appear to inhabit a normalising inclination as I attempt to calm my imprisoned client's 'understandable anger', and to bring an empathic resonance to the cross-cultural others' denigration and idealisation of my white presence. In inhabiting psychotherapy's "emancipatory intent" and seeking to find the internal persecutor within me and within my patients, and to transform these into a kinder relationship to my and their vulnerability, this seems at great risk of being in service of modern power's need for the 'angry other' to become more docile.

As I seek to be an ally to Indigenous Māori voices critiquing the monocultural nature of psychotherapy and its Eurocentric theory and practice, rather than supporting the call for a Māori psychotherapy, might indocility be more powerfully of service? Perhaps we need to question the entire project of psychotherapy itself; the bizarreness of paying to go to someone in a soft furnished room and speak for an hour, paying – in Auckland Aotearoa New Zealand currently usually well over $150 per session – for the opportunity for understanding of difficult emotional states.

Perhaps Parare Huata's was the most reflectively indocile text I read in my exploration of the genealogical history of psychotherapy in this country. He proposes that Māori psychotherapy is an oxymoron. He invites psychotherapists to give up their psychotherapeutic craft, and to be "bombarded by a cacophony" from another world. Responding affirmatively to this call might allow me to tear myself from myself, to think other than I am in the time of my own thought. To do so might be to give up the notion of psychotherapy entirely, and to explore inhabitation of a completely different way of being with myself and others. At the very least, it may require the 'de-professionalisation' of the craft of psychotherapy, in service of enabling its art.

9.16 Psychotherapy as Craft, and as Professional Identity

As the title of psychotherapist became a statutorily registered profession in 2007 in Aotearoa New Zealand, the project of solidifying the professional identity of psychotherapist was significantly advanced. But perhaps, as the solidification of the title of psychotherapist as a professional identity in this country was advanced, its status as a biopolitical governmental technology has also been further enhanced. By contrast, if psychotherapy is truly to be engaged in supporting the production of the self as a 'work of art', as a profound act of self-care that seeks to transcend the systems of thought which construct and fabricate subjectivity in contemporary times, even as it is constituted by them, if it is to enable the possibility of thinking ourselves differently in the time of our own thought, then the craft and art of psychotherapy in which we think critically as psychoanalysts, psychotherapists, and as Foucauldian analysts is perhaps our greatest challenge.

9.17 Strengths and Limitations of This Research

The strength of this research, its breadth, is perhaps also its limitation. As I reflect on the research undertaking I have engaged with, I recognise more fully than when I

started the vastness of the material I am canvassing, both historically and theoretically. My analysis includes interrogation of material arising out of multiple divergent perspectives including psychoanalysis and psychotherapeutic texts and literature, historical material, particularly material and texts reflecting the history of Aotearoa New Zealand, Indigenous material both in relation to Aotearoa New Zealand's history and regarding challenges to the Eurocentric constructions of psychotherapy in this country, and Foucauldian literature informing my analysis. Weaving these different aspects and perspectives together has been a significant challenge. Overall, the breadth of this analysis offers one perspective on the genealogy of psychotherapy in this country, and, in so doing, I suggest, provides valuable and novel critical thought.

Strengths

The methodology underpinning this research sits alongside the work of authors such as Nikolas Rose and Foucault himself but is unique in its application to the specifics of the Aotearoa New Zealand social, political, historical, and cultural context. Given the unique history of this country in relation to its indigenous people, this research sits alongside the 'local revolt' made manifest by indigenous Māori psychotherapy practitioners, scholars, and allies, in relation to the Eurocentric nature of psychotherapy practice and theory in this country, whilst providing a novel critical analysis of the nature of this emergence of 'subjugated local knowledge', and also analyses not only the discourses which make possible psychotherapy in this country but also the effects of this practice.

In particular, this research offers an analysis of the effects of the theory and practice of psychotherapy as it collaborates with subterraneous networks of modern power within the contemporary neoliberal capitalist structures which are now economically dominant in this country, and in doing so reveals disturbing possibilities relevant to all psychotherapy practitioners, and, I suggest, all citizens of this country. Indeed, this research invites contemporary psychotherapy practitioners and theorists in this country to bring a Foucauldian capacity for critical thought to our work, in service of interrogating the contemporary discourses which might fabricate our subjectivities now within this discipline, and the effects of these in Aotearoa New Zealand. Given that these disturbing possibilities are ones to which psychotherapy practitioners in this country have

up until now given little thought, I suggest this research is particularly pertinent in contemporary times, an argument I further explicate in Chapter 10 of this thesis

A final strength of this research is the novel application of Foucauldian principles as they are utilised within this thesis. In particular, whilst building on Foucault's own research methodologies, a unique aspect of this research is the turning of Foucauldian critique upon my own subjectivity, via analysis and interrogation of texts generated by me in my capacity as a psychotherapy practitioner, theoretician, teacher, governance officeholder, and researcher. Whilst this might be a controversial decision, given Foucault's suspicion of the author as an originator of meaning, I suggest that this research remains faithful to Foucauldian methodological research principles by focusing on analysis of texts, including those generated by me, whilst also attempting to take on the Foucauldian challenge of thinking myself differently in the time of my own thought. This I suggest is a novel and valuable contribution to Foucauldian analytic endeavours, particularly in my attempt to consider a Foucauldian analytic stance, alongside, rather than in opposition with, a Bionian psychotherapeutic 'thinking' stance, as I attempt to interrogate my own subjectivity as a psychotherapist and person in Aotearoa New Zealand.

Limitations

The breadth of this research, does I think gesture to areas that would benefit from further depth of research. In particular, exploration of how more recent psychotherapy has manifested in this country, with a focus on short-term, manualised psychotherapies, and the relationship between this emphasis on short-term 'effectiveness' and how this might fit with the neoliberal ethos emphasising productivity and economic efficiency, is one area deserving of further research. In addition, I suggest a counter narrative in which Indigenous Māori cosmology in relation to the nature of the self and the interface of this with 'therapeutic thinking' and activities in this country, both historically and in contemporary times, one in which how the self is constituted and constructed from an Indigenous perspective, and how this might be 'at the centre' of therapeutic activity and practice with Eurocentric perspectives 'on the margins', is research that I would be very interested to read, should Indigenous Māori clinicians and theoreticians decide to undertake this.

Overall, I hope that the breadth of material and perspectives informing the analysis in this thesis is at the very least stimulating of others capacity for 'thought' in relation to psychotherapy in Aotearoa New Zealand.

9.17 Conclusion

The concept of land, or whenua, both literally and metaphorically, has been a theme I have encountered regularly within the texts analysed in this thesis. Mika and Stewart (2016) gesture to the notion of 'terrain' as a metaphor for Foucault's notion of modern power. They comment,

> a form of power that pervades all apparently banal practices. ... terrain [that] not only remains hidden, but directs the flourishing of certain behaviours to begin with … It is … a weakness of Western and colonised humanity that this ground is not probed at all. (p. 303)

Samuel Marsden (1840) also draws on the notion of 'soil', this time metaphorically, in commenting in relation to Māori and their potential to make good use of the ministration of Christian salvation. As previously quoted, he comments,

> Their [the Māori] minds appeared like a rich soil that had never been cultivated, and only wanted the proper means of improvement to render them fit to rank with civilised nations. (Marsden, 1814/1815, cited in Salmond, 2017, p. 61)[207]

Ultimately, Mika and Stewart (2016) both appreciate and critique Foucault's notion of "the gaze", and return to the notion of terrain in contemplating the origins of the nature of the 'soil' which makes up the 'terrain', of Foucault's concept of the gaze.

> We agree with Foucault in identifying the particular significance of surveillance during modernity's course. Māori in general, we suspect would agree that surveillance takes place in order to ensure total orderliness of behaviour. The 'subsoil' of ordinary, orderly behaviour, from within a Māori view worldview, is not a thoroughly socially constructed one or self constructed one, however, because it must share in an original source as do all other things, especially as it has taken on such thorough importance. The entity to which a Māori 'subsoil' relates is foundational, inescapable and contains an essence of solidity that Foucault's 'subsoil' does not. Like Foucault, however the ground of thought is disciplinary and set up to self-replicate and order things, although the Māori rendering might emphasise to a greater extent its autonomy, its ability to self-create without direct human intervention. (p. 307)

[207] Observations and Journal of Rev Samuel Marsden's First Visit to New Zealand, HL MS 176/1, 11, 1814/1815 (cited in Salmond, 2017, p. 61).

In critiquing Foucault's gaze, therefore, the authors also resist its governmental power as a product of Western discourse itself, turning a resisting te kore upon Foucault's "gaze": te kore being a state which the authors describe as a state of "void" that precedes and pre-exists anything (including the Foucauldian discourse out of which the notion of the gaze arises), a state of "unlimited potential for being" (Barlow & Wineti, 1991, p. 1). In critiquing Foucault's cultural authority in relation to the concept of the Gaze, the authors turn Foucault upon himself in manner I suspect Foucault might admire. They further comment,

> We are arguing here that the Gaze becomes an offspring of an original Māori ground of existence—whether one calls this 'te kore' as potential being (Marsden, 2003), or Papatuanuku (earth mother), for instance—and that it shares in that ground as much as any identified Māori practice or discourse does. This possibly controversial suggestion rests in line with our argument that any idea or practice, traditionally Māori or colonising Western, evolves from the same metaphysical process. … The Gaze, like any other activity, has an impact: in the case of its ability to order and categorise according to sight and expectation, it threatens Māori existence through disciplining it. (Mika & Stewert, 2016, p. 308)

Mika and Stewart (2016) draw on the Māori concepts of 'te kore' and Papatūānuku, gesturing to something inherent, foundational, and prior to discourse, to suggest an Indigenous self, at least to some degree, beyond modern power's fabricating capacities. In referencing 'an original Māori ground of existence', once again the notion of land, terrain, soil, and its status as an origin for the emergence of existence is evoked. Similarly, Robert Macfarlane (2019) interrogates the notion of 'understanding', suggesting that the word literally refers to the idea that our 'understanding' emerges from our recognition of what is subterraneous; that is, it emerges from our ability to grasp and interrogate that which is 'under' that upon which we 'stand': the terrain and its networks of subterraneous ecological life. More metaphorically, as noted in Chapter 4, Foucault himself suggests, in *The Order of Things* (1966/2002), "In attempting to uncover the deepest strata of Western culture, I am restoring to our silent and apparently immobile soil its rifts, its instability, its flaws" (p. xxvi).

Since the beginning of European colonial contact with Indigenous Māori in Aotearoa New Zealand, cosmologies and ontologies have collided. As this thesis reveals, this has been specifically so within the context of the theory and practice of psychotherapy in Aotearoa New Zealand. Reflecting upon the above, it could be argued that at its centre this thesis has been an exploration of the nature of the 'subsoil' which

gives rise to the manifestation of psychotherapy, and the subjectivity of psychotherapist and patient in Aotearoa New Zealand. In keeping with Mika and Stewart's consideration of the gaze, I have suggested that psychotherapy as part of the 'subsoil' of modern power in this country has played its part as a disciplinary and biopolitical technology, applying its governing gaze upon Indigenous and non-Indigenous people in the Aotearoa New Zealand context and thereby governing those upon whom its lens focuses, in so doing making possible a biopolitical technology that assists in the governing of the citizens of Aotearoa New Zealand.

As I offer this Foucauldian discourse analysis of the manifestation and genealogical history of psychotherapy in this country, do I too, discipline Indigenous Māori, and their participation in psychotherapy's disciplining ways, in so doing avoiding the possibility of te kore, out of which all potential for being arises? And do I, in the very act of attempting a Foucauldian critique and analysis of psychotherapy in this country, particularly given my attempts to articulate a psychotherapeutic clinical stance that requires a Foucauldian lens whilst maintaining a commitment to continuing this clinical practice in this country (as opposed to surrendering to the more obvious Foucauldian conclusion that psychotherapy in this country is an irredeemable strand of modern power's governing ways and that a Foucauldian analysis inevitably leads to an 'unearthing' of the soil which fabricates psychotherapy, and thus psychotherapy must be made actually 'impossible' by such a critique), further implicate me in psychotherapy and its biopolitical ways? By failing to recognise that a Foucauldian lens might dismantle and undo the terrain that fabricates the very practice of psychotherapy, do I make psychotherapy itself more 'docile'? I do not know. However, Foucault does not encourage destruction of the 'state of the art' of psychotherapy or any other practice, but rather analysis of it, including of my subjectivity within it, in service of the ongoing creation of something new.

And so, I proffer that the metaphor of the 'subsoil' which Marsden refers to can equally be applied to all the inhabitants of Aotearoa New Zealand, but this time the 'proper means of improvement' could be seen to be the governmentality which conducts our conduct in this country, of which psychotherapy plays its part as it surveys all inhabitants of Aotearoa New Zealand, and perceives our 'rich soil', needing only the 'ministration' of the soft power, of psychotherapy's confessional activity, in combination with the authority of 'reason of the state' that enables psychotherapy to collaborate with

the neoliberal foundations of Aotearoa New Zealand's 20th and 21st century modern economy. The failure to interrogate psychotherapy's role in the normalising of Aotearoa New Zealand's citizenry, in service of productive and politically docile activity would be a failure to think myself in the time of my own thought. In this sense, it is modern power itself that appears to be the subsoil which produces my and our subjectivity, and it is this which presents a challenge for us all.

In "What is Enlightenment" (1984/2010f), Foucault gestures to the urgency, the enormity, and the potential of this challenge, commenting, that this challenge,

> does not entail an annulling of reality, but a difficult interplay between the truth of what is real and the exercise of freedom… For the attitude of modernity, the high value of the present is indissociable from a desperate eagerness to imagine it… otherwise than it is, and to transform it not by destroying it but by grasping it in what it is. (Foucault, 1984/2010f, p. 41)

I have suggested, in keeping with Foucault, that there are particular challenges for the 'specific intellectual', such as myself, whose particular knowledge and experience is in the psychotherapeutic practice in Aotearoa New Zealand. The challenge above, to face the task of 'producing myself' as Foucault puts it, requires me to analyse how modern power has fabricated my subjectivity, in order not to be determined by it but to understand how it has constituted me, that I might through my own 'works of art' constitute myself differently than I am. To inhabit a critical thinking mind that might attempt to 'tear myself from myself', in service of never-ending critical activity. And in this activity, I have suggested that the 'thinking' which Foucault advocates is essential, can benefit from Wilfred Bion's psychoanalytic theory of thinking, given the emotional as well as intellectual complexities of such a challenging task. As earlier quoted, Foucault once said, "If everything is dangerous, then we always have something to do" (Foucault, 1983, pp. 231–232).

I would rephrase his final word. Then we have something to feel, and to think, and to think and to feel. Bion once, perhaps apocryphally, is said to have advocated, "Don't just do something; sit there!" (Symington, 1986). This seems a counterintuitive, and indeed kind of mad, idea in a world as chaotic and as disturbed as we inhabit at the moment, that someone would encourage us to sit rather than to act. Certainly, action is important when the madness of climate collapse, nuclear war, and pandemic terror threaten our very survival.

And yet there is in our world today such an absence of the counterintuitive impulse to think and feel, and feel and think, deeply, before acting reactively or prematurely. All of my many and sometimes dangerous clinical mistakes have come when I have refused to feel something of the helplessness, ignorance, and terror of my own subjectivity in relation to another's, and instead to enact a knowing, in so doing grasping whatever the discourses of the time demand of me, creating myself as the Christian saviour of the heathen other, avoiding, as James so honestly described, 'my ignorance and helplessness'. Yet there have been clinical moments of beauty. The sharing of breath, and the dreaming of feeling. To misquote a loving analytic supervisor, the unconscious (both intrapsychic and social) is indeed a shy beast; we are wise not to pounce.

With this encouragement in mind, I end my thesis with the following concluding chapter, in which I attempt to articulate what I consider to be at the heart of what this analysis attempts to reveal; in Foucault's words, the "main danger" facing psychotherapy, for practitioners, patients, and indeed all people in this country, given, I suggest, we are all impacted by psychotherapy's relentless and pervasive capacity to contribute to the subjectification of our very selves.

10. Conclusion: What is Our 'Thoughtlessness' Costing Us?

When I think about possession of Aotearoa [New Zealand] being taken by essentially armed robbery, and then being sold and resold ad infinitum, and developed, [that is] ruined, just for the sake of avoiding the shame which the exploitation itself generates, the tragedy of it causes me so much pain. I trust Māori to look after the whenua [land], more than I trust the psychopathic market. At late-stage capitalism, there is nothing to lose, the rising sea will soon show us what Pākehā [New Zealanders of European origin] really possess anyway … If we used radical ethics, which just sounds like manakitanga [empathic generosity], psychotherapists would be compelled to contribute to the fight against the death of our ecosystems.

> From an oral address to the New Zealand Association of Psychotherapists conference, 2021, by psychotherapist Claire Miranda. (Miranda, 2022, pp. 27–28)[208]

10.0 Introduction: Psychotherapy, a Site of Contest

In the introductory chapter to this thesis, I suggested that psychotherapy had become 'ubiquitous' in contemporary Aotearoa New Zealand in stark contrast to the emotional avoidance of the archetypal colonial man of Jock Phillip's (1987) *A Man's Country*. However, at the same time that the presence of psychotherapy is more prevalent than it has ever been in this country, this thesis reveals that, like so much 'truth' that we have previously taken for granted in our turbulent world, never has this theory and practice, as it has traditionally manifested in Aotearoa New Zealand over the past 120 years, been more continuously and often vociferously challenged.

These challenges are numerous, whether they be, for example, via swift and profound changes in technology, giving rise to multiple alternative mediums for the delivery of psychotherapy, be it video sessions in contrast to in-person meetings or the manifestation of AI-generated Bots delivering nonhuman electronic therapeutic input, the persistent and often fierce interrogations from Indigenous Māori psychotherapy practitioners in response to the Eurocentric nature of traditional psychotherapy theory and practice, or diverse and forthrightly expressed contemporary theories, constructions, presentations, and identities in relation to gender and sexuality, which challenge the foundational origins of Freudian psychoanalytic ideas, or the proliferation of all manner

[208] Miranda, C. (2022). Imagining a future for psychotherapy in Aotearoa. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, *26*(2), 25–29. https://doi.org/10.9791/ajpanz.2022.08 (pp. 27–28)

of other therapeutic approaches and modalities, be it CBT, eye movement desensitisation therapy (EMDR), or any one of a plethora of other manualised treatments with three letter acronyms. Indeed, the traditions, if not the very manifestation of psychotherapy as a theory and practice, are being relentlessly and forcefully contested in contemporary Aotearoa New Zealand.

I would like to place the analysis which has emerged in this thesis alongside rather than in opposition to the above challenges. Each of the above, like many of the other 'treatments' that arose with the periods of rupture explored in this thesis, represent an attempt to provide greater liberty, more humane and effective care, and greater potential for freedom for the selves and citizens of this country. I do not suggest that any of this is 'good or bad' in and of themselves, but rather, in the spirit of Foucault, I invite us to continuously be alert to, and emotionally and critically thoughtful about, the "main danger" (Foucault, 1983, p. 232).

10.1 The *Main Danger*

And, in this thesis at this time in this country's history, I have suggested that the main danger regarding the manifestation of the practice of psychotherapy in contemporary Aotearoa New Zealand is psychotherapy's implication in and collaboration with "reason of the state", as a biopolitical technology that serves the subterraneous purposes of modern power in the production, constitution, and fabrication of the citizens of this country as individualised, competitive, productive, politically docile, and consuming selves that serve the needs of the neoliberal marketplace. Subjectivities which this economic ethos encourages with, potentially, disastrous consequences for ourselves and our planet.

Some might argue that psychotherapy is a relative failure in Aotearoa New Zealand in its contribution to modern power's governmental endeavours, given the emotionally avoidant colonial context within which it first emerged in this country, and the failure for much of the 20th century to engage the Aotearoa New Zealand populace in the services of psychotherapy practitioners. However, I have argued in this thesis that in the last quarter of the 20th century and the first quarter of the 21st century there has been a significant increase in the uptake of those both inhabiting the subjectivity of psychotherapy practitioner, and of patients, now often referred to as clients or even consumers, making use of psychotherapy practitioners' services. And, more significantly,

psychotherapy's contribution to the subjectification of the Aotearoa New Zealand citizen, via its increasingly relentless manifestation as a biopolitical technology, a relentlessness fuelled by a Western culture of therapeutic zeal (Rose, 1998, 1999, 2019), that is ever more present in the diversity of ways in which it manifests. Psychotherapy theory and practice now ubiquitously appears in mediums as diverse as television shows (*Couples Therapy New Zealand*), guidance in online advice columns (for example, K. MacDonald in *The New Zealand Herald*), or self-help books (K. MacDonald, 2023; Russell, 2023; Sherwood, 2021). Not only do these reflect the increasing prevalence and influence of Rose's psy disciplines generally in this country, but more and more often contemporary Aotearoa New Zealand texts specifically advocate that to understand and free ourselves from our inner turmoil we must not only understand ourselves via the lens of psychotherapeutic theory regarding the unconscious nature of psyche, but we must 'talk to someone'; an expert of the psyche, a psychotherapy practitioner who can invite a confessional relationship in which we reveal ourselves to ourselves, and through the guidance of this secular expert of the soul, enable self-fulfilment, self-liberation, self-renewal, and self-agency. As Rose (1999) puts it,

> psychotherapeutics… are characteristically sought when individuals feel unable to bear the obligations of selfhood, or when they are anguished by them. And the rationale of psychotherapies… Is to restore to individuals the capacity to function as autonomous beings in the contractual society of the self. Selves unable to operate the imperative of choice are to be restored through therapy to the status of a choosing individual … The psychotherapies provide technologies of individuality for the production and regulation of the individual who is 'free to choose'. (pp. 231–232)

Rose's (2007, 2019) writing suggests how emotional and mental health difficulties are flourishing as a consequence of the individualism, choice, and apparent freedom which neoliberalism purports to promote in capitalist societies, with the shadow of this ethos being the isolation, loneliness, and breakdown of community structures which might otherwise support connection and wellbeing. And I have argued that psychotherapy is deeply implicated in neoliberalism's economic project in which our profession benefits from the emotional pain this economic ethos generates. We make ourselves available, often in private practice, to invite patients to pay significant amounts of money to borrow the generosity of our profession's expertise. In this we become a cog of biopolitics' relentless machinery. Woodard (2014), in his article analysing the motivations and impacts of the *Tohunga Suppression Act 1907*, suggests that

psychotherapy is always political and has indeed been enormously politically successful in subjugating Indigenous knowledge and colonising Indigenous Māori minds. I suggest that alongside this, psychotherapy has been even more successful as a partner to neoliberalism's subterraneous ways, inviting us all to find our emotional freedom, to be our 'best (individual) selves', as consumers, as enterprises, as brands, in service of the market's voracious need.

This is indeed a remarkable achievement given the legacy of Aotearoa New Zealand's colonial history of emotional stoicism and intellectual refusal that fabricated much of the dominant European fabric that overwhelmed Aotearoa New Zealand in the 19th and much of the 20th century. The Indigenous challenge to psychotherapy's Eurocentric and monocultural ways has been vital in enabling the ever-increasing visibility of Indigenous wisdom and knowledge, and in enabling the greater visibility and influence of both Indigenous understandings and Indigenous subjectivity. However, in doing so, I invite us to be vigilant to the stealth of neoliberalism's biopolitical ways: how it unconsciously invites psychotherapy practitioners, both Indigenous and non-Indigenous, to allow the recolonisation of Indigenous knowledge and wisdom, this time packaged as Māori psychotherapy, still a confessional endeavour that invites inner reflection, that we might all become more obedient to the market's demands for productivity, now co-opting the Indigenous self as we are once again in danger of being blinded by how previously subjugated knowledge is inculcated into the biopolitics of contemporary governmentality and modern power's vicious stealth. Further, I argue that intimately entwined with these dangers, perhaps most dangerously of all, implicit within neoliberalism's violence and thus necessarily psychotherapy's individualising ways is how this violence manifests in the ecological crisis that threatens the natural world as we currently know it and human life on this planet.

10.2 Colonial History and Its Psychotherapeutic Enlightenment Legacy: The 'Killing' of the Indigenous World

In the introductory chapter I link this rapacious economic ethos with the British empire building history that informed the initial colonial project and enabled the manifestation and fabrication of New Zealand as a 'country', with its emphasis upon domination of the natural world, of the whenua (land), so intrinsic to the sense of self for Indigenous Māori, and perhaps for us all. And I suggest that not only does this

Enlightenment history, fuelled by missionary zeal, provide a precursor for the manifestation of psychotherapy as a doable and thinkable thing in Aotearoa New Zealand, but that this colonial history links directly to the ecological crisis before us all, reflected from the beginnings of New Zealand's colonial history by the 'ordering' ethos personified in the subjectivity of the Botanist Joseph Banks on Cook's initial Endeavour voyage. Indeed, the fabrication of Aotearoa New Zealand was in part founded on a history of destructive violence, sometimes in the form of missionary zeal, a 'killing' of the Indigenous in this country and of the natural world via colonial human domination. This violence finds its heir in the human-induced climate crisis, directly linked to the empire building histories of New Zealand's British colonists.

Salmond (2017), in her evocative book *Tears of Rangi,* seeks to remember this history as she movingly explores both the destructive and creative aspects of cross-cultural encounters between British colonists and Indigenous Māori in Aotearoa New Zealand from the first contact in 1769 through to contemporary times. For example, as I have written about in this thesis, she describes the death of the Māori Rangatira Ruatara in 1815, in which tohunga (Māori priests and healers) gathered around Ruatara's dying body, preventing missionaries from attending to him, and setting the scene for cosmological and ontological collisions which I have suggested have continued to erupt in cross-cultural psychotherapeutic encounters in Aotearoa New Zealand to this day.

This history lives vibrantly and violently in my contemporary practice. Many of my patients have revealed that, in their cultural difference, they feel a mixture of the fear that I will perpetrate an attack on their racialised selves, as has so often happened in the past, mixed with the introjected shame of cross-cultural colonial and racialised contact, in which the 'dark other' must see themselves in the white man's eyes. They feel the impulse on the one hand to aggressively assert their difference and attack me for my privileged otherness, whilst testing whether I can possibly glimpse an understanding of their difference, or, on the other hand the temptation to defensively idealise my whiteness, to create me as the saviour, to rescue them from their dark badness. The white superego and the black id. To accept this emotional and intellectual challenge is to avoid the temptations of my own perceived 'badness' in which I, the guilty, shame-filled white person, seeks absolution for the violent aggression of my ancestors via the politics of melancholy in which I enact the lesser conjunctio of manic restoration (Edinger, 1993;

Kalsched, 2013; Rey, 1994) in the form of submission, guilt, and/or idealisation, or the opposite, reactive denial or impotent bystander avoidance.

By contrast, my wise friend, neighbour, and gardening guru, Patricia Williams, recently published her first book at the age of 88, entitled *Between the Harbour and the Mountain: Reflections on the Ordinary and the Profound* (2021). In it she offers us her contemplations on the natural world and its ordinary and wondrous manifestations. At one point she reflects on her response to reading of guards who worked in World War II gas chambers. She comments,

> I … don't condemn those Nazi guards (although I utterly abhor their actions) because I truly believe that I'm part of them and they of me; we are only separated by geography and time. To condemn them is to condemn myself. (p. 112)

William's abhorrence of the guards' violence, and yet her recognition that they are 'us' and that to condemn them is to condemn ourselves, is in stark contrast to the notion which infused the collective after the March Mosque terrorist attacks in Aotearoa New Zealand in 2019 in which 51 people were killed, that 'they', the victims of this horrific violence, are 'us', and 'he' the perpetrator of the violence is, as Prime Minister of the time Jacinda Ardern articulated, "not us". Such a stance disassociates, denies, and avoids the history of this country, a history in part built, as Anne Salmond (2019) subsequently pointed out, on the notion of "white supremacy".

10.3 The Dangers of Psychotherapy's Refusal to 'Think'

This refusal of thought, as I suggested in the introductory chapter to this thesis, is also reflected in the failure of Aotearoa New Zealand psychotherapy practitioners to 'think critically' about the systems of thought which constitute our contemporary subjectivities, within the practice of psychotherapy in this country; a refusal to 'think' that risks perilous consequences. As we come to recognise that we are in part constituted by psychotherapy's increasingly pervasive discourse, the refusal to allow ourselves to 'think ourselves' is to continue to implicate ourselves in the violence of neoliberal 'productivity' and ultimately in the violence of ecological destruction.

The analysis in this thesis, I suggest, reveals how we as psychotherapy practitioners are far more deeply implicated in the destruction we see all around us than we would like to accept. D. M. Orange (2017) suggests that shame about our colonial

empire building histories is directly linked to shame about the ecological crisis we now face and leads to an ‘evasion of knowing’, or as I have described it, a ‘refusal to think’.

Indeed, I suggest that the contemporary climate crisis and its terrifying consequences are but the most recent and perhaps most urgent invitation to us all to face the implications of an approach to life in which for so long we as human beings have assumed our superior dominion over the Earth and the more-than-human world. The temptations of consumerism, technology, individualism, and material wealth promoted by neoliberalism and so reflected in Aotearoa New Zealand’s colonial origins have seduced humanity to believe the fiction of our superiority. COVID-19 and its relationship to the climate crisis has, like Icarus, brought us shudderingly back to Papatūānuku (earth mother), and with this crashing fall we face our tremendous collective fear and grief as we encounter the loss of the fantasy of a planet under our control.

Psychotherapy professes to seek to encounter and think deeply about the nature of the unconscious. It is incumbent upon us then to encounter and grapple with what Foucault describes as the “cultural unconscious”, the discourses that constitute and ‘imprison’ us in contemporary times, to ‘think ourselves in the time of our own thought’. Failing to do so is to risk participating in the production of the emotional pain which psychotherapy professes to seek to address, and, more than this, the ecological catastrophe which the neoliberal capitalist ethos promotes and which threatens us all.

To take up the challenge to ‘think ourselves in the time of our own thought’ is an immense emotional and intellectual challenge for us all. It is work which requires, I have suggested, the unlikely bed companions of psychoanalytic Bionian ‘thinking’ and Foucauldian ‘critical thought’; a capacity for Bion’s thinking under emotional pressure, and the rigour of Foucault’s capacity for analysis of the “main danger”. In relation to psychotherapy and our embedded relationship with the destructive neoliberal ethos of ‘reason of the state’, for all of us who participate in these systems of thought that fabricate our very being, it is a task of critical thought which we refuse at our tremendous peril.

10.4 The Possibility of the ‘New’

To surrender to this thinking/feeling challenge is not to submit to hopelessness and despair, but as Foucault suggests, to enable the birth of hope and creativity. The Czech statesman and writer Václav Havel describes in his 1991 book, *Disturbing the*

Peace, his distinction between hope and optimism, which he recognises can disguise an Icarus-like flight from truth. He writes,

> The more uncompromising the situation in which we demonstrate hope, the deeper that hope is. Hope is not the same thing as optimism. It is not the conviction that something will turn out well, but the certainty that something makes sense regardless of how it turns out. In short, I think that the deepest and most important form of hope, the only one that can keep us above water … and the only true source of the breath-taking dimension of the human spirit and its efforts, is something we get, as it were, from 'elsewhere'. It is also this hope, above all, that gives us the strength to live and continually to try new things, even in conditions that seem as hopeless as ours do, here and now. (Václav Havel, 1991, pp. 181–182)

I like the phrase 'climate imperative' as opposed to 'climate crisis', for the word imperative suggests that something can be and must be felt and thought and acted upon. As Foucault urges, it invites a capacity for critical thought and activism that is ongoing. And, specifically, for psychotherapy practitioners, given psychotherapy's contemporary ubiquitous presence in informing and constructing who we are to ourselves, to the earth, to others, and to the non-human world, the invitation of this analysis to 'think ourselves in the time of our own thought', in the 'hope' that new possibilities might arise, for psychotherapists, psychotherapy practitioners, psychotherapy patients and clients, and all who 'care deeply', is, I suggest, timely, even if belated.

In January of 2021 I woke to discover that my clinical office had flooded. The devastation which was the Auckland floods generated by Cyclone Gabrielle had crept stealthily into my office. Nature's power rocked me, attempting I think to wake me from my somnolent desire to avoid the seemingly inevitable destruction we all face, and how terrified I felt about the distress of others so much more devastatingly affected than me. Slowly, I began to glimpse how disturbing I found my own contributions to climate-induced destruction. Then, quickly I found attacking forces inside of me, tempting me to escape, to give up on the futility of psychotherapeutic activity, and to avoid facing my own participation in environmental wreckage. My clinical psychotherapeutic practice and its 'unconscious' collaboration with the destructiveness of the neoliberal "culture of uncare" (Weintrobe, 2021) had collided.

But in facing this as honestly as I can, including my participation in the neoliberal imperative and its relationship to the practice of psychotherapy in which I am so embedded, I found something new growing. I have now removed the concrete that

surrounded my clinical office, planted an increasingly lush and, I intend, permanently unmown grass, and am preparing to grow a garden outside my office, food and flowers, where previously there had been only asphalt. Is this futile, naïve, privileged, defensive, … or is it ‘thoughtful’? A small, perhaps unimportant, action filled with meaning. I am unimportant, and the fact that I am unimportant, is unimportant.

Figure 17: Clinical psychotherapy practice rooms in Mangere Bridge, Auckland, New Zealand, with concrete removed, and whenua revealed
[Photo by author]

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Glossary of Te Reo Māori Kupu (words) in this Thesis

This glossary of Māori kupu (words) used in this thesis is intended only as a guide to or indication of the meanings of these words as they are referred to or used in this thesis. I am not a fluent te reo Māori speaker and in offering this glossary I am very aware that te reo Māori (the Māori language) is a rich, nuanced, and metaphorical language, and that inevitably meanings are lost in any attempt at translation. Therefore, I offer this glossary as a guide and invitation to continue to explore the richness of these kupu (words) rather than as definitive translations. This glossary is in part based on a glossary provided in the 2019 issue of *Ata: Journal of Psychotherapy Aotearoa New Zealand*, which I co-edited with my colleague and friend Wiremu Woodard. My gratitude to Wiremu for his original input into this glossary.

Aotearoa – New Zealand
atua – gods
e hoa – a friend
haka – vigorous dances with actions and rhythmically expressed words
hapū - subtribe
hau – vital essence
hau ora – health, vigour
haurangi – deluded, mad, exasperated, drunk, intoxicated
He Whakaputanga o te Rangatiratanga o Nu Tireni – Declaration of Independence of the United Tribes of New Zealand
hongi – traditional greeting involving pressing together of noses
hui – meeting
iwi – tribe, peoples
kai – food, meal, nourishment
kaitiakitanga – guardianship, stewardship
kanohi ki te kanohi – face to face
karakia – prayer, incantation
karanga – to call, call
kaumātua – elder
kaupapa – purpose, strategy, intention
kaupapa Māori – an analytical approach to research that is connected to Māori philosophy and principles
kahurangi – mask, covering, covering that which is unsettling
kawa – protocols
kōhanga (reo) Māori – pre-school; literally, ‘language nest’
kōrero – conversation, talk, narrative
kotahitanga – unity
kupu – word, words
mahi – work, job, activity
mana – authority, prestige
manaaki – care for, respect, hospitality, generosity
manaakitanga – care, hospitality, regard for others
marae – meeting area of whānau or iwi, central area of village and its buildings
marae ātea – courtyard, plaza before marae buildings
marae kawa – protocol on marae
mātauranga Māori – Māori knowledge

mate – dead
mauri – life force, vital essence
mihi – acknowledge, greet, pay tribute
mihi whakatau – speeches of welcome
mihimihi – speech, greeting
mirimiri – to assuage, appease, soothe
moana – ocean
ora – life, health, vitality
Pākehā – New Zealander of European descent
Papatūānuku – mother earth
porangi – hurried, headstrong, mentally unwell
poroporoaki – farewell, leave taking process
pōwhiri – welcome, invitation, opening ceremony
pūrākau – story, narrative/s
rangatiratanga – leader
rongoa Māori – natural remedy, traditional treatment, Māori medicine
roopu/rōpū – group
Tāmaki Makaurau – Auckland
tamariki – children
tāngata – people
tangata whenua – people of the land, native New Zealander
tangi – funeral
tapu – sacred
tau iwi – foreigner, immigrant
Te Ao Māori – the Māori world
te kore – realm of potential being, the void
Te reo Māori – Māori language
Te Tiriti o Waitangi – The Treaty of Waitangi
tikanga – correct customs and procedures, values
tino rangatiratanga – sovereignty
tohunga – expert, specialist, artist, healer
Tuhonotanga – attachment, joining, link
tukutuku – ornamental lattice work
tūpuna – ancestors
ūkaipō – mother, source of sustenance, origin, real home
waharoa – gateway
waiata – song, singing
waioroa – water therapy, infusions
wairangi – to be beside oneself, excited, infatuated, foolish
wairua – spirit, soul
wairuatanga – spirituality
wananga – educational seminar, learning experience
wero – challenge
whaiora – health service user
whakamā – shame
whakapapa – ancestry
whānau – wider kinship group
whanaungatanga – relationship, connection, kinship
wharenui – large meeting house
whenua – land