

**Towards a
Maori Psychotherapy**

**The Therapeutic Relationship and
Maori Concepts of Relationship:
A Systematic literature review
with case illustrations**

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Table of Contents

| | |
|--|-----|
| Attestation of Authorship | i |
| Acknowledgements | ii |
| Abstract | iii |
| <i>Tauparapara</i> (Invocation) | iv |
| | |
| Chapter One: Introduction | 1 |
| | |
| Chapter Two: Situating the Work and Setting the Task | 4 |
| | |
| Chapter Three: <i>Kaupapa Maori</i> Theory and Practice: A Decolonising Methodology | 7 |
| My Literature Search | 8 |
| | |
| Chapter Four: <i>Maori</i> Perspectives on Health and Wellbeing | 10 |
| The Absence of and Need for A <i>Maori</i> Psychotherapy | 15 |
| | |
| Chapter Five: <i>Manaakitanga</i> | 17 |
| <i>Manaakitanga</i> and Psychotherapy | 20 |
| <i>Manaakitanga</i> : A Case Illustration | 21 |
| | |
| Chapter Six: <i>Whanaungatanga</i> | 23 |
| <i>Whanaungatanga</i> and Psychotherapy | 26 |
| <i>Whanaungatanga</i> : A Case Illustration | 27 |
| | |
| Chapter Seven: <i>Kaitiakitanga</i> | 30 |
| <i>Kaitiakitanga</i> and Psychotherapy | 33 |
| <i>Kaitiakitanga</i> : A Case Illustration | 35 |
| | |
| Chapter Eight: <i>Kotahitanga</i> | 38 |
| <i>Kotahitanga</i> and Psychotherapy | 39 |
| <i>Kotahitanga</i> : A Case Illustration | 41 |
| | |
| Chapter Nine: <i>Rangatiratanga</i> | 43 |
| <i>Rangatiratanga</i> and Psychotherapy | 44 |
| <i>Rangatiratanga</i> : A Case Illustration | 48 |
| | |
| Chapter Ten: <i>Wairuatanga</i> | 50 |
| <i>Wairuatanga</i> and Psychotherapy | 53 |
| <i>Wairuatanga</i> : A Case Illustration | 56 |
| | |
| Chapter Eleven: Proposal for a <i>Kaupapa Maori</i> Psychotherapy | 58 |
| | |
| Chapter Twelve: Conclusion | 60 |
| | |
| Appendix A: Ethics Approval | |
| | |
| Appendix B: Client Consent Form | |
| | |
| Bibliography | 62 |

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 nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning except where due acknowledgement is made in the acknowledgements.”

Margaret *Poutu* Morice

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Abstract

This dissertation explores what a *Maori* psychotherapy might look like. To do this I will define and describe core relational concepts of traditional *Maori* society within a *Kaupapa Maori* frame of reference. I have identified the following six relationships as central or core: *Manaakitanga* (generosity, hospitality), *Whanaungatanga* (nurturing connection and belonging), *Kaitiakitanga* (guardianship, protection, caretaking), *Kotahitanga* (developing oneness, unity and integration), *Rangatiratanga* (self-determination, self-actualisation and leadership), and *Wairuatanga* (spiritual awareness and the practice of spirituality). These concepts will be introduced through a systematic literature review and then linked to the practice of psychotherapy. Each core relationship has the potential to make a unique contribution to our understanding of the therapeutic process. Clinical examples from my own psychotherapy practice will be used to illustrate how I think about and use these concepts in my work with clients. *Maori* concepts of relationship will be located within a holistic context and worldview and shown to be relevant both to the specific interpersonal practice called psychotherapy and to the broader field of human experience and self-understanding.

Tauparapara

(Invocation)

Na te kukune te pupuke

From the conception the increase

Na te pupuke te hihiri

From the increase the energy

Na te hihiri te mahara

From the energy the remembrance

Na te mahara te hinengaro

From the remembrance the mindfulness

Na te hinengaro te manako

From the mindfulness the longing

This passage is a tiny part of the traditional *Maori whakapapa* of creation, an ancient story which was brought to this land by its First People. This is the story of the conception and birth of the universe, the world of earth and sky, darkness and light, and the world of humankind. In this story the spiritual and the material are one, they evolve together, and they produce not only the world we see around us, but our inner world, the world of our most intimate thoughts and feelings, hopes and fears, symbols and images.

Chapter One: Introduction

“What lies behind us and what lies before us are small matters compared to what lies within us.”

This famous quote by Ralph Waldo Emerson (1803-1880) might be considered the psychotherapist's creed. In countless variations on this theme, psychotherapists around the world urge their clients to look inside themselves for answers, and clients, becoming aware of their inner world, claim a new-found sense of self-possession. The individual inner world is the world most familiar to us in our work as psychotherapists. But the idea that this world is its own separate and independent entity is utterly foreign to *Maori*. Within the holistic world-view of *Maori*, relationships are not limited or unique to the social milieu of human beings. Rather, they are understood as binding and connecting all of the worlds - physical, social, spiritual and cosmic. Each of these worlds has an internal representation and makes up parts of the individual psyche, which in turn is understood as a microcosm of the greater universe. In the *Maori* world, what lies within us includes *hau muri* (the wind/breath behind) and *hau mua* (the wind/breath before). Our inner world is populated with *nga tupuna*, all those who have gone before. The future, unseen behind us and the past, visibly apparent before us are real and immediately present in this moment. As they lie within us, so equally we lie within them. We are inseparably and inescapably a manifestation of the greater whole, formed of the living body of *Papatuanuku*, Mother Earth, infused with the breath of *Tane Mahuta*, the God of humankind. The past secures the present, the present ensures the future. We, in the present moment, are the connection, the indissoluble link between past and future.

Traditional *Maori* concepts of relationship help to more precisely locate and describe the human person within this inclusive, holistic context. In this dissertation I will be defining and describing core relational concepts of traditional *Maori* society and seeking to establish their relevance both to the specific interpersonal practice called psychotherapy and to the broader field of human experience and human self-understanding. I have identified the following six relationships as central or core:

Manaakitanga - generosity, hospitality

Whanaungatanga - nurturing connection and belonging

Kaitiakitanga - guardianship, protection, caretaking

Kotahitanga - developing oneness, unity and integration

Rangatiratanga - self-determination, self-actualisation and leadership

Wairuatanga - spiritual awareness and the practice of spirituality

Further to this, *whakapapa* links every single being to every other being through a chain of genealogical and ancestral connections. *Utu* is the concept of reciprocity, balance and dynamic equilibrium. *Mana* is spiritual authority and power, and *mauri* is the life force or vital essence of all beings, both human and non-human. *Ha* or *Hau* is breath, the breath of life and *hau ora* is health and wellbeing. Finally, *aroha*, which translates ‘in the presence of the breath’, is the compassionate love in which all these aspects of relationship are embraced, come to fruition and are made manifest in their fullness.

This dissertation explores what a *Maori* psychotherapy might look like. In order to bring a *Maori* perspective to the field of psychotherapy I will first establish a context for my intention - where I am coming from - by situating and grounding this question in my life experience as a *Maori* woman who has trained to be a psychotherapist. I will introduce the decolonising methodology of *Kaupapa Maori* theory and practice, which aims at a recovery of the wisdom of traditional *Maori* culture, and I will describe my literature search. Following this, I will briefly review three *Maori* models of health and wellbeing and link these to the absence of and need for a *Maori* psychotherapy.

Having established this frame, I will draw on the most authoritative contemporary *Maori* sources I can find in order to understand traditional *Maori* concepts of relationship from a *Kaupapa Maori* perspective. I will describe each of the six core concepts of relationship listed above, citing all the available literature from *Maori* and *Pakeha* researchers, educationalists and health practitioners. I will then be ready to reflect more specifically on psychotherapy, using these traditional *Maori* values and understandings of relationship to focus my reflection. I will link each of my core concepts to the practice of psychotherapy, noticing similarities and differences and exploring how each relationship converges with and diverges from mainstream psychotherapy practice. For each relationship, I will use a case illustration to show how these values and understandings influence my work with my clients. Finally, I will propose a five-stage *Kaupapa Maori* psychotherapy based on *marae* principles that draws together and integrates all six core relationships and then conclude by reflecting on some of the strengths and weaknesses of my dissertation. The plan of the dissertation is as follows:

Chapter One introduces this dissertation with a contrast between the individual and inner-world focus of the psychotherapist and the more inclusive, contextual and holistic world-view traditionally held by *Maori*. I identify my six core relationships

and the wider context in which they occur.

Chapter Two situates and grounds the work in my own life experience as a *Maori* woman training to be a psychotherapist and describes some of the questions I have held in mind throughout the research and writing of this dissertation.

Chapter Three introduces *Kaupapa Maori*, which is a decolonising methodology indigenous to *Aotearoa* New Zealand, and describes how I conducted my literature search.

Chapter Four explores *Maori* perspectives on health and wellbeing via three models: *Te whare tapa wha*, *Te wheke*, and *Nga pou mana*, and identifies the absence of and need for a *Maori* psychotherapy. This chapter is indebted to the writings of Mason Durie.

Chapters Five through Ten collate the results of my literature search and discuss their relevance to psychotherapy. Case examples from my work with clients help to illustrate these relationships and bring them to life. Each of the six core concepts of relationship is found to contribute to a distinctively *Maori* approach to psychotherapy practice.

Chapter Eleven offers a proposal for a *Maori* psychotherapy based on *marae* principles.

Chapter Twelve concludes with a critical self-reflection on what has been achieved.

Appendix A is a copy of the ethics approval.

Appendix B is a copy of the client consent form.

Chapter Two: Situating the Work and Setting the Task

My work is situated in and contextualised by my life. I am a forty-eight year old *Maori* woman counsellor and psychotherapist. I am married with three children. I have been training to be a psychotherapist for four years and now feel increasingly able to work at depth with my clients. Although my training has been framed as an 'integrative' model of psychotherapeutic epistemologies, it has in fact been a training determined by white, Western, Anglo-American and mostly male perspectives. These perspectives are, to a significant degree, not mine. The more I have studied, the more I have become conscious of my difference as a woman, as a feminist, and particularly as *Maori*. My knowledge and experience of what contributes to healing for clients is linked to the beliefs and values of my upbringing, which I now recognise as an expression of my *Maori* culture: a holistic, contextualised and culturally specific understanding of who we are and what constitutes meaning in our lives. This dissertation will attempt to articulate the differences that help to define my perspective. As a *Maori* woman feminist I am trying to raise my own consciousness about *mana wahine* and contribute to the profession of psychotherapy at the same time. I am searching for what is distinctively *Maori* and yet still faithful to my psychotherapeutic training and tradition.

In the research and writing of this dissertation I have held in mind many questions about how a *Kaupapa Maori* understanding of relationship might contribute to the profession of psychotherapy and enrich our ideas about the relationship of psychotherapists with their clients and the relationship of clients with themselves. In traditional *Maori* society the values of *manaakitanga*, *whanaungatanga*, *kaitiakitanga*, *kotahitanga*, *rangatiratanga* and *wairuatanga* were atmospheric, they were the ethos of relationship upheld by the group as 'how we should relate to each other' but they were not self-consciously embraced as 'how I should relate to myself'. If these relationships are understood as self-relations, how can they best be applied to the self-understanding of the therapist? What would be the most useful ways for the therapist to practice being generous and hospitable, familial and connected, caretaking and protective, unifying and integrative, empowering and authoritative, soulful and spiritual towards themselves? How might this help the therapist to stay spacious and open within themselves and how might it constrain them? How might psychotherapy change and grow in light of these relational constructs?

How can these *Kaupapa Maori* values and constructs of relationship best be applied in the work, the unique interpersonal situation of the person-to-person relationship

that is psychotherapy? What are the most useful ways for the therapist to enact these values with their client? This approach warms the therapist up to working with clients in a synchronous, alongside and intimate manner that emphasises attachment rather than detachment and values interdependence above individual autonomy. What are the consequences of becoming equi-proximate or equi-intimate rather than equidistant? How does this approach contrast with traditional psychoanalytic requirements to practice therapeutic neutrality, offer optimal frustration, and remain a 'blank screen'. *Kaupapa Maori* theory is strongly opposed to the ideals of neutrality, detachment and objectivity, all of which are regarded as Eurocentric, arrogant and ultimately destructive. In a *Maori* world-view, it is the force of connection that holds the Universe and everything in it together. If we give rather than withhold, if we are actively responsive rather than passively receptive, how will we know when we are 'gratifying' a client too much or when they are missing out on the self-understanding that is available through 'optimal frustration'? If we express our appreciation to the client or our admiration for them, if we clearly demonstrate our support, indicate our agreement, offer our help, how will we avoid ending up siding with one part of the client against another part? How will we hold onto our ability to hear all the voices, contain all the contradictions, wait patiently until the deeper unity of the whole person emerges?

Psychotherapy research suggests that the basic attributes of successful therapists include qualities of non-possessive warmth, genuineness and unconditional positive regard for the client (Bergin and Garfield, 1971). These attributes are not limited to the non-directive counsellor but reside at the core of the basic psychotherapeutic skills practised in many different schools and modalities of therapy. What are the overlaps and parallels between a *Kaupapa Maori* approach and feminist, humanistic, and transpersonal challenges to the classical European psychotherapeutic understanding? Many practitioners in humanistic schools of therapy such as Transactional Analysis, Gestalt and Psychodrama (each of whose founders was a psychoanalyst) have suggested the possibility of an expansion and transformation of the traditional analytic attitude, leading in the direction of actively appreciating, admiring and welcoming the client whilst maintaining a balanced non-judgmental regard for all their various parts.

What does it mean for clients to internalise and begin to live these values for themselves? How are these lived relationships understood developmentally? Individualism, for better and for worse, is the defining feature of this modern age. Psychotherapy is a modern practice that aims at developing individual consciousness, usually as a process of separation and individuation from our family group identity.

Having discovered and developed individual consciousness, it is unlikely that we will return to a collective identity in which the individual is submerged in the group. But the fact of connection is inescapable. Current theory and practice in psychotherapy reflects this and the increasing emphasis placed upon intersubjectivity and the intersubjective situation suggests the need for a relational psychology as well as an individual psychology. Human beings are born into and live as parts of family groups whose collective identities precede, underpin and shape individual identity. Therefore, our models of becoming healthy and whole will need to apply equally to self and other, individual and group. Increasingly, we will see the parallel and need for congruence between inside and outside, internal and external, and strive towards a unity of understanding and action in which we can live our values more coherently in the totality of our existence, in harmony with the greater creation of which we are a small but significant part.

Chapter Three: *Kaupapa Maori* Theory and Practice: A Decolonising Methodology

Kau means to appear for the first time, to come into view, to disclose, to arise. *Papa* is derived from *Papatuanuku*, Mother Earth, and in this context is the foundation, the base from which we derive our purpose. *Kaupapa* means ground rules or first principles. These foundational principles support and make possible a guiding vision, and it is this guiding vision as well which is referred to as the *Kaupapa* of any endeavour. *Tika* means right or correct, as well as straight and direct, just and fair. *Tikanga* is the right way or the correct way of doing things. All practices, methods, plans, reasons and customs which are based on traditional *kaupapa* are *tika*. In a *Maori* context, *tikanga* can be considered normal, usual, appropriate or habitual practice, in the sense of following or adhering closely to the ground rules laid down by ancient tradition.

Kaupapa Maori theory and practice is a contemporary understanding of traditional *Maori tikanga* and worldview. It is a voice for social change and social renewal that positively values *Maori* people and their traditions, history and individual life experiences. *Te Kawehau* Hoskins (2001) suggests that *Kaupapa Maori* theory strives to be critical and reflective, open to discussion and debate. It is not blind to the less desirable aspects of *Maori* culture, both past and present. But fundamentally, *Kaupapa Maori* theory speaks to the desire to re-member, re-claim and re-affirm the beneficial and empowering elements of *te reo* and *tikanga Maori*. It works to intentionally counteract the negative and inferiorising effects of colonisation. Hoskins writes: "Affirming *Kaupapa Maori* in our daily lives is the only way in which the erosion of *Maori* systems of meaning can be minimised." (p. 127). When incorporated into daily living as a valid and meaningful frame of reference, *Kaupapa Maori* has the potential to expand and transform "what counts as truth and reality" (p.ii).

Kaupapa Maori theory and practice is not a neutral discourse, it is inextricably linked to the *Maori* struggle for self-determination. Graham *Hinengaro* Smith (1997) writes:

Kaupapa Maori is the term used by *Maori* to describe the practice and philosophy of living a 'Maori' culturally informed life. It has a political connotation in that it also invokes the stance of identifying with and proactively advancing the cause of 'being *Maori*.' (p. 453).

Colonisation, past and present, is the ongoing context for the emancipatory struggle of

Maori to reclaim our selves. *Tangata Whenua* are still accorded the status of second-class citizens in our own land today. Colonisation or globalisation, as the present-day version of colonisation is known, operates worldwide with an imperative to dominate and economically exploit the 'other'. Like other indigenous cultures and minority groups, *Maori* attempts to establish mutually beneficial relationships with the coloniser have been largely unsuccessful. Within the current monocultural social order which is *Aotearoa* New Zealand, relations between *Pakeha* and *Maori* remain covertly if not overtly violent and oppressive. The dominant majority continue to make laws and structure institutions in conformity with their own cultural assumptions and to subject *Maori* to these assumptions without our consent. However, despite our marginalisation through 150 years of colonisation, we have tenaciously held on to our ancient culture. An essential part of the struggle to free ourselves of the destructive effects of colonisation involves reclaiming our unique and authentic *Maori* cultural heritage. *Kaupapa Maori* theory and practice re-members and re-affirms this heritage, offers a critique of mainstream monocultural thought and practice, and seeks to assist *Maori* individuals, groups and organisations in the struggle for sovereignty, self-definition and self-empowerment.

My Literature Search

My six core relational concepts appear in a variety of educational and healthcare contexts. They have been informally 'translated' into a variety of English words that describe principles of relationship, values in relationship, and aspirations for relationship. They have been applied to many different individuals and groups, non-*Maori* as well as *Maori*. Groups and organisations reference these relational concepts relatively frequently in Treaty of *Waitangi*, bicultural training and professional development contexts. *Whanau* is now commonly used to denote many different kinds of groups and is not restricted to kinship between blood relatives. *Whanaungatanga*, in all its configurations, is often used in conjunction with the founding principles and mission statements of groups. Likewise, *rangatira* can now be found to denote a highly esteemed person of any culture. However, *rangatiratanga* refers to the capacity to self-determine and *tino rangatiratanga* remains synonymous with the *Maori* struggle for sovereignty and self-determination. *Kaitiakitanga* is a word now linked to environmental protection groups and is associated with the responsibility to care for and protect any particular feature of the natural world. Many 'Kiwis' are familiar with these terms and with the concepts *manaakitanga*, *kotahitanga* and *wairuatanga* as well.

I searched the most comprehensive databases available in *Aotearoa* New Zealand. These included The National Library and the national network of tertiary institute libraries databases as well as the *Maori Studies* Departments in those institutes. In particular, the Department of *Maori Studies* at Massey University - *Te Putahi-a-Toi*. The Department of *Maori Studies* at Auckland University - *Te Wananga o Waipapa*, and IRI - The International Research Institute for *Maori* and Indigenous Education, were all included in my search. The quarterly publication *He Pukenga Korero* contains a wealth of contemporary *Maori* thought, writing and research. All written material including presentations, articles, papers, dissertations and theses were searched for the key words *mana*, *manaaki*, *manaakitanga*, *whanau*, *whanaunga*, *whanaungatanga*, *kaitiaki*, *kaitiakitanga*, *kotahi*, *kotahitanga*, *rangatira*, *rangatiratanga*, *wairua* and *wairuatanga*. I reached saturation point for all my key words quite quickly. For example, when I keyed in *kotahitanga*, I reached saturation after only nine references. Most of these were already known to me.

In reading a number of *Maori* dissertations and theses grounded in *Kaupapa Maori* theory, I began to orient myself more confidently as a *Maori* researcher. In the words of Linda Tuhiwai Smith, *Kaupapa Maori* sets out:

...a field of study which enables a process of selection to occur, and which defines what needs to be studied and what questions ought to be asked. It also has a set of assumptions and taken-for-granted values and knowledge, upon which it builds....It is also, however, more than the sum of those parts. *Kaupapa Maori* research is a social project; it weaves in and out of *Maori* cultural beliefs and values, Western ways of knowing, *Maori* histories and experiences under colonialism, Western forms of education, *Maori* aspirations and socio-economic needs, and Western economics and global politics. (p.190-191)

As research in *Maori* health and *Maori* education were both relevant to my topic, I read extensively in these areas using my database and the reference lists of other *Maori* sources. In particular, the writings of Cleve Barlow, Mason Durie, *Te Kawehau* Hoskins, *Maori* Marsden, Joan Metge, *Rangimarie* Rose Pere, Leonie Pihama, James Ritchie, Graham Smith, Linda Tuhiwai Smith, and *Ranginui* Walker were important to me.

Chapter Four: *Maori Perspectives on Health and Wellbeing*

All contemporary *Maori* health perspectives seek to widen understandings of health, to translate health into terms of cultural significance, and to balance the medical model with an awareness of social and cultural factors. The particular contribution of models of health that invoke traditional *Maori* values and belief systems is their ability to help us recover from an excessively narrow focus on illness and restore us to a more balanced and holistic perspective on wellness. Mason Durie (1998, 1999, 2001) has repeatedly challenged the monocultural assumption that health is the same thing for all people, asserting that cultural factors are crucial to the development and maintenance of good health. Durie cites the World Health Organisation's 1947 definition: "Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity" (Durie, 1998, p. 68). Viewed within this holistic context, culture has the potential to become a positive resource for health promotion. I will review concepts of psychological health as these are understood by *Maori* practitioners today by reviewing three contemporary *Maori* models of holistic health: *Te Whare Tapa Wha*, *Te Wheke*, and *Nga Pou Mana*.

First presented in a training session to the *Maori Women's Welfare League* research project *Rapuora* in 1982, the *Whare Tapa Wha* model compares health to:

...the four walls of a house, all four being necessary to ensure strength and symmetry, though each representing a different dimension: *taha wairua* (the spiritual side), *taha hinengaro* (thoughts and feelings), *taha tinana* (the physical side) and *taha whanau* (family). (p. 69)

The *Rapuora* report stated:

To say that a person is a psychosomatic unity, a personality formed jointly by physical and mental processes, only partly embraces the *Maori* concept. A study of *Maori* health must follow more than two strands. *Tinana* is the physical element of the individual and *hinengaro* the mental state, but these do not make up the whole. *Wairua*, the spirit and *whanau*, the wider family, complete the shimmering depths of the health *pounamu*, the precious touchstone of *Maoridom*.

Durie explains:

Taha wairua is generally felt by *Maori* to be the most essential requirement for health. It implies a capacity to have faith and to be able to understand the links between the human situation and the environment. Without a spiritual awareness and a *mauri* (spirit or vitality, sometimes called the life-force) an individual cannot be healthy and is more prone to illness or misfortune. A

spiritual dimension encompasses religious beliefs and practices but is not synonymous with regular churchgoing...belief in God is one reflection of wairua, but it is also evident in relationships with the natural environment. Land, lakes, mountains, reefs have a spiritual significance quite apart from economic or agricultural considerations, and all are regularly commemorated in song, tribal history and formal oratory. A lack of access to tribal lands or territories is regarded by tribal elders as a sure sign of poor health since the natural environment is considered integral to identity and fundamental to a sense of well-being. (p. 70)

Taha hinengaro is about the full expression of thoughts and feelings, emotional communication and the unspoken signals of body language as well as the spoken word. In the *Maori* understanding, these all derive from the same source.

Healthy thinking from a Maori perspective is integrative not analytical; explanations are sought from searching outwards rather than inwards, and poor health is typically regarded as a manifestation of a breakdown in harmony between the individual and the wider environment. (p. 71)

Taha tinana (bodily health) is maintained through the usual Western practices of public health and by accessing adequate healthcare services but also through customary observances. Certain parts of the body, and the head in particular, are regarded as special (*tapu*) and each bodily function such as sleeping, eating, drinking, and defecating requires its own appropriate awareness and action.

The fourth dimension of health, *taha whanau*, acknowledges the relevance of extended family to health...the family is the primary support system for Maori, providing care and nurturance, not only in physical terms but culturally and emotionally. Reported rises in the prevalence of family dysfunction, including signs of abuse, do not lessen the point but underline its significance. Maori still maintain that ill health in an individual is a reflection on the family...the much lauded state of self-sufficiency or self-realisation does not convey a sense of health to Maori. Quite the reverse, since an insistence on being overly independent suggests a defensive attitude, while a failure to turn to the family when the occasion demands is regarded as immaturity, not strength. Interdependence rather than independence is the healthier goal. (p. 72)

Underlying the *tapa wha* model is the consistent theme of integration. The boundary between personal identity and family identity is seen as fluid and permeable.

Opposites such as temporal and spiritual, body and mind, thought and feeling are understood in relative rather than absolute terms. Dualism and discontinuity have been replaced by a convergent continuum. The optimal treatment of ill-health, then, does not exclude scientific and technical practices, but integrates these with spiritual, relational and ecological dimensions.

Durie (1999) introduces a counselling and relational therapy for *Maori* clients called *Paiheretia* as an application of the *tapa wha* model which works to “facilitate access, guide encounters, and promote understanding” across these four dimensions (p. 15). Secure identity in a *Maori* context rests on *te reo* language competence, cultural knowledge, first hand contact with the wider *Maori* world, opportunities for social and work engagements with other *Maori*, and a balanced relationship with *whanau*.

Relational therapists must be able to evaluate identity, as it pertains to health status, and then, using their own knowledge of Maori networks and resources, assist the client make the appropriate contacts....*Paiheretia* does not require that therapists should be experts in all aspects of Maori culture or wise in the ways of tribal elders. But therapists do need to know how to enter the Maori world....Facilitation means actively negotiating the terms of entry and moving with the client down each identity pathway. (p. 18)

Durie concludes:

...where lifestyles create health risks and where there is aimlessness made worse by cultural alienation, confused notions of self, and threats to physical health, then a focus on external relationship within the context of cultural identity offers a chance for restoration of spirit and the resolution of loss.” (p. 22)

Of equal importance is the issue of ownership over healthcare; the need for shared decision-making and ultimately the healthy self-determination by a people of their own aims, goals and priorities. Durie quotes *Ngata* and *Dyall* (1984): “Maori people would like to define health for themselves; identify their own specific health concerns...take responsibility for their own health; be involved in their own health care” (p.77). Durie himself (2001) writes:

Central to the notion of Maori health development is Maori control. While there is no denying the benefits of well-meaning health practitioners or major advances in medical science, good health cannot be simply prescribed by politicians or health professionals...if there is a lesson from the past century it is that advances in Maori health have been associated with strong Maori leadership. (p.1)

At the same time as the *whare tapa wha* model was being developed, *Rangimarie Rose Pere* (1984) presented a paper on the health of the family in which she offered a holistic model of *Maori* health known as *Te Wheke* (the octopus). In this model, each of the eight tentacles of the octopus symbolises a particular dimension of health that interacts with and connects to a single head and body that represents the family unit.

These eight dimensions of communal health include *tinana*, *hinengaro*, *wairua*, *whanau*, *mana ake*, *mauri*, *ha a koro ma a kui ma*, and *whatumanawa*. *Tinana* encompasses our body and our physical health and strength. As in Durie's model, this physical body is sacred as well as material. *Hinengaro* is the "hidden woman" of the mind. Mental health in a *Maori* context consists of a balance and integration between the rational and the emotional aspects of mind. *Wairua* is the spiritual realm that surrounds us and permeates us. As our own *wairua* evolves and grows, we are led in spiritually healthy or unhealthy directions. *Whanau* has the double meaning of birth and family. *Whanaungatanga* refers to the health of the social fabric and of the relationships which nourish us. Family for *Maori* refers not only to the nuclear family but to the extended family and this extended family is also the extended self for only in relationship are we fully able to be. A relational self is a healthy self. *Mana Ake* is the uniqueness of the individual and each family and the positive identity based on those unique qualities. *Mauri* is the bonding force and vital essence belonging to every particular being, the life-sustaining principle resident in people and objects, including language. *Ha a koro ma a kui ma* is the breath of life that comes from male and female forebearers. Good health is closely linked to a positive awareness of ancestors and their role in shaping the family. *Whatumanawa* is the sacred fire which is also the heart, the seat of the passions and of emotional health. The open expression of emotions is considered necessary for full health.

No one of these dimensions is sufficient unto it self, and strength in one area may go a long way towards offsetting weakness in another. Health in a *Maori* context refers to *wai ora*, the total wellbeing of the individual and the family, represented in the model by the eyes of the octopus. Health is community and membership, the interconnected parts working together for the benefit of the whole. Like *tapa wha*, the four walls of the house, *te wheke* is a metaphorical description of healthy integration.

The third model is that of *Nga Pou Mana* - the spiritual foundations and pillars of self-esteem, offered by the 1988 Royal Commission on Social Policy. The four supports in this model are understood as pre-requisite for health and well-being. They are: *whanaungatanga* (family), *taonga tuku iho* (cultural heritage), *te ao turoa* (the physical environment) and *turangawaewae* (an indisputable land base). Durie writes:

As with the other models a set of interacting variables was proposed, the combination leading to individual and group well-being made manifest by the retention of mana, cultural integrity, a sound economic base, and a sense of confidence and continuity. This model, unlike the other two, placed greater stress on the external environment and the significance of oral tradition as a stabilising influence. (p. 74)

Turangawaewae is a *pou mana* with cultural, social and economic significance. Ancestral lands are a cornerstone of *Maori* health. This gives the historical alienation of land and ongoing land occupations a particular poignancy. *Turangawaewae* also refers to the *marae*

...an institution, perhaps like no other, where *Maori* customs and tradition, including language, have priority....Since the *marae* is the epitome of a collective identity and one of the few remaining opportunities for social relationships to be strengthened in a manner which is mutually supportive, it enables *Maori* to redress the imbalance between individual and group pursuits inevitably created by life in suburbia. (p. 75)

Taonga tuku iho, cultural heritages, help to strengthen and consolidate *Maori* identity and establish continuity with the past and the wisdom of our ancient people and their traditions. *Te Reo* is increasingly recognised as a *taonga* in its own right. The prevention of cultural erosion and the protection of intellectual and cultural property also preserves *Maori* in a valuable role - that of custodian and guardian. Traditional *Maori* science and medicine and the health practices based upon them, many of which were lost following the *Tohunga* Suppression Act of 1907, are part of this heritage.

The rejection of assimilationist ideals requires an extensive re-examination of society's values and ideals, in healthcare and mental health treatment as elsewhere. "Once *Maori* began to talk about spirituality, thoughts, feelings, and family in connection with health, others followed" (p. 77). Psychotherapists have also brought their own holistic traditions to *Aotearoa* New Zealand. Like *Maori*, psychotherapists have often been accused of being romantic or impractical, slow to accept new scientific and technological advances, and like *Maori* health practitioners, psychotherapists have often been daunted by the magnitude of change needed to ensure healthy people in a healthy world. Tension remains between the relatively narrow clinical perspective which is within the health practitioner's scope of practice, and a wider view that includes so many less controllable factors influencing mental health and well-being: social, economic, political and cultural determinants.

According to Durie:

By 1990, *Maori* views on health had made a significant impact on New Zealand health services generally, but more importantly they had given the *Maori* people the necessary confidence, based on their own understandings of health, to challenge the system and reclaim a more active participatory role in society and within the health sector. (p. 78)

As far as I can discern, however, the “significant impact” of *Maori* views on health has yet to appear in the domain of psychotherapy.

The Absence of and Need for a *Maori* Psychotherapy

The need for a *Maori* psychotherapy is relatively obvious to anyone who is *Maori*. The purpose of a *Maori* psychotherapy for *Maori* is no different than the purpose of a *Pakeha* psychotherapy for *Pakeha*. So long as psychotherapy remains monocultural it will remain unable to meet the needs and aspirations of *Maori* practitioners and *Maori* clients. So the question becomes, how do we identify and positively value *Maori* difference, and how does this difference register in a distinctive approach to psychotherapy?

Durie (2001) has identified a number of key differences between the *Maori* and the *Pakeha* identity base that remain true today as they have for generations. His summary of these can be found in Table 3.3 of *Mauri Ora* (2001, p. 90). *Maori* identity spirals outward towards an interdependent identity within the group and the wider universe, resulting in a composite identity that is ecological, nature and land-based rather than anthropocentric. By contrast, *Pakeha* identity tends to spiral inwards towards an individuated sense of autonomous and individual personal identity in which the human being and the many achievements of human civilisation are the measure of all things. The *Maori* sense of the space/time continuum is personal and relational; time is measured by sequential relational encounters - there is always enough time for present and immediate concerns while other agendas have to wait. For *Pakeha*, space and time tend to be impersonal, external givens where human concerns have to fit and be accommodated within the available time-frame. *Maori* communication styles are indirect and allusive. Meaning comes from context. Thought and feeling are inseparable. The whole is greater than the sum of its parts. *Pakeha* communication styles tend to be more direct and literal. Meanings are precise and the whole is understood by analysis of its parts. Thought and feeling tend to be very different modes of communication and may be opposed to one another. For *Maori*, the *marae* is the place where these identity differences are recognised and upheld. *Marae* protocol is both a congruent expression of *Maori* identity and a re-affirmation of it. It follows that access to *marae* encounters may be one of the prerequisites for *Maori* to remain healthy.

In the light of *Maori* identity differences and holistic concepts of mental health, a *Maori* psychotherapy would be relational, inclusive, contextual and spiritual. It

would re-affirm links to family and extended family, ancestors, land, social justice, economic self-sufficiency and political emancipation. It would make use of indirect, allusive and metaphorical communication as well as being literal and grounded in clients' daily reality. It would seek to develop congruence between the client's inner world and their actual life circumstances. It would offer hope where there is despondancy, strengthen purpose where there is aimlessness, and expand awareness to include a felt sense of all that has been lost and might be found again. It would be pro-*Maori* and positively value *Maori* relational concepts and *Maori* wisdom.

Chapter Five: *Manaakitanga*

At the heart of *manaaki* is *mana*, therefore an exploration of the *manaakitanga* relationship begins with an understanding of *mana*. *Mana* is commonly translated as prestige or power, but a more profound appreciation of *mana* holds that it is the strength of the gods, given to us rather than self-created, a blessing that carries with it obligation as well as opportunity. *Mana* is inherited through ancestral descent and may also be strengthened and developed through individual effort and skill. There are many different kinds of *mana*, but the responsibility of all those who hold *mana* is to use it for the common good. *Mana* is symbolised by an eternal flame, the *ahi komau* or sacred fire. Cleve Barlow (1991) writes: “*Mana* is the enduring, indestructible power of the gods. It is the sacred fire that is without beginning and without end.” (p.61). The origins of the *kaupapa* of *manaakitanga* are located in the ancestral and mythic past, part of *Tane Mahuta*’s gifts to humankind. According to *Maori* Marsden (1992):

Under the principle of Mauri Manaaki, derived from the Mauri of a meeting house in which the Mauri was implanted by Tane in Wharekura, the first Whare Wananga [House of Learning], came the custom (tikanga) of Tuku Rangatira (noblesse oblige).

Tane planted three Mauri in Wharekura; Mauri Atua (life force of the gods), Mauri Tangata (the life force of tangatawhenua) and Mauri Manaaki (the life force of the guests and visitors) The word Manaaki means to bestow a blessing. The presence of visitors was equivalent to the bestowal of a blessing upon the hosts. On the part of the hosts, they bestowed a blessing upon the guests by giving them the best of their provisions in the Hakari (banquet) and hospitality provided. This was a reciprocal relationship which could be extended by the exchange of gifts. (p. 24-25)

Mana-aki is the embrace and movement of *mana* as generosity is enacted, given out or bestowed upon others. Those who hold *mana* can afford to be generous and to exercise *mana* well is to increase it. “*Manaaki*...means to express love and hospitality towards people.” (p. 63). It is the power to give or bestow the blessing that *mana* represents, and depending upon the context is translated as generosity, caring, sharing, hospitality, looking after others and showing them respect and kindness. *Rangimarie* Rose *Pere* (1982) describes *manaaki* as follows:

Manaaki can be interpreted as meaning any of the following: to show respect or kindness to; to give hospitality, or to bestow. Manaaki in its widest sense is associated with the concept of mana, and can make all the difference to the attitudes that one can develop or have towards an individual or group of people. Manaaki as a part of mana relates to the finer qualities of people

rather than to what they have in terms of material assets. The luxury and splendour of a mansion is of no consequence if the people who own it cannot emanate warmth, respect, kindness and sincerity to anyone who may enter and cross its threshold. (p. 72)

Joan Metge (1995) defines *manaaki* similarly as: “show respect or kindness to; care for, look after, especially guests; caring in the fullest sense of the word, the expression of aroha” (p. 333). Kuni Jenkins (2000) writes: “Manaakitanga is...linked to aroha. It characterises a person who gives care and succour to many people” (p. 56).

Manaakitanga, then, refers generally to the practice of generosity. The *mauri manaaki* is both the talisman of hospitality and the representation of the life force of the guest and visitor. When we *manaaki* someone we are strengthening their life force, acknowledging and showing regard for their *mana* and enhancing our own.

A major factor in having *mana* as a people is the ability to express *mana* through the exercise of hospitality. In the words of Dame Whina Cooper: “*Ki te kore koe e manaaki i te tangata, me pehea te iwi e moohio e whai mana ai koe?*” (If you do not show true hospitality, how will people know you are a person of *mana*?). In the context of *marae* protocol, *manaakitanga* refers to the hosts’ responsibility to ensure that their guests receive good care. Durie (2001) writes:

Marae encounters are about the establishment of mutually beneficial relationships and the avoidance of unnecessary risks. To cause offence is to create a risk; to display arrogance is to invite retaliation; to demonstrate rudeness is to solicit insult; to diminish others is to breed resentment. Mana is diminished when guests leave hungry or discontent...mana, comes from the reduction of risk; not simply by appeasement, but more importantly by creating a climate whereby the mana of all the players is elevated....Essentially the domains of authority and generosity are about the employment of authority in order to demonstrate benevolence. Manaakitanga is the process whereby mana (power, authority) is translated into actions of generosity. (p. 83)

Similarly, Barlow (1991) writes:

The *mauri manaaki* or talisman of hospitality is located on the left-hand side of an ancestral house. Its purpose is to remind the host people, to whom the house belongs, that they be charitable and kind to visitors who come to their *marae*. The most important attributes for the host are to provide a place to rest, reflect and connect, an abundance of food, and to *manaaki manuhiri* (visitors) so that peace prevails during the gathering. If these principles are implemented a hui will more likely be regarded as a memorable occasion. (p.63)

James Ritchie (1992), identifies *manaakitanga* as one of five core *Maori* values,

emphasising both its reciprocal and its unconditional or non-contingent “gift” quality:

Manaakitanga is reciprocal, unqualified caring. Why should I care for you? I should care for you because one day you will care for me. If I care for you when you are young, you may care for me when I am old. If I feed you now, then when I am in need of food, you will feed me too. If I share with you the bounty of my fish or my eel or kumara crop, then I affirm that sense of all of us being a part of one another. The return need not be immediate. There is simply faith that one day that which one has contributed will be returned. Nobody keeps count, no one expects. One only receives. (p. 75)

Richie’s point is that generosity becomes so much easier when supported by the faith that all contributions will eventually be repaid, that what goes around, comes around. This offers relief from a more paranoid position that involves the constant calculation of whether I am getting my share. Is the client going to take advantage of my generosity? Will they come to expect too much of me? Will my words be turned back against me?

Manaakitanga is expressed in all sorts of way. For many marae, there is a particular food which is *their* food. It is often referred to as the ‘kai rangatira’: not just the food reserved for chiefs, but the food with which those people are so identified that they feed it to their guests to honour them. Kai rangatira is sacramental food. (p. 75)

The ‘kai rangatira’ or sacramental food of psychotherapy is words. This is the food we feed our clients, our honoured guests.

The major components of manaakitanga can be found in all those words built around -oha: aroha, or loving concern; koha, the gift in exchange for hospitality; ohaki, any act of generosity; oha oha, the gift that transcends all others; mai oha, the gift that returns the gift.... There are many expressions of manaaki, but perhaps the commonest is koha.... Koha...acknowledges the manaakitanga of the marae, itself a double expression of mana - yours and theirs. Koha is relative to mana. Mana lies at the core of manaakitanga. (p. 77)

The suffix -oha signifies abundance or generosity and is associated with gifts. It is composed of two parts. One part, *o*, means belonging to. The other part, *ha*, is the breath of life. So the literal meaning of abundance could be translated as ‘belonging to the breath of life’.

These links to the concept of the abundant, living universe bring us to the heart of manaakitanga. They speak to the core belief that opportunities to exercise generosity are blessings - in fostering opportunities for welcoming, taking care of and giving to

others, we are making manifest and fulfilling a divine purpose. *Manaakitanga* is a spiritual discipline as well as an outward practice, in this respect not dissimilar to the Christian virtue of charity. Both depend on the 'spirit' of giving. An outward manifestation of generosity that is an empty show, prestige-based, inherently selfish, is not true *manaakitanga*.

***Manaakitanga* and Psychotherapy**

As a basic relational principle and practice, *manaakitanga* has broad relevance to the psychotherapy process but is particularly applicable to the first encounter, the initial interview, the early sessions, and the first few minutes of each session. We begin as we mean to go on. The therapist expresses their *manaaki* by being generously caring, sensitive, receptive, respectful and hospitable. It is an embrace which is invitational, inclusive and draws the client into relationship. By putting themselves *out*, the therapist invites the client *in*. When the therapist's warmth is experienced by the client as genuine and non-possessive, they are likely to feel cared about and cared for. When clients allow themselves to orient towards the therapist and actively seek, desire and yearn for the therapist's acceptance and understanding, they are making an attachment and this tends to support their investment in the therapy.

A *kaupapa Maori* understanding of psychotherapy attends carefully to the welcome, recognising that this coming together is an encounter ritual which creates the context and sets the tone for the ongoing relationship. Therapist and client meet together at a mutually agreed hour but they do not meet on neutral ground. The *powhiri* can serve as a metaphor for this initial encounter, with the therapist in the role of *tangata whenua* and the client in the role of *manuhiri*. The therapist receives the client on their own home ground as a host receives an honoured guest.

The requirement to be therapeutic is present from the first moment of contact. The *mana* of the therapist is to be able to hold and deepen attention, to attend to emotional truths that are basic but overlooked or avoided, to sit with pain and sorrow, to contain anger and tolerate uncertainty. Creating a climate of generosity does not mean filling the therapeutic space with an effusive friendliness that detracts or distracts from our purpose. Silence and stillness facilitate reflection and allow depth to surface. Clients need the opportunity to transition from their life outside, to acclimatise to the therapy setting.

Manaakitanga means being prepared and welcoming, letting the client know their

presence is anticipated and appreciated. Being ready for the client when they arrive is important. A brief moment of reciprocal sociability may convey our regard for the person and acknowledge our common humanity. Attending to the client's physical comfort, adjusting the thermostat of the heater or the angle of the blinds, offering a glass of water, these are tangible manifestations of our care. If we are too role-bound, too 'professional' in our demeanour, too low-key in our greeting, too narrow in our person, we deny our clients valuable and useful parts of ourselves. Philip Culbertson (2000) writes: "Because hospitality is so respectful of the other, seeking in no way to change the other but instead to offer new life, a sense of mutuality begins to emerge." He goes on to quote Paul Tillich, who regards caring and being cared for as "one act, not two, and only because it is one act is real care possible" (p. 286). Without mutuality, we turn the other person into an object or a case.

The gift of caring which is life-affirming and breathes life into relationship must be authentic and congruent with the person of the therapist. This will not occur if the therapist is acting upon abstract principle or merely conforming to theory. Generosity is not based on a role, a job description or the therapist's need to be seen to do their duty or express their own sense of prestige or authority. Likewise, if the therapist expects an immediate return on investment, the sense of reciprocity has become legalistic or contractual, a kind of payment for services rendered. Because it is both relational and reciprocal, *manaakitanga* creates a spacious opportunity for the client to respond. This reciprocal movement builds and maintains the therapeutic alliance, preparing the ground for the work of therapy.

Manaakitanga: A Case Illustration

"Alice" is a middle-aged *Pakeha* solo mother who came to therapy with symptoms of anxiety, particularly insomnia. Her cognitive style is obsessive, and she has many fears and concerns about the future and a sense of great responsibility. She is alone in the world and accustomed to loneliness. She is a proud person who doesn't like imposing on others and consistently minimises the importance of her own wants, needs and feelings. A sense of home eludes Alice. One way of conceptualising the difference between us is the degree to which I am able to experience and exercise *manaakitanga* in my life, to feel at home and to welcome others into my home.

With Alice I am especially mindful of how the therapy hour begins. I arrive first and am ready to welcome her when she arrives. The *manaakitanga* 'moment' of meeting and greeting is particularly important with clients who lack the entitlement to demand

notice. Alice craves recognition but remains insecure about her lovability and uncertain of her welcome. She worries that she might cause me too much trouble. I do not passively allow her to experience herself as a burden but at the same time I let her know that this self-image of being 'burdensome' is worthy of our attention. Alice is a superb caretaker of others but does not as a rule allow others to care for her. In part this makes a virtue of necessity, as she has a handicapped son who is demanding and difficult. Altruistic and self-sacrificing, Alice is also in the service of her elderly parents who are increasingly unable to care for themselves. I talk with her about how exclusive her focus on service to others has become, how difficult she finds it to be generous with herself. When I challenge Alice to become aware of her lack of entitlement or feed back to her how difficult she finds it to allow herself to connect emotionally with me, she experiences me pointing these things out as making her wrong. She immediately responds by inviting my criticism, putting herself down and naming herself as "infuriating" "frustrating" "muddled-up", etc. I notice this with her and decline to join her in self-criticism. I make a particular point of praising her, admiring her and enjoying her, reflecting back to her the positive aspects of herself, her great capacity to care, her courage, her ability to rise above her circumstances. I deliberately create a climate that is warmly accepting. I am able to give to her freely without loss of myself. *Manaakitanga* helps to strengthen her confidence in my ability to care for her while we explore the painful limitations in her life and sense of herself.

Chapter Six: *Whanaungatanga*

Whanau means birth and family. *Whanaunga* is belonging and is the word used to denote a family relation, as in: “they are *whanaunga* to me.” *Whanaungatanga* is the practice of inclusion; fostering, nurturing and developing a sense of belonging.

Traditional *Maori* social organisation was kinship based. The *whanau* was its primary unit. A *whanau* usually held at least three generations, living together or near one another, descended from a common *tupuna* (ancestor). Prior to colonisation, *whanau* were largely self-sufficient units except in defence when they linked together to form *hapu*. The organisational structure of *whanaunga* or kinfolk is still prevalent among *Maori* today despite its transformations and deformations in the modern world.

The *Maori* view of the self is much less individualistic than its European counterpart, more focussed on identity with the kinship group. Traditional *Maori* social values emphasise collective action and responsibility (Patterson, 1992). Individual achievement was encouraged, however, these achievements were evaluated in terms of their contribution to enhancing the *mana* of the *whanau*. *Maori* Marsden (1988) writes this:

Because the members were united on the basis of kinship ties, the *whanau* or *hapu* group was regarded as organism rather than organisation. That is, that the group shared a corporate life and each individual an integral member of that body or organism performing a particular function and role. Therefore, to serve others is to serve the corporate self. Thus, loyalty, generosity, caring, sharing, fulfilling one's obligations to the group, was to serve one's extended self. (p.18)

Durie (1997, 2001) has proposed five positive capacities inherent within the *whanau* structure: *Manaakitia*, the capacity to care for *whanau* members, particularly children, the elderly and the less able; *tohatohatia*, the capacity to share, to provide a safety net by distributing money and goods to those in need; *pupuri taonga*, the capacity to provide guardianship, to act as trustees and manage resources; *whakamana*, the capacity to empower, develop human capital and engage in advocacy; and *whakatakoto tikanga*, the capacity to plan ahead and provide for the future. *Whanaungatanga* refers both to the overall sense of family cohesion and to the specific processes by which *whanau* ties are strengthened. In a practical sense, responsibility to relatives might be enacted in many ways, through joint ventures, organisation of family events, mutual support and shared care-giving such as collective responsibility for childcare.

Maori social identity was traditionally founded in three closely bound entities - *whanau*, *hapu* and *iwi*. In more recent times, two other means of identity have emerged - *te waka* and 'being *Maori*'. *Manuka Henare* (1988) writes:

Te whanau, te hapu, te iwi and te waka are underpinned by a set of kinship rights and obligations which together serve to strengthen each member as well as the family and the wider groupings. From this develops a strong sense of belonging which is referred to as *whanaungatanga*. (p. 13-14)

James Ritchie (1992) identifies *whanaungatanga* as one of five core *Maori* values:

The word *whanaungatanga* is made up of the *Maori* term for a family, *whanau*, or body of close kin, whether linked by blood, adoption or fostering. The next bit of the word, *nga*, extends the family out, making it more general. The bit of the word at the end, *tanga*, makes it a process concept concerned with everything about relationships between kin. *Whanaungatanga* is the basic cement that holds things *Maori* together. It has a spiritual aspect, though this should not be emphasised on its own. Everything related to families and to birth is a sacred and spiritual matter. But it is also a way of tying people together in bonds of association and obligation. (p. 67)

Whanaungatanga is very real. It both affirms and transcends tribal identity. Even when, through migration and cultural identity loss, a person seems not to know their identity in *whanaungatanga* terms, others can place them quite quickly. Migration may have stretched the lines by linking people with ancestry widely separated geographically, and thinned the available information, but potentially it has strengthened the network by interweaving so many strands. Both maternal and paternal lines are significant in weaving the *whariki* (mat) of kinship. (p. 68)

Whanau means family both in the specific sense of kin and in the wider sense of kinship. At one end of the spectrum are *whakapapa whanau*, whose membership is strictly determined by descent. These are the families of origin from whom even spouses and adopted children are excluded. In the middle are the nuclear *whanau*: new family groups created by two parents who join to procreate and parent children. At the other end are *kaupapa whanau*, groups of people who behave towards each other in a family-like manner without common ancestry, sustained by shared commitment to common goals and purposes.

Joan Metge (1995) writes: "The imperative to extend *aroha* to *all* *whanaunga* ensures that every *whanau* is embedded in a web of cross-cutting kinship ties. Its members are enjoined to look outwards as well as inwards" (p. 82).

At a *Maori* Health planning workshop sponsored by the Department of Health in 1984, the Komiti Whakahaere defined *whanaungatanga* as the “element that provides strength, warmth, support and understanding in family and kinship relationships” (p.19).

Rangimarie Rose Pere (1982) writes:

Whanaungatanga deals with the practices that bond and strengthen the kinship ties of a whanau. The commitment of “*aroha*” is vital to whanaungatanga and the survival of what the group sees as important. Loyalty, obligation, commitment, and inbuilt support system made the whanau a strong stable unit. (p. 26)

Te Kawehau Hoskins (2002) writes:

Implicit to the framework of whakapapa is whanaungatanga and whanau, two concepts which stress the importance of relatedness...the principles, practices and relationships which underpin whakapapa, whanau and whanaungatanga are critical to encouraging and sustaining self-sufficient communities...strong and functional whanau are the core building blocks in struggles for self-determination. (p. 16)

As *whanaungatanga* speaks to interpersonal health, so *whakapapa* speaks to genealogical health, our knowledge of and connection to our ancestors, both our historical and our genetic, non-human ancestors. In a *Maori* context we are the sum of our forebearers, all those who have gone before us. It is where and who we come from as well as who we belong to that enriches us. Hoskins (2002) writes: “The whanau group was also described as ‘*ahau*’ [‘I’, ‘myself’] because it shared ancestral hau [the breath/wind of life] together” (p. 17). A connected self is a healthy self.

Whanau, *whakapapa*, and *whenua* form a necessary unity. They anchor and ground us. It is not principally our mental activity that connects us to each other and to the world we share in common but rather the interpenetration of lives lived together in a particular geography and historical moment. As Mason Durie (2001) reminds us:

It is not a coincidence that the word for land, *whenua*, is the same as the word for placenta. Both sustain life; both provide a link with the wider environment, and just as bonding between a child and its mother is generally regarded as a necessary prerequisite for optimal development, so bonding between the individual and the land is considered to be important for the development of a secure identity. (p. 79)

And Michael Shirres (1997) makes a similar point:

To be a person is not to stand alone, but to be one with one's people, and the deeper the oneness, the more we are truly persons, and have that mana tangata. The persons we stand one with are not only the living, but even more so the ancestors, those members of the family who have already gone before us. So basic to being a person, and to being Maori is to be whanau, family, not just with the living, but also with the dead. (p. 53)

***Whanaungatanga* and Psychotherapy**

Who I am depends upon to whom I belong, who claims me as their own, and who we claim in common. I always wonder who my clients belong to, and I tend to be very inclusive in my thinking. My clients and I often talk about their several families: the family they were born into, the family they lived with and grew up with, the family they knew of but didn't often meet, the family they created when they became old enough to make a family of their own, the family they still hope to create one day. I bring my own sense of the *whariki*, the mat of kinship, to this conversation. To think in terms of *whanaungatanga* is to think systemically. It means being alert to the direct and indirect influences of all family members, distant as well as close family ties. I am always interested in the stories clients tell about their ancestors and if they seem to have no stories I might invite them to become curious about their people. Have they been told they bear a resemblance to any relative, living or dead? Are any of their ancestors worthy of being held up as a role model, a person who survived in conditions of adversity? I am seeking sources of identification of which they may be completely unaware, casting my net to find the context in which their lives may be amplified and find new meanings.

Common to all definitions of *whanaungatanga* are the concepts of connection, belonging and kinship. *Whanaungatanga* is close relationship and equally importantly, the experience of being closely related to. The relationship between therapist and client in psychotherapy and particularly the client's experience of being closely related to by the therapist is a special kind of *kaupapa whanau*. I belong to my clients and they to me by virtue of our shared commitment. As the psychotherapy relationship grows in depth and intensity, increasingly I join my client's family and invite them to join mine. I immerse myself in my client's world, familiarise myself with each of the family members they describe, remember their history as well as the client's own history and listen for that person's voice speaking in my client.

I also allow my clients the space in me to become familiar, to become *whanaunga* to

me, and I try to 'feel into' the quality of the relationship in my countertransference. To my client, I might become mother, sister, auntie, cousin. To me, my client might become daughter, sister, cousin, or niece. Within the therapist community there is quite a lot of discomfort about caring too much about a client or allowing them to draw too close, even though of course this is inevitable in the intimacy of long-term work.

We can't help but look out when we look in. Our inner world is populated with significant others and aspects or parts of those others. Psychotherapy has taught me how much love and pain we carry about our family, how much disappointed love, buried love, lost love, frustrated love, bitter love, love turned to hate. Psychotherapy teaches a fine appreciation for the struggle to become a self, the need to resolve the ancient sense of imprisonment that is for many of us the legacy of family life. But psychotherapists often speak as though becoming an individual means cutting the ties that bind, a kind of surgical operation needed to separate from family members malignant influence. Durie (1985) asserts that for *Maori*, dis-connection is akin to dis-ease. I have personally experienced the potential of the wider group to reflect and amplify my individual identity in a positive way. Even where family relations are poor my experience leads me to believe that the impulse to try to care for and protect family members is very strong. As Lorna Smith Benjamin (1996) has phrased it, "every psychopathology is a gift of love" (p. 102).

When I reflect on the identity of my clients I often consider external, contextual, structural, familial and relational factors first. This is consistent with a *Maori* developmental perspective which holds that identity forms from the outside in. I am quite content to help clients differentiate and become more separate and independent of negative family influences but this is only half the work, the other half is becoming more capable of healthy interdependence, learning to expect and get support and sustenance from others. When I reflect on how psychotherapy heals, it makes intuitive sense to me that we heal our relationships on the outside and on the inside at the same time.

Whanaungatanga: A Case Illustration

"*Kiri*" is a young *Maori* woman who presented in extreme anxiety, unable to sleep, afraid to be alone, worried that she might harm herself. She described a chaotic life of nightclubs and parties on weekends which undermined her academic work. She let me know immediately that she had no intention of changing her lifestyle to please me.

She had already dismissed her previous counsellor after one session.

I needed to make a strong and immediate connection to this client who was at risk but also very rebellious and defended against the intensity of her dependency needs. I could feel some concordance, an identification with this young *Maori* girl who was living away from home for the first time. She, on the other hand, had no plans to identify with me. During that first session I took the role of the 'Auntie' - warm and attentive but non-possessive, slightly distant and detached and equally importantly, clear and directive. Later, I found out that as a child *Kiri* was especially close to her mother's younger sister. This was the first of our transference/counter-transference configurations.

Kiri had come to university from a small rural township where her *Pakeha* mother and her *Maori* father had grown up and had family nearby. *Kiri*'s father was temperamental and demanding. He was both over-protective and controlling, and he expected her to do well academically. *Kiri* described herself as the 'rebel' in the family. She was similar in temperament to her father and they often clashed. *Kiri* initially fought against seeing me as either one of her parents but soon lost this battle. She loved showing off for me, but she also felt compelled to challenge my authority and search out and push my buttons whenever she could. She often brought her 'rebel' to therapy and she could be loud and demanding, provocative and devaluing. Twice she got up and stalked out of the room when she felt I was being controlling or judging like her father. *Kiri*'s mother was passive and dependant, using *Kiri* to confide her difficulties with *Kiri*'s father. Although *Kiri* got on better with her mother than her father, she was eventually able to admit that she disliked being her mother's confidante. As she gradually came to appreciate that I did not need her and was not going to use her to meet my own emotional needs, *Kiri* became more able to regress and reintegrate the little girl who still needed a mother.

Kiri's maternal grandmother died during her first year of university and we worked through the grief of this loss together. Over time I held most of the family roles: father, mother, elder brother, maternal grandmother. I have my own role models for all of these roles, but how *Kiri* relates to me as them depends mostly on the template of her own prior experience. She would fight me for control when I felt like her father, worrying about merger when I felt like her mother, and from time to time rest cosily in my grandmotherly presence. *Kiri* and I worked together for 88 sessions over three years. Her successful graduation and her desire to have me be there to witness it speaks to the development of our *whanaungatanga*.

The driving principle of *whanaungatanga* is connection. Essentially it means making a strong internal imaginative connection to the client which is then outwardly expressed as effective care. My ability to *whanaunga* this client was based first on my own sense of belonging, my links to my family, and second on my ability to empathically enter into her world and help her make these links for herself.

Chapter Seven: *Kaitiakitanga*

Maori Marsden (1988, 1992), has written extensively about *kaitiakitanga*:

The term '*tiaki*' whilst its basic meaning is 'to guard' has other closely related meanings depending upon the context. *Tiaki* may therefore also mean, to keep, to preserve, to conserve, to foster, to protect, to shelter, to keep watch over.

The prefix '*kai*' with a verb denotes the agent of the act. A '*kaitiaki*' is a guardian, keeper, preserver, conservator, foster-parent, protector. The suffix '*tanga*' added to the noun means guardianship, preservation, conservation, fostering, protecting, sheltering. (p.18)

A *kaitiaki* is a caretaker or guardian. A *kaitiaki* watches over and cares for some specific aspect of a particular locality. Each area, each landmark, each natural resource is considered a *taonga*, a treasure, and has its special *kaitiaki*. Living or non-living, all creatures, trees, even the rocks and geological formations are held to have spiritual energy and manifest their own presence, requiring our recognition, understanding and respect. *Kaitiakitanga* in its full sense, then, refers to the proper care of the earth and all its inhabitants, human and non-human.

The Maori language is a language of place. *Whakapapa* connects the people to their land, *mana whenua* is the *mana* which the land bestows upon people, and the *pepeha* is the process of naming oneself according to primary markers of identity such as ancestral mountains and rivers:

Ko Hikurangi te maunga

Hikurangi is the mountain

Ko Waiapu te awa

Waiapu is the river

Ko Ngati Porou te iwi

Ngati Porou the people.

Land is also our link with our ancestors. People are shaped by their environments and regard them as part of their being. Polluted environments cannot support healthy communities. *Whenua*, the word for placenta, that from which we first derive our life-giving nourishment, is also the word for land. This ancient holistic perspective assumes an intimacy with the local landscape that is almost unthinkable, incomprehensible to the modern mind. Maori are traditionally so attached to the land as to feel at one with the mountains, the rivers and forests of the local area; for many of us these remain a part of our personal identity. People who are deeply rooted in a particular locality and local community do not transplant well. Our rightful place is

as the *kaitiaki* or guardians of the land, extending *manaakitanga*, generous hospitality to visitors and guests. Uprooted, however, we can become lost, unprotected, cut off from our greater self, stripped back to an individual identity we consider shallow and unfulfilling.

Marsden (1992) writes:

All natural resources, all life was birthed from Mother Earth. Thus the resources of the earth did not belong to man but rather, man belonged to the earth. Man as well as animal, bird, fish could harvest the bounty of mother earth's resources but they did not own them. Man had but 'user' rights. (p.18)

The Maori thought of himself as holding a special relationship to mother earth and her resources... Just as the foetus is nurtured in the mother's womb and after the baby's birth upon her breast, so all life forms are nurtured in the womb and upon the earth's breast. Man is an integral part therefore of the natural order and recipients of her bounty. He is her son and therefore, as every son has social obligations to fulfil towards his parents, siblings and other members of the whanau so has man an obligation to mother earth and her whanau to promote their welfare and good. (p.16-17)

The ancient ones (*tawhito*), the spiritual sons and daughters of Rangi and Papa were the '*Kaitiaki*' or guardians. Tane was the Kaitiaki of the forest; Tangaroa of the sea; Rongo of herbs and root crops; Hine Nui Te Po of the portals of death and so on. Different tawhito had oversight of the various departments of nature. And whilst man could harvest those resources they were duty bound to thank and propitiate the guardians of those resources. (p.18)

From the *Maori* perspective, when we human beings act as caretakers or guardians we are following in the footsteps of the ancient ones, the demi-gods of natural phenomena who give each domain its specific nature and character. Our task is to operate in harmony with this natural order, to recognise, respect, acknowledge and celebrate it. Marsden continues:

From the above outline we see how first principles ('*Kaupapa*') derive from the myths and legends associated with Mother Earth as the primeval Mother and from her children regarded as the ancient ones. Thus the Maori is seen as holding a special relationship to Mother Earth and her resources; as an integral part of the natural order. Not only did this relationship become the basis for the spiritual and social values of Maori culture, but the basis upon which the various '*Tikanga*' [customs] were established to develop the means by which that relationship may be enhanced for the benefit of both Earth and Man. (p.19)

Utu is the principle of reciprocity and balance. The practice of *utu* means giving back

or ensuring repayment so that balance can be maintained. This reciprocity is important between people, as in marriage and other partnerships, but it is particularly important in the partnership between the human and the non-human environment. Thousands of years of observation and co-existence taught indigenous people how to preserve and conserve life. The *tikanga* or custom of *rahui*, for example, allowed for the imposition of a ban or sanction which placed a certain area under *tapu* and therefore off limits or out of bounds until that area had time to regenerate, at which time the *tapu* would be lifted and the area restored to general use. Marsden (1992) writes:

Man is the conscious mind of Mother Earth and plays a vital part in the regulation of her life support systems and man's duty is to enhance and sustain those systems. The tragedy however is that when these first principles are forsaken and Mother Earth is perceived as a commodity and her natural resources seen as disposable property to be exploited, then there is no avoiding the abuse and misuse of the earth. Man becomes a pillager, despoiler and rapist of his own mother. Forests are denuded; the land, sea and air are polluted; her surface is scarred and the resources are depleted. (p. 21)

Until we relearn the lesson that man is an integral part of the natural order and that he has obligations not only to society but also to his environment so long will he abuse the earth. To realise that he is a child of the Earth will help him in working to restore and maintain the harmony and balance which successive generations of humankind have arrogantly disrupted. (p. 21)

James Ritchie writes of *kaitiaki*:

Guardianship rests upon individuals on behalf of tribes. It is an historic duty placed upon the living by the *tupuna* in the interests of future generations. For every resource, for every treasured place or body of knowledge, there are *kaitiaki*. People must also respect the supernatural guardians of natural features or resources. (p. 56-57)

Cleve Barlow (1991) writes:

Kaitiaki are believed to be guardian spirits of our deceased ancestors who are watching over and protecting sacred places. *Kaitiaki* are also messengers and a means of communication between the spirit world and the human realm. There are many representations of guardian spirits, but the most common are animals, birds, insects, and fish...every tribe, sub-tribe, and family have their *kaitiaki*, and each of them will have their special stories about them and the signs by which they can be recognised. (p. 35)

Rangimarie Rose Pere (1982) writes:

Tohu has several meanings...omen, proof and mark of recognition. Further

extensions of *tohu* are *tohutohu* which can mean to direct, guide, instruct or recommend, and *tohunga*, which means a person who is skilled and expert in some specific area. (p. 70)

There are *tohu* (omens, signs) that are familiar to the tribal group as a whole and there are “*tohu*” that are only familiar to the *whanau* with whom they are associated...A *tohu* can be conveyed through natural or psychic phenomena...the appearance of known “*taniwha*” or “*tipua*” (supernatural influences) ...the spiritual appearance of people or “*Kaitiaki*” (spiritual guardians) when people are under threat, critically ill, or physically dead; and with those people who have the power to appreciate and experience this type of phenomena. (p. 71)

Kaitiaki watch over and protect the world and can take human or non-human form. They may appear as people, animals, mythic creatures, or spiritual guardians. If these guardians are messengers from another world or representatives of the ancestors, then they usually take supernatural or psychic form and are often apprehended in dreams or altered states of consciousness.

***Kaitiakitanga* and Psychotherapy**

Psychotherapists often regard themselves as caretakers or guardians to the treasure of their client’s authentic self. However, this is usually regarded as a specialised function quite separate from caring for the natural world. The concept of *kaitiakitanga* invites us to consider the links between care for the inner world of individuals and care for the earth and its inhabitants. Theodore Roszak writes in The Voice of the Earth (1992) that healing the earth has become the psychotherapeutic priority of our time. “Just as it has been the goal of previous therapies to recover the repressed contents of the unconscious, so the goal of eco-psychology is to awaken the inherent sense of environmental reciprocity that lies within the ecological unconscious” (p. 320). These ecological or ecopsychological values need not be explicit, nor are our clients obligated to agree with us. Rather, they provide the opportunity for us to experience ourselves in a wider frame as *kaitiaki*, and to try to embody these values in our own lives however we choose.

The belief that we are an integral part of the natural order and recipients of her bounty is an inherently optimistic view of life. We are able to become generous because we have already been given so much. Psychotherapy also holds that we already have what is most needed inside us - an innate wisdom or knowing which needs only a facilitating environment in order to flourish. We are attempting to be that facilitating environment, but this would not be possible without assistance from the wider

universe that supports and sustains this project. Psychotherapists have become acutely aware of the importance of attachment but tend to limit this concept to relationships between human beings, particularly the person of the mother. Psychoanalysts such as Winnicott (1965, 1971) speak of the “facilitating environment” provided by the mother or the ‘environment’ mother of early life who is for the infant the whole world. Bollas (1987) speaks of the life-long search for a “transformational object” who can re-produce these early life experiences. But these authors do not seem to connect this ‘maternal environment’ to the living, natural world. When my babies were crying I discovered that I could take them outdoors and very quickly they would stop crying and become calm, even interested in the world around them. Many clients find peace and solace in nature and I encourage this. If I offer a client a transitional object to keep our work in mind it is usually a part of nature, a pebble or a shell. A *Maori* understanding acknowledges purely human attachments but also places this within a wider context of environment, space and time. The mother to whom we are all attached and from whom we draw our sustenance is also *Papatuanuku*, Mother Earth. Becoming anchored and grounded, attached to the earth itself, secure in our place on the earth, helps to give us our *turangawaewae*, a place to stand. We become the guardians of the place which protects and nourishes us.

Caretaking is a necessary and inevitable part of the psychotherapeutic relationship. If we apply the concept of *kaitiakitanga* to the psychotherapy situation, we might think of psychological defenses as being like guardians, internal operating policies and procedures, survival strategies whose function is to protect the self, to enhance and sustain the life-force and life-systems of the individual. At a psychological level they are the ‘*taniwha*’ whose function is to guard the ‘*taonga*’ of the embryonic self, the precious but underprotected child self that is as yet unable to defend itself. Often we think of these defenses as the internal here-and-now representatives of the immediate ancestors, the parents, but it is also true that they are handed down inter-generationally and culturally approved of as appropriate means of self-protection. The choice of which defensive strategies are preferred and most often employed to cope tends to run in families, role-modelled by elders rather than discovered through trial and error.

A psychotherapist is also a guardian, but often works on the side of the self against the defense system, which is understood as having become too strong or too rigid, too automatic, in brief, oppressively powerful. In order to oppose these ‘*taniwha*’ the psychotherapist must persuade the client that they are safe, and in order to do this, the

psychotherapist must frequently become a '*taniwha*' herself. In certain respects, this is the function of the transference. In the transference, the psychotherapist is endowed with extraordinary powers. She is then experienced by the client as able to see into the darkness: dispel fear, order and organise chaotic experience, identify threat and provide protection. Under the therapist's quasi-magical care and protection, the client can build up their immunity to toxic experience. Although the transference is not entirely real, or more accurately, reflects in large part the clients own contribution, the psychotherapist must in actuality have the patience and strength to bear with the client through the de-construction of the old defenses and the gradual emergence of new skills and abilities.

Kaitiakitanga: A Case Illustration

"Judith" is a 28 year old solo mother with a childhood history of profound neglect, physical, emotional and sexual abuse by family members. When she reached puberty, she tried to take control of her sexual abuse by provoking and initiating sex with her abuser, which has left her with a deep shame and sense of her own badness. Judith's belief in her own worthlessness has cast a shadow over every aspect of her life. She came to her first session accompanied by a friend who did most of the talking. Judith sat on the couch slumped over, quietly sobbing. I offered her an appointment the same day and time the following week and although she did not reply, she arrived on her own for the next session. We have worked together weekly for the past two and a half years. In 100 sessions, she has never missed a session.

Judith and I work very quietly and very slowly. Once she has assured herself that I am attuned to her as her *kaitiaki* - her guardian and protector - she goes inward to the place of her pain and shame. In the early sessions she spoke one word at a time. Now she is able to say more of what happened to her and how she feels about herself as a result. The things she is still unable to speak she has written to me.

My countertransference towards Judith is instinctively protective. It feels entirely natural to act as *kaitiaki* - to be her guardian for the time being, to offer her my protection and ensure her self-preservation. Her ability to self-care is severely compromised by her inability to privilege herself in any way. A fragile and embryonic sense of her own goodness is under constant threat from within. I am mindful of my supervisor's suggestion to "feed her like a bird" and not overwhelm her with my understanding.

Life is frequently cruel, and no human being survives to maturity without sustaining losses. But there is something particularly poignant about the child who suffers gross mistreatment by the very people who are responsible for the care and protection of that child. Under these circumstances a child cannot help but turn against themselves. In order to make sense of the attacks, and maintain an attachment to the attacker, the child must come to believe that there is something hateful about them that deserves punishment. Bereft and abandoned, alone and unprotected, what is more cruel than the abuse itself is the splitting of the self and the inevitable self-attacks that follow. It is this internal fragmentation and the self-attack on the child part of the self that marks the experience of the trauma survivor and contributes to the intensity of their anguish. When we witness a child being hurt our first priority is harm reduction. The protective countertransference of the therapist as *kaitiaki* leads us to take the part of the child against the internalised abuser and attempt to block the self-abuse and directly enact the soothing function that the client is unable to provide for themselves. Once the client's distress has been reduced to a more tolerable level, the therapist returns to the therapeutic activities that will transform and heal this dynamic long-term, bearing witness, sharing, understanding and helping to make sense of the experience.

When I work with Judith I am very aware of the quality of my attention to her, which is very focussed and oriented to holding her. My gaze is important to her and when she is able to look at me our eyes meet. In her shame she looks at the floor and her tears fall upon her feet. Recently she has accepted tissues from me for the first time, an indication that she now feels entitled to some small comfort when she is distressed. When Judith is feeling less overwhelmed and less regressed, I actively encourage her potential to become more fully herself. For example, Judith is a good mother to her young son, and I frequently refer to her ability to love and care for and protect him. I identify her *kaitiaki* role (not in those words) as the guardian of his future. Judith is now much more adept at recognising abusive situations and choosing to remove herself and her son from them. She is beginning to heed her own sense of justice and can be very outspoken in support of others. She is learning to stand up for herself at work and in her university classes. She still struggles to protect herself against exploitation and abuse by members of her own family. I am usually very gentle with Judith but at times I have needed to be fierce with her about protecting herself from the toxic effects of exploitative siblings and a malevolent alcoholic mother.

Judith and I enact a reparative relationship in which she is the child and I am the parent. Sometimes this feels almost symbiotic and at other times it feels almost cruel,

as when she has had to learn again about her dangerous family. Some lessons must be learned over and over. I am encouraged that she is becoming a more competent and functional adult. An important part of *kaitiakitanga* is recognising and acting in harmony with the natural order. I slow myself to the rhythm and pace of Judith's unfolding development. I recognise, respect, acknowledge and celebrate her journey from victim to survivor.

Chapter Eight: *Kotahitanga*

Ko can be translated is, as, or for. *Tahi*, which is one, can also mean together. *Kotahi* is unity, meaning literally ‘as one.’ *Kotahitanga* is the practice of seeking unity, reaching consensus or finding common ground, achieving a unity of purpose or intention. *Te Kawehau* Hoskins defines *kotahitanga* as “unity of purpose and vision.”

Cleve Barlow (1992) describes the origins of *kotahitanga*:

Tribal unity was fundamental to our ancestors. They lived in close-knit communities and worked together and planted food together. Everybody contributed to the well-being of the tribe. When it came to the harvest time, the whole community helped to bring in the harvest and all the food was put in a common pool. One of the reasons for unity was to give everyone an equal share of the resources so that no one suffered unduly. This was a sign of the unity of the tribe...The concept of unity pervaded every aspect of tribal functions and activities. (p. 57)

This kind of unity is typical of small, close-knit communities where relationships are face-to-face but can be extended to progressively larger groups through the careful structuring and management of group process and group relations. The goal is not uniformity - erasure of difference or the production of identical views and opinion; but rather unanimity - shared aims and identity of purpose.

James Ritchie (1992) identifies *kotahitanga* as one of five core *Maori* values:

Kotahitanga, unity through consensus, is a central value in a society which respects the individual status of particular people yet desires collective action. Thus there is plenty of scope for arguments. Confrontational-style, direct speaking is not threatening when *whanaungatanga* guarantees that in the end it is in-house talk - within the family one should be forthright and open, and clear matters up by getting everything out. Therefore, in the *Maori* world, there are always a lot of arguments. Great value is placed on the moment when those arguments are spent, for then the people can come back together and express a unity which gives everybody a good feeling. Everybody’s *mana* has been recognised, because all arguments have been heard, even if the whole matter has not been resolved. *Kotahitanga* is the process of becoming one out of many. It is the process of recognising the authority of all those whose status and *mana* must be recognised; it is the process of bringing back the *whanau* into a sense of unity. (p. 72)

The consensus-seeking process aspect of *kotahitanga* is often taken to be very idealistic and impractical, but is actually more democratic and much more acknowledging and respectful of individual differences than majority rule. There are

a variety of different formats for consensus seeking and group discussion in *Maori* tradition, clearly and simply reviewed by Joan Metge in Korero Tahi: Talking Together (2001). One is going around the circle, with everyone having a turn to make a contribution and be listened to. This format is particularly appropriate when the group is first forming and safety issues are paramount. Another is to have a talking stick or some other object and pass this around, either by handing it on to the next person of your choice or laying it down so that the next speaker is self-chosen. This is a particularly good format for taking the pulse of the group and getting a spectrum of views. In all these ways of working, there is no censure of what has been said. Everyone is given space to voice their opinion. The speaker who follows may incorporate what has been said previously, but the emphasis is on articulating what you believe rather than reacting to other's statements. A third format is discussion style, criss-crossing the circle in a more free-form dialogue that allows for active exchange of differing views. This format is usually employed when the group is warmed up to working out some effective compromises. Beginnings and endings are given great emphasis as it is not the task alone that is considered important but the human event: participants coming together to share *hau* - life-breath.

Ritchie (1992) continues:

Kotahitanga is the holy grail of Maoridom, eternally sought, rarely found. In a society which has to recognise so many differences of status and so much history and which respects individuality, the process of reaching the consensus of kotahitanga takes a long time...Maori society works on a balancing of opposites... Maori will try to affirm a both/and solution rather than an either/or, to seek inclusive rather than exclusive categories. (p. 74)

***Kotahitanga* and Psychotherapy**

Integration is also central to psychotherapeutic concerns. In certain respects it could be likewise described as the 'holy grail' of psychotherapy, eternally sought, rarely found. A. Roy Bowden (2001) writes:

The more I contemplate the notion that the individual need not be viewed as a separate entity, the more I am led to ideas which have been marginalised in New Zealand psychotherapy. We have expressed an appreciation of the collective unconscious and then proceeded to focus almost entirely on the individual unconscious. A return to an emphasis on the collective unconscious would enhance New Zealand therapy and mirror Maori culture. (p. 154)

I agree with Bowden. The collective unconscious is a cultural and historical

unconscious, handed down through a variety of channels that we are only just beginning to appreciate. It contains ingrained patterns of perceiving, thinking, feeling, and behaving, myths and symbols, values and belief systems, all of which impact particularly heavily at a group level and shape the choices that the group makes. Psychotherapy has to date given a relatively stronger emphasis to the concept of the individual unconscious. This is not intended to diminish the value and importance of the group in shaping identity but without the counterbalance of the collective unconscious, group influences become less recognised, less overt and more covert, that is, more unconscious.

I have attended a weekly experiential training psychotherapy group for three of the past four years as well as four NZAP Conferences. My impression of psychotherapy groups so far is that most lack *kotahitanga*. They appear to me to be anxiety-laden and covertly competitive rituals conducted by the knowing few for the benefit of the knowing few, with very little structure, responsibility, or results. The majority of group members sit in silence and demure when called upon to participate. The idea that anxiety is somehow in and of itself a positive impetus to self-examination and self-understanding is strange to me, but it explains why there is so little attention to creating a climate of warmth and acceptance, and why participation levels are so low. While psychotherapy appears to know a great deal about 'group process', psychotherapy itself is the product of a culture whose individuals know surprisingly little about how to be a group or make use of group resources.

While *kotahitanga* refers to unity in general, this concept would appear to apply to the therapist and client particularly at the level of the working alliance - unity of purpose. Most writing on the working alliance is quite asymmetrical or unbalanced, almost always it is the client or 'patient' who must adjust themselves to the 'realistic requirements' of the therapist (Greenson, 1967). But, as Petruska Clarkson (1995) points out, "cooperation between patient and therapist...underpins all effective helping" (p. 7). Cooperation is a mutual accommodation. The working alliance implies "kindred loyalties to each other's welfare" as well as "an objective capacity which may make that relationship constructive" (Clarkson, 1990, p.151). Therapists often express confusion about whether they should defer to the client or unilaterally impose strict conditions on the therapy for the client's own good. *Kotahitanga* suggests the possibility that both are extreme positions and that we could move towards the middle. We might become more direct about our preferred ways of working while at the same time becoming more relational, less insistent and rule-bound in stating and negotiating our preferences.

Finally there is the self-integration of the client themselves. *Kotahitanga* as self-unity and self-consensus is a vast topic, and something that therapists have learned a great deal about. Psychoanalysis has always held a fine appreciation for the many voices within. Harold Boris (1993) has described psychoanalysis as a process of ‘introducing’ the patient to her/his multiple editions, all the different developmental ages that must somehow learn to function in concert, playing in and often out of tune. In this frame, *kotahitanga* is unity of desire, the ability to negotiate directly with the world for fulfillment.

Trauma theory and therapy, in particular, have had to discover how to find unity at the extreme end of a continuum of disunity and self-alienation, working with the split, dissociated and fragmented experiences of those individuals who live in the shadow of terror and abuse. For survivors of child sexual abuse, dissociation is an adaptive response to an intolerable and physically inescapable situation. Research studies have established that severity of dissociative symptoms is positively correlated with severity of abuse (Herman et. al. 1989). At the severe end of the dissociative continuum, people with dissociative identity disorder are often mis-diagnosed as suffering from schizophrenia and other psychotic disorders (Herman, 1992). Many survivors enter therapy with little knowledge or awareness of their own self: They may be strongly other-directed as well as hypervigilant to environmental threat, and as a result profoundly out of touch with their own feelings, needs and entitlements as human beings. The re-linking of memory and affect are likely to be fraught with potentially overwhelming distress for these clients. Depression, suicidal thoughts and self-harming behaviours may appear ‘out of the blue’ with no apparent connection to current interpersonal stress or re-exposure to PTSD triggers. *Kotahitanga* in the sense of unity of self-experience is an ongoing issue and requires the building of self-capacities (Briere, 1992). Desensitising to intrusive memories and symptoms and finding creative ways to express and then make sense of traumatic material is part of this process. Patience and care are required of both therapist and client in the work to build a strong, stable, positive sense of identity.

Kotahitanga: A Case Illustration

“Milly” is a middle-aged Chinese woman who had often had the experience of dissociating in the presence of white, male authority figures. Her father was an Englishman who was sadistically controlling of his Chinese wife and children. As an adult, Milly had exhausted herself trying to obliterate him from her mind. When

reminded of him, primarily through feeling responses to white, male authority, she would become overwhelmed and her conscious mind would also 'obliterate' the present. She would recover self-awareness some hours later, often in a different part of town. As someone who dissociated severely enough to experience fugue states, Milly lacked *kotahitanga*, her own internal sense of unity.

The early months of our work together were characterised by an idealising and merger transference and a practical collaborative focus. She identified the trigger situations in which she experienced feelings of powerlessness, terror and rage, and we developed strategies for self-care, safety, and maintaining a subjective sense of control. Her growing awareness of how vulnerable she actually was to such experiences led to her becoming increasingly able to cope with them. Through many months of practicing self-assertion, Milly became more able to maintain her sense of self. She was thrilled that she could have a 'casual' conversation with her boss alone - something she would have previously gone to great lengths to avoid. I felt pleased and proud of her.

However, Milly's core mistrust persisted at an underlying and unconscious level. She was extremely sensitive to intrusion and when I eventually confronted her about a pattern of telling lies to avoid conflict, I became allied with her critical and blaming father. She became highly enraged, accusing me of shaming and betraying her. I weathered the storm and we had some very intimate moments as she gradually calmed down. She expressed admiration for my willingness to stay with her and tolerate her outbursts. I responded that I was pleased she had been able to stay fully present in her rage and not dissociate. But the damage was done. The split in her had re-surfaced and created a split between us. We had lost our working alliance. She felt she couldn't be loyal both to me and to herself. To maintain her internal sense of cohesion she felt she needed to "take a break" from therapy. This felt like a matter of survival to her. My efforts to persuade her to continue therapy were in vain as they were perceived by her as a form of intrusive control. *Kotahitanga* would have required the restoration of our alliance, either through an integration of the split inside my client, or through some external resolution of the tension between us. At the time, all of these seemed out of reach. I let Milly go. My hope is that she will one day re-contact me as she said she would.

Chapter Nine: *Rangatiratanga*

Te Kawehau Hoskins (2001) defines *rangatiratanga* as follows:

Ranga means to weave, to set in motion, it also refers to groups of people, shoals of fish and to uplift. Tira refers to a group of people or stars. A rangatira can then be interpreted as someone who uplifts and weaves the people together in the exercise of their collective authority. Rangatiratanga, or collective authority, regulated the social, political and economic life of the people within their territories through collective epistemological and ontological frameworks. Rangatira did not impose law, and only retained their mana and status through generous behaviour towards the people. (p. 19-20)

A *rangatira* is a chief or leader, one who possesses and knows how to wield authority. *Rangatiratanga* refers to chiefly attributes or the practice of leadership, the proper exercise of power and authority.

James Ritchie (1992) identifies *rangatiratanga* as one of five core *Maori* values:

The principle of rangatiratanga recognises that, as individuals are ranked in standing within their own group, so there is relative status between groups, and that these statuses are the sanction and control that make things happen. Authority, decision, action are all structurally organised around the status. (p. 56)

Rangatiratanga is not a simple thing that one person has by birth alone. Although there are occasions when it may seem to work out that way, it is really the process of holding and exercising status within an event or a community. It may apply to women as well as men. Though everyone has it in a personal sense the term is not usually applied to young people, because they do not count for much in status terms. As they grow older and know more, however, they may gradually acquire greater rangatiratanga. (p. 70)

This is rangatiratanga that is related to whanaungatanga. There is also the rangatiratanga that is related to effectiveness, to being good at doing things or getting things done. Respect is earned, ... (p. 70)

Tino is 'very' and gives positive emphasis. *Tino Rangatiratanga* is full authority, self-determination, sovereignty. This is inseparable from *mana*. Writing about the Treaty of *Waitangi*, *Ranginui Walker* (1990) has noted:

Rangatiratanga meant custody over matters significant to cultural identity, particularly land held in trust for future generations...the [Waitangi] tribunal argued that mana was equivalent to sovereignty. Since mana and rangatiratanga are inseparable, under the guarantee of rangatiratanga, 'the

Maori retained his mana without denying that of the Queen'. (p. 266-267)

However, both *rangatiratanga* and *mana* are ultimately derived from *whakapapa* according to Hoskins and others. *Ariki* is sometimes used interchangeably with *rangatira* but emphasises the *whakapapa* basis of status. *Ariki* means 'high-born' and refers specifically to lineage. Cleve Barlow (1992) argues that *arikitanga* is a more correct way of expressing the epitome of *Maori* sovereign power and status than *rangatiratanga*: "The *ariki* is the supreme authority and power of the tribe or group, by virtue of his or her direct lineage to the gods in accordance with human genealogies. The *ariki* is also the intermediary of the gods on earth." (p. 131)

It is our lineage and our link to the past that provides the foundations of our authority and self-determination and not the Treaty of *Waitangi* or any other external source of authority. Ritchie (1992) explains:

Before there was ever a Treaty, the *rangatira* of the tribes established their own rules of conduct and discourse. Everything flowed from this principle: generosity, pride, law and order, respect for individuals, respect for systems. (p. 56)

Political authority is only the reflection of spiritual and cultural authority, and sometimes a dim reflection indeed. Hoskins (2001) writes:

Due to the fragmentation of Maori communities, however, systems of participation, membership, entitlement, representation, mandate and accountability are not always operative; hence it is often a select few males who are making decisions on behalf of Maori...if we are to uphold a notion of *rangatira* in our current context, then *rangatira* must be accountable and represent all members including women and *rangatahi* [young people]. (p. 20)

***Rangatiratanga* and Psychotherapy**

What are the implications of *rangatiratanga* for psychotherapy as a whole? Central to the concept of *rangatiratanga* is collective authority and self-determination. This in turn is underpinned by the inalienable right to remain true to and expressive of one's unique nature and heritage. Psychotherapy in *Aotearoa* New Zealand has been very self-determining up to this point in its history. From its beginning in Christchurch in 1947, it has determined its own purpose, structure and membership. Psychotherapy has a distinctive identity and a capacity to provide good authority not only to clients, but to the communities in which psychotherapists base themselves and conduct their practice. *Rangatira* status is not claimed or self-proclaimed but earned and conferred by others. *Rangatira* is a term of esteem or acknowledgment, but also

grants an authority that is answerable to the people who confer it. Psychotherapist's accountability is spelled out in a code of ethics that makes clear a set of responsibilities to clients; to self, colleagues and the profession; to the community; and to employing institutions, in that order. This code of ethics requires of us certain chiefly attributes or the exercise of positive leadership.

When Maurice Bevan-Brown founded the New Zealand Association of Psychotherapists in 1947, he claimed that it was "very difficult to be mentally healthy in a mentally unhealthy world" (NZAP Handbook, 2003). Perhaps it is fair to say that fifty-five years later, psychotherapists are still learning what this statement means and grappling with their individual and collective responsibility to the community. My hope is that the ideas proposed in this dissertation will be taken not as a threat to the identity of psychotherapy in *Aotearoa* New Zealand but as empowering new forms of practice that are truly indigenous - rooted in the people and places of this land.

The concept of *rangatiratanga* applies to the relationship of therapist and client in two ways. The first concerns itself with the therapist's exercise of power and authority and its effect upon the client. The second concerns the person of the therapist as a role model of a chiefly, self-determining individual. Power and authority are usually understood in patriarchal terms as the capability to lead and direct, and there are circumstances such as crisis intervention when the therapist needs to be very directive indeed. Insofar as the client is impaired in their ego and self capacities, the therapist must become an auxiliary ego. But psychotherapy tends to work best when the therapist exercises the least amount of authority required by the situation. This helps to create a spacious environment in which the client can experience maximum 'degrees of freedom'. The power and authority of the therapist is better suited to a matriarchal frame in which their art and skill may be compared with that of the 'good enough mother.' By being receptive and containing, encouraging but tactful and non-intrusive, the therapist provides a safe and stable base from which the client can freely come and go and so have the opportunity to explore their personal world fully.

The therapist exercises power and authority by creating a particular kind of 'facilitating environment' to which the client responds, hopefully by growing. But the therapist is also a role model, although many schools of therapy highlight the difference between therapist and client and emphasise their role complementarity and so tend to de-emphasise what the client learns by directly copying the therapist. But incorporation, introjection, identification, even "transmuting internalisations" all depend to some degree on the client's ability and willingness to mimic and imitate

their therapist just as they mimicked and imitated their parents once upon a time. When the therapist adopts a calm, considered, non-judgmental, warmly accepting attitude towards parts of the client about which they feel shame and guilt, they are offered a model of self-acceptance as well as a climate of self-acceptance and so have two reasons to alter their accustomed patterns of self-rejection. The therapist's attitudes towards herself are also carefully monitored by most clients. Is she as strong and able as she appears? There is a stereotype of the mature therapist that parallels that of the *rangatira*. She is quietly confident, upright in her bearing, elegant but not flashy, materially comfortable, self-assured and gracious, articulate, obviously on good terms with herself, accustomed to the exercise of power and authority and committed to using this privilege to serve others and the common good. When this is obviously not the case, the client may struggle with their doubts about whether the therapist's own needs have been sufficiently met to enable and empower her to take care of others.

Empowerment in the client's self-relationship is one of the most reliable signs of therapeutic success. In her Masters thesis, Jen Green (2000) interviewed six women at least one year after they had completed long-term therapy. She describes her findings as follows:

Prior to therapy the participants looked ahead to a future that was sure to be the same as the past; a never-ending circular re-enactment of well-known outcomes... The past was experienced as painful and much of it had been split off from feelings so that survival was possible. But it is the process of uncovering and accepting the past, making it belong and using it as a resource that creates the change... Throughout therapy and afterwards, the change, for all the participants, was subtle but nevertheless profound...it became more comfortable to perceive the world in a different way. They describe these changes as looking forward with positivity and with a stronger sense that they could now rely on themselves to discover a more fulfilling future...they acquired a sense of their own will. They became aware that they no longer had to stay the same; they became aware that *they* could change rather than the awareness that they could *change*. The agency became theirs, they could empower themselves. It was not the change that was important. Rather it was the recognition that *they* had the power to make changes. (p. 124-125)

Feminist and other therapies of empowerment shift the balance away from the transference as the pre-eminent motivation for change towards the real relationship between two adults who share a supportive, respectful bond based on their common aim and task. Miriam Greenspan (1986) writes:

In feminist therapy, the ideal of an all-powerful, distant, patriarchal expert has given way to an ideal of two women working together in a much more

egalitarian, empathic, and responsive way...“feminine” characteristics are not only acceptable but powerful and crucial attributes of a good therapist and a working therapy relationship. (p. 7)

Greenspan cautions against therapist self-disclosure motivated by the desire to emotionally unload, give advice, or seduce the client. These all have the potential to do the client significant harm. But she also gives examples of when using self-disclosure can help to empower clients by strengthening the real relationship: 1) To break down the rigid barrier between Healthy Therapist and Sick Patient. 2) To actively role-model the permission to think and feel. 3) To openly acknowledge feelings that are in any case ‘leaking out’ covertly. 4) To actively role-model vulnerability and humanity. To be personal in therapy usually has the effect of shifting the transference away from the ‘grandiose, center-stage position’ which it occupies in traditional therapy. The transference remains present and is still available for examination, but tends to become more positive and aligned to the client’s natural feelings towards the therapist as a person. What gets dissipated as the therapeutic alliance gets stronger is the combative quality of the therapy. Greenspan concludes:

Therapy with a personal therapist sets up rather different transference patterns than therapy with a distant therapist. The emotional withholding of the distant therapist is bound to elicit the client’s anger. The client feels deprived of contact or nurturance. The traditional therapy patient learns to accept this deprivation as a condition of the work and is continually working on her anger about it all. But a therapy based on the gratification of at least some part of the client’s wishes for contact tends to evoke the fears of intimacy which get in the way. Working with a client’s responses to my self-disclosures is one of the best ways I know for working through the client’s fears of closeness in a relationship. (p. 16)

In other words, the personal therapist does not do away with professional distance; she redefines it from a feminist perspective. Therapeutic distance is not a matter of withholding our emotions, it is a matter of using them. In using the feminine strengths of empathy, intuition, compassion, vulnerability and self-expression, we integrate them into a workable therapeutic relationship. (p. 17).

There are many overlaps and parallels between feminist empowerment and *Maori* sovereignty. Both seek to proactively advance the cause of self-determination within their own community and in society generally. For example, the preamble of the 1987 Feminist Therapy Code of Ethics (quoted in Rave & Lansen, 1995) states:

Briefly, feminists believe that the personal is political. Basic tenets of feminism include a belief in the equal worth of all human beings, a recognition that each individual’s experiences and situations are reflective of

and an influence on society's institutionalised attitudes and values, and a commitment to political and social change that equalises power among people by recognising and reducing the pervasive influences and insidious effects of patriarchy on people's lives... Because of the limitations of a purely intrapsychic model of human functioning, feminist therapists facilitate the understanding of interactive effects of the client's internal and external worlds... Feminist therapists assume a proactive stance towards the eradication of oppression in their lives and work towards empowering women. They are respectful of individual differences, challenging oppressive aspects of both their own and client's value systems. Feminist therapists engage in social change activities, broadly defined, outside of and apart from their work in their professions. (p. 38-39)

Tino Rangatiratanga calls for an analogous process of decolonisation, recognising and reducing the pervasive influences and insidious effects of colonial oppression and its disempowering internalisations. Marie McCarthy (1997) writes:

Colonisation of the mind involves creating a shift in the psyche of the colonised in the way their systems, institutions, culture, language, and all that contributes to their being is viewed. Through both overt and covert processes the colonised are inculcated with the belief that their culture and all that it offers is inferior to that offered by the colonising culture. (p. 52)

The work of liberation theorists like Franz Fanon (1963, 1967) and Paolo Friere (1972, 1987), have had a strong influence on *Maori* political analysis and struggle. *Tariana Turia's* speech at the New Zealand Psychological Conference (2000) was a good example of this analysis, linking the historical experience and internalisation of colonial oppression or "post-colonial traumatic stress disorder" to despair, self-hatred, suicide, and the externalisation of these feelings in acts of violence and abuse. Both psychology and psychotherapy are imports, and despite sincere intentions to the contrary, both have the potential to become instruments of colonisation and engender new forms of oppression.

Rangatiratanga in psychotherapy comes to fruition when the client is able to put themselves at the centre of their lives and self-empower, make choices for themselves and exercise agency and self-determination, and finally, begin to take up appropriate leadership roles within their own community.

Rangatiratanga: A Case Illustration

"Lani" came to therapy in great distress, having failed a paper because of a poor final exam in the last year of her degree. This was in the context of a family crisis and had

never happened before. She was told she would need to re-enrol the following semester. I suggested she request a reconsideration based on her excellent course marks throughout the year. With my assistance she wrote a letter to her Department that resulted some weeks later in her obtaining a passing grade. She was relieved and grateful but more than this she found this experience very empowering. She was amazed that it was possible to alter her fate. She decided to continue seeing me to talk about her personal relationships. Lani came from a large Pasifika family in which she had often played the role of the scapegoat amongst her siblings as a child. This had continued in her relationship with the father of her son. She was meek and mild and easily bullied. Lani needed someone to confide in and learned really quickly from listening to herself talk. She was very open to my interpretations and surprisingly psychologically minded. She learned to make connections for herself and became very insightful about both her past and present role in her family. I gave Lani lots of permission to register whether the way she was being treated felt fair to her and to set her boundaries accordingly. She gradually became more assertive, first with her siblings and then with her partner. I referred her and her partner to couples counselling where it emerged that he did not love her. Some months later Lani made the decision to leave him. He begged her to stay and their relationship improved temporarily, but eventually broke down again. Lani and I met for one year. She continued to take significant responsibility for members of her extended family but became dramatically more successful at negotiating the terms on which she was willing to offer her help. Her *rangatiratanga* was apparent in her appearance, her growing confidence, and her new leadership role within her extended family. We terminated when Lani graduated and moved to Australia where several family members were already happily settled. She later wrote to me saying she and her son were doing well and that she had obtained a good job in her chosen profession, something she had always dreamed of.

Chapter Ten: *Wairuatanga*

Wairua means literally, two waters, and is translated as spirit. The 'two waters' may be understood as the flowing together of two realms or domains of human existence, heaven and earth. Joan Metge (1995) quotes Donald Owens:

Whiringa a nuku, whiringa a rangi. Woven together on earth, woven together in heaven. There is an interweaving of the two dimensions. Things begun on earth must be completed in heaven. (p. 82)

Maori Marsden (1975) explains:

It is also obvious that the Maori does not, and never has accepted the mechanistic view of the universe which regards it as a closed system into which nothing can impinge from without. The Maori conceives it as at least a two-world system in which the material proceeds from the spiritual, and the spiritual (which is the higher order) interpenetrates the material physical world of *Te Ao Marama*. (p.134)

Wairuatanga, then, refers to spiritual matters or the practice of spirituality. *Maori* remain lineage holders of an ancient wisdom, a creation theology in which all life is sacred and all beings possess soul. *Maori* hold the universe to be a decentred and diverse whole, a self-organising, self-regulating system that is dynamic, complex, and continuous (Marsden, 1988). All is interconnected process in constant play, nothing is sovereign and autonomous, fixed or unchanging. Reciprocity is the central feature of all these relationships. The human is not the centre of the universe. The wisdom of the universe flows through us as it does all things. We are a small part of a much larger tapestry. All things are living, related, and sacred. The Earth is our mother, animals and plants our ancestors and our brothers and sisters. Accordingly, we should take from the Earth only what we need and protect and nourish the source for unborn future generations. This is a more realistic, pragmatic, and successful long-term approach than any view that privileges human beings and enforces our separation from the rest of creation. Hoskins (2001) notes that recently coined terms like 'environmentalism' and 'permaculture' which refer to practices of sustainable agriculture and sustainable human settlement, are essentially the rediscovery of traditional indigenous wisdom known and practiced for thousands of years: "Cultures guided by principles of relatedness, reciprocity and diversity have lived for millennia making minor impact on the environments they share" (p. 4). *Maori* environmental philosophies affirm the sanctity of life, affirm the lives of all creatures and places, heed the voice of the earth, recognise the sentient qualities of nature, celebrate the intricate interdependence of environments and their ecosystems, oppose the

objectification of the natural world, and prohibit its wanton destruction.

Maori self-understanding begins at the beginning. Just as dynamic formulations attempt to account for individual psychic development, creation narratives account for cosmic development, telling us where things come from and how they came to be. Creation narratives follow the continuous creative unfolding of the universe from its primal beginnings to the rise of the phenomenal world of sense perception in all its richness and diversity. The human world is a relatively recent chapter of the universe story and is based, grounded in its genealogical (*whakapapa*) relationship to prior creation. The foundations of the human world are the natural order, all the citizens of the world of whom human beings are only one species. Hoskins (2001) writes: *Whakapapa* “locates humans within a universal familial web as *teina* or junior siblings to other species/beings.” This helps to “limit anthropocentrism and to develop reciprocity as a central feature of all relationships.” (p. 3)

For *Maori*, the universe story begins with *Te Kore* (abyss, void, seed-bed, nothing, not, negative) *Te Kore* is the realm between being and non-being, the realm of potential being, the primal womb. *Maori* Marsden (1992) says: “It is here the seed stuff of the universe and all created things gestate.” (p. 135). It is also the celestial realm, the domain of the gods and the source of all *mana* (power, authority) and *tapu* (spiritual potency). From *Te Kore* comes *Te Po* (the night, the darkness) the realm of becoming, the realm where old life returns and new life is born. From pure potential, becoming now arises and like a plant growing from seed, like a conception and a pregnancy, the world is born. From *Te Kore* and *Te Po* come extension and expansion, reaching critical mass and bursting forth as *hihiri* or pure energy. From *hihiri* develops *mahara*, primordial memory, *hinengaro* or deep mind, *Hau-ora* the seed-word or breath of life and from *Hau-ora* shape and form, *atea* (space) and *wa* (time), and finally *Ranginui* (heaven) and *Papatuanuku* (earth).

These spiritual powers are the immediate source of both *mana* and *tapu*. The *atua*, the various departmental gods, are each responsible for a different part of our world: *Tangaroa* for the sea, *Tane Mahuta* for trees and the forests, *Rongo* for the *kumara*, *Tawhiri Matea* for the winds. On the *marae*, the *wharenui* is sometimes referred to as *Tane-whakapiripiri*, ‘the trees of *Tane* bound together.’ Shirres (1997) observes that the *wharenui* or meeting house itself has cosmic significance. “On a cosmic level, the roof signifies *Ranginui*, the heavens, the floor signifies *Papatuanuku*, the earth, and the *pou-toko-manawa*, the ridgepoles; which hold up the roof, represent the poles used by *Tane*, helped by his brothers, to separate *Rangi* and *Papa* and make it possible for

us to move into the light.”

Michael Shirres (1997) writes:

Mana and *tapu* are closely linked. Where *tapu* is the potentiality for power, *mana* is the actual power. The *mana* which is the actualisation, the realisation, of the *tapu* of the person, is threefold, *mana tangata*, power from people, *mana whenua*, power from the land and *mana atua*, power from our link with the spiritual powers. Each person has this threefold *mana*. (p. 53)

Ko te tapu te mana o nga atua. (*Tapu* is the *mana* of the spiritual powers) - *Kai Tahu* saying

Rangimarie Rose Pere (1984) explains how *wairua* conceptualises human beings as spiritual beings:

The Maori saw the physical realm as being immersed and integrated with the spiritual realm. Every act, natural, and other influences were considered to have both physical and spiritual implications. A powerful belief in supernatural forces governed and influenced the way one interacted with other people and person from conception - the seed of human life emanated from Io, the supreme supernatural influence. (p. 13-14)

Wairua connects us to the world of eternity, the world from which we originate and to which we return following death. Metge (1995) writes:

Maori generally accept three basic propositions: the existence of spiritual beings, including one supreme God [Io]; the existence of a spiritual realm which intersects with the world in which humans live; and the existence of a spiritual dimension to life in this world. In the poetic language of Maori speech-making, this world is Te-Ao-Tu-Roa (the World Standing Long), a world of space, time and mortality, where everything comes to an end. In Te-Ao-Tu-Roa, physical substance (*tinana*) is given life and empowered by the indwelling of *mauri* (life principle) and *mana* (spiritual power), which originate in the spiritual realm. (p. 82)

Indigenous cultures around the world have remarkably similar ideas about the spiritual essence of all things, ideas that are much more sophisticated than European descriptions of ‘animism’ would suggest.

Cleve Barlow (1992) links the *wairua* of human beings to that of all other species:

The Maori believe that all things have a spirit as well as a physical body; even the earth has a spirit, and so do the animals, birds, and fish; mankind also has

a spirit. Before man was fashioned from the elements of the earth, he existed as a spirit and dwelt in the company of the gods. The spiritual and physical bodies were joined together as one by the mauri; the manawa ora (or life-giving essence which is imbued at birth) gives warmth and energy to the body so that it is able to grow and develop to maturity. (p. 152)

Hiwi and Pat *Tauroa* (1986) also speak of *wairua*:

The Maori acknowledges the wholeness of life in which there is an intangible presence, often referred to as God but seen also as a force over which people have no control... The spiritual aspect of a person, or one's *wairua*, is the part that continues, even after death. It is closely related to the Christian "soul". The acceptance of *wairua* provides an easy way of understanding the relationships of nature. There is a spiritual relationship between the trees and the birds. Yet the winds, the sun, and the rains affect the trees. So, then, people have a relationship with and a responsibility to the wind, the rain, the trees, the birds, the sun, each other, and a "greater force beyond". (p.154)

James Ritchie (1992), identifies *wairuatanga* as the central member of the five core *Maori* values:

Everything in the Maori world has a spiritual dimension - *wairuatanga*. The resurgence of Maori consciousness and identity has, therefore, put considerable emphasis upon contemporary understanding of traditional metaphysics...The current spiritual emphasis is on animistic and naturalistic conceptions rather than contact-derived, mission-related beliefs and systems. The restoration of anthropomorphism helps us to relate to a wounded land that we should heal, to keep in mind its ecological balances, to understand that the ancestral land is like a living body still. The spiritual metaphors of Maori myth are recipes for respect, a source for environmental ethics. (p. 78)

***Wairuatanga* and Psychotherapy**

Debates and discussions of the soul or spirit dimension of human experience have been a part of the psychotherapy tradition for its entire 100 year lifespan. For example, in *Care of the Soul* (1992), Thomas Moore quotes Jung who states: "every psychological problem is ultimately a matter of religion" (p. xii). According to Jung (1960), the paradox of psychic life is that:

If I recognise only naturalistic values, and explain everything in physical terms, I shall depreciate, hinder, or even destroy the spiritual development of my patients. And if I hold exclusively to a spiritual interpretation, then I shall misunderstand and do violence to the natural man in his right to exist as a physical being. (p. 351)

Moore goes on to assert the need for a new synthesis of nature and spirit:

In the modern world we separate religion and psychology, spiritual practice and therapy. There is considerable interest in healing this split, but if it is going to be bridged, our very idea of what we are doing in our psychology has to be radically re-imagined. Psychology and spirituality need to be seen as one. In my view, this new paradigm suggests the end of psychology as we have known it altogether because it is essentially modern, secular, and ego-centered. A new idea, a new language, and new traditions must be developed on which to base our theory and practice. (p. xv)

Perhaps this “new paradigm” is an old paradigm. *Maori* already possess the basic ideas, language and tradition from which to heal this split, an indigenous foundation on which to base new theory and practice. The *wairua* is the transpersonal dimension. Jung’s (1964) transpersonal notion of the self and the Self as both centre and circumference is easier to understand when related to the new physics. Physics now understands matter as simultaneously particle (confined to a small and precise volume) and wave (flowing out to every edge). Whereas *ahau* (‘I’ or ‘myself’) is confined to and dependent upon my *hau* (life-breath) and thus like a particle, my *wairua* is my limitless being, the wave aspect or dimension of myself.

According to Petruska Clarkson (1995), who has written extensively about the transpersonal dimension of psychotherapy, spirituality at a normative level is about preserving good and eliminating evil, while spirituality at a transpersonal level is about holding good and evil together since both are part of life. Clarkson’s (1995) transpersonal dimension or “Level 7”:

Refers to the epistemological area or universe of discourse concerned with people as, for example, ‘spiritual beings’ or with the world soul. Beyond rationality, facts and even theories are the prescient regions of dreams, altered states of ecstatic consciousness, the spiritual, the metaphysical, the mystical, the essentially paradoxical, the unpredictable and the inexplicable. (p. 203)

If we accept that the capacity to experience the sublime, the awesome, the peak experience or oceanic dimension, and that this is a capacity that all human beings can enjoy and grow from, then we stand accused to the extent that psychotherapy falls short of enabling people to open themselves in this way. (p. 213)

Understood naturalistically as an integral part of life, the basis of prayer is something akin to the immediacy of love, a spontaneous gratitude for our existence, a sense of being upheld, allowed to participate and privileged to witness the wonder of creation.

Clarkson (1995) describes how these concerns may surface in 'ordinary' psychotherapy practice:

A client who feels unloved and unloving may approach a number of psychotherapists, who may explore this issue with them in a variety of ways. For someone to whom love is an expression of the divine spirit in the universe, it will naturally link to the soul's yearning for realisation and intercourse with cosmic consciousness. (p. 195)

It is of course possible that either therapist or client are unable or unwilling to stretch beyond their individualistic concerns. This will tend to result in forms of therapy in which the "repression of the sublime" (Assagioli, 1975) is considered normal. But if we carry inside us something like spiritual DNA, or if DNA carries within it something like memory traces, we carry inside us not only our own personal unconsciousness but the unconsciousness of the human species. This unconscious, genetically encoded and transmitted from generation to generation, pushes towards consciousness everytime we recall a dream, re-tell a story, recite a myth or re-use a symbol.

Conversely, spiritual preoccupations or premature engagement in spiritual questing by either party can become a trap, as spiritual solutions to psychological problems can tend towards universal formulae that restrict rather than enlarge understanding. It is also clinically important to distinguish between people's spiritual longings and their desire to experience an oceanic feeling of ultimate security, the blissful, protected, unified state of being totally cared for that we associate with pre-birth experience. It is this archaic longing to which Freud (1927) referred in The Future of An Illusion.

There is, of course, no consensus on how to measure spiritual growth and development. However, a general consensus does exist about certain qualities that imply or reflect a spiritual existence. These include but are not limited to empathy with all creatures and with the earth, increased compassion for self and others, finer perception and imagination, creativity, openness to the moment, cheerfulness in the face of adversity, emotional availability, and a sense of connection to the larger universe. Many writers in the transpersonal field also emphasise certain human attitudes such as openness, curiosity, wonder and awe as these are necessary preconditions that allow us access to the world beyond our senses.

Wairuatanga: A Case Illustration

Several of the *Maori* clients that I work with report something wrong with themselves at a spiritual level. Most are familiar with the concept of *wairua* and will tell me that their *wairua* is sick, weak, or lost. I will ask them how they understand this. Some respond in a way that convinces me they are referring to their *mauri* or life-force rather than their *wairua*. They will report symptoms of depression, apathy, listlessness, loss of passion or potency, clarity or direction. These clients are often relieved to hear my sense that the problem sounds more energetic than spiritual. Other clients respond with stories about their parents' and grandparents' misdeeds. They believe they are carrying the legacy of the past. Sometimes they will invoke the idea of a *maketu* or curse that is intergenerationally handed down. Almost always this concerns violence of some sort and often sexual transgression, particularly incest. When the problem is shame and guilt in connection with family violence or sexual abuse, I tend to work in a systemic way with issues of family identity and with my client's particular role in their family of origin. Why have they been chosen to carry this burden? How can it be healed? In other words, I will often 'translate' spiritual concerns into psychological, psychodynamic and psychotherapeutic concerns. However, I also believe that issues of ultimate meaning and spiritual longing are inseparably linked to the work of therapy.

One of my first clients was a middle-aged *Maori* woman who presented with complex grief. "*Kowhai*" had lost her birth parents as both had died that previous year. She arrived on the first anniversary of her mother's death and her coming to therapy was precipitated by an argument with her maternal grandmother over the arrangements for her mother's unveiling. This was complicated by the fact that *Kowhai* had been raised by her maternal grandparents in Auckland away from her birth parents who lived down country. She adored and was adored by her grandparents, who were a very spiritual old-time *Maori* couple, adhering to many traditional cultural practices. She called her grandparents Mum and Dad, but every school holidays she was returned to her violent, alcoholic and abusive birth parents where she received regular beatings from her father until finally at age eighteen she beat him up. Consciously, *Kowhai* missed her birth parents very little. She hated her father for his cruelty and grieved for her mother's life rather than her death. But the meaning of her mother's life and the question of how to honour her in death became an existential crisis for *Kowhai*. She loved and idealised her grandparents but realised for the first time that she couldn't understand why they had allowed both her and her mother to stay in abusive and unsafe situations.

Kowhai was a woman who was very immersed in and committed to her *Maori* beliefs, and it was neither possible nor desirable to talk with her in purely secular or psychological language. Over the course of her therapy, we talked about cultural values and attitudes, traditional and modern, the purpose and meaning of life and the mystery of death. *Kowhai* returned several times to her mother's grave and told her mother how sorry she was for her mother's suffering, her wish that she could have done more for her. She begged her mother's forgiveness for not having written the truth on her headstone - that she was a battered and abandoned woman, and not a loved wife and mother as her grandmother had insisted the headstone read. *Kowhai* wasn't certain if her mother could hear her, if anyone could hear her, but it gave her some peace to say it. *Kowhai's* journey eventually took her from anguished identification with her mother to a sense of inner peace. She was able to separate out her own feelings from her grandmother's attitudes and beliefs, and they were able to remain close. Psychotherapy for *Kowhai* was partly an experience of *wairuatanga*, the development of her personal spirituality and the clarification of her spiritual direction in life.

Chapter Eleven: Proposal for a *Kaupapa Maori* Psychotherapy

A *Kaupapa Maori* psychotherapy would be based upon *marae* principles, and could be specifically based upon six core relationships traditional to *Maori*. The psychotherapeutic relationship would then be understood to create a psychological and symbolic space that is something like a *marae* environment in miniature. Psychotherapy takes place in a room that is also a womb, a container, a boundaried, ancestral space that parallels in many ways the *wharenui*. Like the *wharenui*, the psychotherapy occupies a liminal or transitional space known as the *wheiao*, which is located between earth and sky and between dawn and dusk. The psychotherapy journey may be understood in a *Kaupapa Maori* frame as a circular and cyclic movement away from the light, into *te po*, the darkness of the underworld, reaching toward *te kore*, the nothingness of pure potentiality, and then returning to *te ao marama*, the ordinary daylight world. This movement also proceeds from the secure and grounded attachment to the earth and the pre-understanding of the unthought known, towards the less secure but more spacious sky of knowledge and understanding. Neither can exist without the other. This cyclic movement also parallels the traditional *Maori* understanding of how both knowledge and understanding are obtained. I currently organise these relationships as a five-stage model of an unfolding process of working together psychotherapeutically, in which each of these core relationships functions at both an interpersonal level between therapist and client and an intrapsychic level in the client's own self-relationship.

Stage I - *Whakatau* (the joining). Making Contact and Creating Safety. The guiding principle of this stage is *manaakitanga*, the generosity that reaches out to create a hospitable environment in which the therapist and client can come to an understanding of how they will relate to each other, get to know one another, and begin the work of therapy. The *powhiri* serves as a metaphor for this initial encounter, with the therapist taking the role of *tangata whenua* and the client as *manuhiri* or honoured guest. Unconditional warmth and positive regard create a climate for self-acceptance and positive change in which the *mana* of both participants is enhanced.

Stage II - *Papakāinga* (home ground). Finding Connection and Deepening Attachment. The guiding principles of this stage are *whanaungatanga* and *whakapapa*, the exploration of the client's family ties and the gradual entry into the client's world of personal and family history. Forming an alliance and deepening attachment through supportive and guiding work, the therapist becomes a positive

attachment figure, bearing witness, sharing feeling, acknowledging truth, letting the client know we are on this journey together. Regression is supported and multiple transference relationships begin to develop but are held within a reparative and nurturing context. Due regard is given to the client's *turangawaewae*, so that they remain anchored and grounded while the deconstructive process of therapy occurs. Working with *whanaungatanga* links to child development and attachment theory.

Stage III - *Ki A Te Po* (Into the Darkness). Walking Together in the Darkness.

The guiding principles of this stage are *kaitiakitanga*, protective guardianship and *kotahitanga*, which seeks unity of purpose, integration and wholeness. Working with fragmentation and self parts; the work of healing deepens. Transference distortions and primitive defenses are recognised as *taniwha* whose purpose is to protect the *taonga* of the embryonic self. This stage includes trauma work and links to self-trauma theory and could also use transference enactments to aim at the reclamation of the whole self, similar to a self psychological approach.

Stage IV - *Ki A Maramatanga* (Towards the Light). Desiring and Moving Towards the Light of Understanding. The guiding principles of this stage are *rangatiratanga*, the empowering relationship that assists the development of dignity, self-determination and self-worth; and *wairuatanga*, which includes developing spiritual awareness and spiritual discernment as well as *utu* or balance, an awareness of the importance of reciprocity. In a feminist, empowerment mode of therapy the therapist contributes directly to the client's sense of well-being and self-esteem through the experience of solidarity. In the *Maori* version of empowerment, decolonisation and cultural consciousness-raising contribute to the re-appropriation of the alienated self. As the client's strength increases, opportunities to resolve traumatic experience and understand transference are more likely to succeed. This stage of seeking understanding can be likened to *te ara poutama*, travelling the stairway to illumination, or *nga kete o te wananga*, receiving the baskets of knowledge.

Stage V - *Te Tangata Ki Ro Ao Nui* (the Person in the Big World). The Return.

With the return to *te ao marama*, the world of light, the process has come full circle. The guiding principles of this stage are *utu* or reciprocity and *aroha* or the compassionate love that is symbolised by shared breath. Termination arrives at the starting place: "And the end of all our exploring will be to arrive where we started and know the place for the first time." (T.S. Eliot, Four Quartets)

Chapter Twelve: Conclusion

I have only just begun to lay the groundwork for a *Kaupapa Maori* psychotherapy. Each of these six core concepts of relationship could be a dissertation in itself, and much more work would be needed to extend and refine the implications of each of these for clinical practice. There are many other concepts of relationship not discussed in this dissertation such as *whakama*, *utu*, *awhi* and *aroa* which require their own *korero*. Much more work would be needed to describe and discuss more fully the trends in psychotherapy that resonate with a *Maori* style and emphasis: humanistic, feminist, empowerment, intersubjective, existential and transpersonal developments to name a few.

Consistent with the *Kaupapa Maori* determination to positively affirm a *Maori* world-view and to value my difference, I have been idealising of the *Maori* vision. I have also offered a critique of mainstream psychotherapy traditions where these clash with a *Maori* world-view. Orthodox practitioners of psychotherapy may want to suggest that my approach is naive, overly optimistic in its assessment of human nature and one-sided in its emphasis on creating a positive alliance with clients. The empirical evidence of my own clinical work, however, is that with few exceptions clients dramatically improve the quality of their lives over the course of a therapy that not only mirrors, but provides for their developmental needs, upholds their dignity and worth and actively supports their aspirations.

The *Maori* approach to psychotherapy proposed in this dissertation is insight-oriented but it is not ‘uncovering’ therapy. It is slow to challenge defenses and it does not privilege the negative transference. Like other modalities of psychotherapy, the theory must fit the practice and the person of the practitioner. A model that requires such high levels of responsiveness and warmth from the therapist is not for everyone. Nor will an approach that prefers to ‘melt’ client defenses with warmth, rather than blowing them away with windy interpretations, succeed in every instance. However, to devalue this work as ‘merely supportive’ is to neglect a fundamental truth: increased self-awareness does not automatically produce an improved quality of life. More importantly, as clients’ capacity to live well improves, they tend also to become more self-aware and insightful as a function of this.

A distinctively *Maori* approach to psychotherapy is holistic and inclusive. It emphasises total quality of life for clients, their families, their communities, and the

environments in which they live - the whole of their internal and external life-space. Whether it has the potential to affirm width without sacrificing depth remains to be seen. But the absence of and need for a *Maori* psychotherapy has been clearly articulated in this dissertation.

No reira, tena koutou, tena koutou, tena tatou katoa.

MEMORANDUM



Academic Registry – Academic Services

To: Andrew Duncan
From: Madeline Banda
Date: 23rd April, 2002.
Subject: 02/33 The therapeutic relationship: A literature review with clinical illustrations.

Dear Andrew

Your application for ethics approval was considered by AUTEK at their meeting on 8 April 2002.

Your application was approved for a period of two years until April 2004.

You are required to submit the following to AUTEK:

- A brief annual progress report indicating compliance with the ethical approval given.
- A brief statement on the status of the project at the end of the period of approval or on completion of the project, whichever comes sooner.
- A request for renewal of approval if the project has not been completed by the end of the period of approval.

Please note that the Committee grants ethical approval only. If management approval from an institution/organisation is required, it is your responsibility to obtain this.

The Committee wishes you well with your research.

Please include the application number and study title in all correspondence and telephone queries.

Yours sincerely

Madeline Banda
Executive Secretary
AUTEK

Consent to Participation in Research

Title of Project: **A Literature Review with Clinical Illustrations**
Principal Project Supervisor: **Andrew Duncan, PhD**
Supervisor: **Stephen Appel, PhD**
Researcher: **Margaret Morice**

- I have read and understood the information provided about this research project.
- I have had an opportunity to ask questions and to have them answered. I know whom to contact if I have any questions about the study.
- I understand that my sessions will be audiotaped or videotaped and parts may be transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way and withdrawing will in no way affect my future health care. If I withdraw, I understand that all relevant tapes and transcripts, or parts thereof, will be destroyed except those required to be kept as part of my health record.
- I understand that my participation in this study is confidential and that no material which could identify me will be used in any reports on this study.
- I agree to take part in this research.

Participant signature:

Participant name:

Date:

(A copy of this form to be retained by the participant)

Project Supervisor Contact Details: Andrew J. Duncan, PhD. 917-9999 ext 7744

Approved by the Auckland University of Technology Ethics Committee on 8th April, 2002 AUTEC
Reference number 02/33

A Literature Review with Clinical Illustrations

Participant Information Sheet

Principal Supervisor: Andrew Duncan, PhD.

Project Supervisor: Steve Appel, PhD

Student: Margaret Morice

Department of Psychotherapy and Applied Psychology, AUT,
Private Bag 92006, Auckland 1020

Invitation

I would like to invite you to participate in my dissertation research. I will be studying the therapeutic relationship in order to understand the process and facilitate more effective psychotherapy. Participation is entirely voluntary and your free choice. If you do agree to take part you are free to withdraw from the study at any time, without having to give a reason and you may withdraw any information you have provided up until the completion of data collection. Non-participation will not affect any future care or treatment you currently receive. There will be no costs to you for taking part in this study. There are also no financial benefits for you by taking part in this study. Please sign the consent form if you are interested in being a participant.

What is the purpose of the study?

The research is part of my studies for a Master of Health Science in Psychotherapy. Its purpose is to improve understanding of the therapeutic relationship, to further my education and training as a psychotherapist and to improve our psychotherapeutic relationship.

How was a person chosen to be asked to be part of the study?

All of my clients are being asked if they are willing to participate. If you consent then you may be in the study. Participation will involve use of excerpts from our psychotherapy in my dissertation.

What happens in the study?

I will be reading about and analysing an issue related to the therapeutic relationship and using illustrations from my work with clients in my research. The illustrations will be descriptions of interactions between us. These descriptions will come from tapes of our sessions and my notes. My understandings about these interactions and perhaps our conversations about them will be used to help explain the issue under discussion. I will use the concepts and theories of psychotherapy to further this understanding. This work will be supervised by senior staff in the Department of Psychotherapy and Applied Psychology and discussed with my fellow students in order to improve my understanding and our psychotherapy. The study will not change the focus of our work or where we meet. The study will run during 2003 unless I ask for your agreement to extend it. The tapes and notes will be held securely for six years according to AUT regulations and then destroyed (except parts which are considered part of your health record which according to health regulations must be kept for 10 years). The study will not affect the length of your psychotherapy.

What are the discomforts and risks?

There are no risks.

What are the benefits?

The research will contribute to the value of your psychotherapy by looking carefully at the process of your psychotherapy.

What compensation is available for injury or negligence?

In the unlikely event of a physical injury as a result of your participation in this study, you will be covered by the accident compensation legislation with its limitations.

How is my privacy protected?

Your name will not be used in the research. Any information gathered will be strictly confidential and seen only by fellow students and supervisors. No material which could personally identify you will be used in any reports on this study. If necessary descriptions may be changed to protect your anonymity.

Costs of Participating

None

Participant Concerns –

Please ask me any questions you have about the project and take any time you need to consider this invitation.

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor. Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz , 917 9999 ext 8044.

Consumer Advocate:

If you wish to talk to a consumer advocate for any reason you may contact the Health Advocates Trust, Ph 0800 20 55 55.

Approved by the Auckland University of Technology Ethics Committee on 8th April, 2002 for two years, AUTECH Reference number 02/33

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