Exploring Hidden Assumptions of Culture in Child Psychotherapy in Aotearoa New Zealand – A Hermeneutic Literature Review

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Attestation of Authorship

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

Signed: N. A. Cadogan Date: 5th June 2021

Abstract

Child psychotherapists in Aotearoa New Zealand work in diverse settings with children, young people, and families from a variety of cultures. Our nation's colonial history and its impact on society are factors which necessitate a critical perspective of how culture influences every aspect of our work. However, there is widespread debate about the way in which culture shapes our therapeutic encounters with clients, and the extent to which the effect is conscious or unconscious. International research has identified an urgent need for the child psychotherapy profession to carefully consider the implications of cultural difference; while in the Aotearoa New Zealand context, concerns have been raised about the dominance of Western-based models of practice to the exclusion of other approaches. This research utilises a Hermeneutic philosophy and methodological framework to review literature relating to how hidden assumptions about culture influence child psychotherapy. The question I set out to answer was: How do assumptions about culture influence therapeutic practice in child psychotherapy in Aotearoa New Zealand? Literature from social and cultural constructionist traditions facilitate a critical evaluation of my own therapeutic work and generate thinking about the opportunities for child psychotherapists in Aotearoa New Zealand to find a dynamic approach to practice that best suits our local context.

Introduction

My clinical placement in a non-government organisation during 2019 highlighted some of the ways in which culture can influence therapeutic practice when working with children, young people, and families in a culturally rich community like the one in South Auckland where I live and work. It was apparent to me that although most professionals training and working in child psychotherapy were from the dominant, Pākehā culture, my clients were often from minority cultural groups. Some authors suggest that when our own cultural context and experience is different from that of the families we work with, we risk acting blindly in accordance with our own value system without adequately considering our clients' reality (Ghosh Ippen, 2018). Other authors propose that the psychotherapy profession continues to function with a "colour- and culture-blind" approach (Lowe, 2013, p. 12), despite mounting evidence of inequality based on factors including race and culture. According to McKenzie-Mavinga (2007), decades of research and interest in multicultural dimensions of therapeutic practice have not been transferred into psychotherapy training and practice. Furthermore, there are numerous models, theories, and schools of thought within the psychotherapeutic community, each developing in different countries, at different times, based on different subsets of knowledge, which has led to an assertion that all psychotherapies are culturally determined (Bhugra & Bhui, 2006)—an assertion that challenges the ubiquity of Western models of psychotherapy. I began to wonder about the adequacy and relevance of my assessments and interventions when working with clients whose worldviews are vastly different from my own Pākehā experience.

It has been stated that "culture matters in mental health care because it shapes the experience and expression of mental health problems, as well as health-related beliefs, help seeking behaviors and ideas about treatment" (Dagsvold et al., 2020, p. 363). This statement captures the essence of what will be explored in subsequent sections, including the idea that what constitutes "normal" and "abnormal" development, theories of self, personality, concepts of mental illness and psychological wellbeing, all depend on assumptions about what a person is and how they should develop (Christopher, 1996, 1999; Christopher & Smith, 2006; Gaines, 1992b). These assumptions, usually taken for granted and considered universal if we belong to the dominant Western culture, are largely hidden from awareness yet play out in every arena of our life, including in our interactions with clients, and can "contribute to the therapist's own self-deception and inability to help clients change or protect them from harm" (Smith, 2001, p. xiv).

Fleming (2017) argued that in a British context the continued dominance of paradigms that fail to address culture and difference in child psychotherapy training programmes are contributing to the "silent social consensus" (Auestad, 2015, p. 1) of prejudice. This term, silent social consensus, links to another which came up in the literature, "the invisibility of whiteness"—which is used to describe a position where invisibility "makes those that enjoy the advantages it confers oblivious and unaware" (Sue et al., 1999, p. 1065). Whiteness is described as the "default standard"—neutral, normative, ideal against which all other groups of colour are made visible (Sue, 2006). In Aotearoa New Zealand, Pākehā have been challenged to view themselves as "raced" rather than as the default standard so that they can engage openly about what it means to be white including the power and privilege it affords them (Addy, 2008). My aim in undertaking this research was to find what lies beneath the surface of my own culture as Pākehā and in child psychotherapy in Aotearoa New Zealand; what are the unwritten cultural norms on which my life and my practice is based?

To begin, I will attempt to describe some of the ideas I have in mind when I think and speak about culture in the context of this dissertation, and in my life and work. In doing so, I do not presume that my conception will necessarily be shared by readers; it is a product of my history and socialisation.

Culture – What Is It?

There are a plethora of possible interpretations of culture, such that it has been deemed a "slippery term" (Rustin, 2019, p. 269) due to the multiplicity of meanings. To make things more complicated, what has been called the "trinity" (Dalal, 2002, p. 21)—race, culture, ethnicity—are closely related terms that are attributed highly context-specific definitions depending on the perspective of the writer. Dalal (2002) addressed the "morass of confusions" (p. 23) that occurs when we try to deconstruct these terms on the basis of what they are often intended to do; that is, differentiate. Dalal pointed out that way the trinity are differentiated is as much about the intention of the person doing the differentiating as anything else, and he highlighted mounting support for the idea that race, culture, and ethnicity are simply reifications rather than discrete, measurable categories. In the words of Sandra Wallman, "differences between groups of people turn into ethnic boundaries only when heated into significance by the identity investments of either side" (as cited in Dalal, 2002, p. 24).

A cascade of hermeneutic circles regarding how to find meaningful constants about the race, culture, and ethnicity trinity, led me to what has been termed "social-level culture" (Causadias,

2013). The term is used to denote the dynamic, socially constructed, shared constellations of practices, meanings, behaviours and values shared and transmitted by a community (Causadias, 2013). This is what I have in mind as I refer to "culture" in the remainder of this text.

However, I am aware this is an essentialising representation of culture; one that risks overly emphasising sameness and minimising within group and individual variations. Therefore, I wish to acknowledge the dynamic aspect of culture, accepting cultural contexts do not remain static but are constantly changing; and the ways in which societies and the people living within them are heterogenous in more ways than we might realise.

Now that an initial exploration has been made into the meaning of culture for the purposes of this research, I turn to a brief discussion about what an initial literature search at the beginning of the research process revealed to me about culture and child psychotherapy. This is where my journey began.

Initial Literature Review

While a preliminary, international literature search revealed some coverage of the role of culture in psychotherapeutic processes with adults, including some from Aotearoa New Zealand (e.g., Patterson, 2003), there has been little written specifically about cultural context in child psychotherapy. In line with the findings of Fleming (2017), I discovered that the majority of literature concerning culture in child therapeutic work exists within wider domains such as psychoanalysis, psychiatry, psychology, family therapy and/or in relation to adult populations in the psychotherapy context. Very little has been written specifically about culture in child psychotherapy. Of interest, Aotearoa New Zealand is one of the few sources of literature that does exist, with several Kaupapa Māori explorations of matters relating to child psychotherapy and cultural dynamics.

On the international scene, recent research conducted in the United Kingdom (UK) revealed the hidden fantasies of child psychotherapists which included the view that the child psychotherapy profession is in peril as a result of the threat from cultural difference both internally and externally (Fleming, 2017). Fleming (2017) called on the child psychotherapy profession to urgently address issues associated with cultural difference to avoid perpetuating prejudice in a politically volatile environment. Specifically, Fleming advocated for greater concentration on cultural difference in child psychotherapy clinical training programmes. An earlier small scale study from the UK found a perceived "rigidity" about the child psychotherapy model and a perception, at the time, that the

child psychotherapy profession in the UK was made up of predominantly white females (Kam & Midgley, 2006).

The Child Parent Psychotherapy, or "CPP", intervention has attempted to bring focus to cultural context, socio-cultural factors, and the impact of historical trauma in the delivery of dyadic treatment for children under 6 years of age who have experienced trauma (Lieberman et al., 2015; Lieberman & Van Horn, 2008). This model aims to deliver child psychotherapy interventions that are "contextually congruent"; and acknowledges the dynamic nature of culture, heeding a warning that we be mindful of not holding tightly to cultural "truths" (Ghosh Ippen, 2009). However, as will be seen in a subsequent section, the CPP model is based on attachment theory which has been criticised for its bias towards Western values and ways of thinking (Rothbaum et al., 2000).

So, while specific child psychotherapy modalities may include culture as a factor to consider in assessment and intervention, is that enough? In a country like Aotearoa New Zealand with a destructive colonial history, and where persistent race-based inequalities are still deeply ingrained in our society, I wonder is it enough to consider cultural and socioeconomic components of an otherwise homogenous approach to intervention?

Significance to Psychotherapy in Aotearoa New Zealand

Although there are not large volumes of work on the psychotherapy profession in Aotearoa New Zealand, there are some interesting and rich contributions from various sources. In my opinion, to date, the contributions that have been made about the role of culture deserve more consideration as a platform from which to develop psychotherapy, particularly child psychotherapy, in Aotearoa New Zealand.

At the turn of the century, Bowden (2000) urged Pākehā psychotherapists in Aotearoa New Zealand to "take some responsibility for making our practice relevant, to listen carefully to our cultural partners and to examine our language and theory" (p. 11). The article felt optimistic to me, Bowden spoke of opportunities to build a unique New Zealand psychotherapy that focused on connection and honouring concepts and principles integral to Te Ao Māori. It seemed to be a call for genuine and humble curiosity and openness, not a desire to thoughtlessly appropriate aspects of Te Ao Māori to tack onto the existing Pākehā system. As I write this, 21 years later, I wondered to what extent had Bowden's vision been realised. My initial literature review revealed some findings from those that have gone before me in their explorations of the contemporary cultural context of child psychotherapy in Aotearoa New Zealand.

Hall (2015) found cultural differences in therapeutic processes and healing had been ignored in the literature, as had development and socialisation processes for tamariki Māori. Hall (2013) also argued that theoretical privileging of Western based models influences how we practice and can result in silencing in the therapeutic process which, in turn, leads to further oppression of Māori. Fleming (2016) found that Western approaches to parenting and child development had been prioritised to the exclusion of other concepts such as those reflected in Te Ao Māori. The potential harm of such an exclusion was touched on by Morice and Fay (2013), who warned that "neglecting the relationship between a Māori client and Te Ao Māori can be at least as harmful as making incorrect of naïve assumptions (p. 93). Failure to meet the needs of Māori clients and practitioners was one of the risks associated with psychotherapy remaining "monocultural", according to Hall et al. (2012); a view echoed by Professor Keith Tudor who said "to realise the value of psychotherapy in New Zealand, we need more indigenous knowledge, social-cultural analysis and diversity in the workforce" (AUT, 2019).

More recently, Hall et al. (2012) and Tudor's (AUT, 2019) views have been reiterated by Amopiu (2020) in a Kaupapa Māori exploration of sibling and whānau relationships where "the ever-increasing demand for Māori informed knowledge, theory and practice" (p. 58) has been highlighted, particularly in child psychotherapy. Meanwhile, Patterson (2003) also urged "white" authors to join the chorus of indigenous writers to confront racism, white privilege, and white blindness in psychotherapy training programmes and practice in Aotearoa New Zealand.

Other disciplines and professions in Aotearoa New Zealand have also struggled to incorporate indigenous and cross-cultural dimensions into training and clinical practice. For example, going back 30 years, Abbott and Durie (1987) addressed the monocultural training of psychologists in Aotearoa New Zealand. The following decades brought increased awareness and attention to the issue within psychology and attempts to better integrate bicultural approaches to assessment and intervention continue (Bennett, 2018; Macfarlane et al., 2011). Alongside this shift in psychology, proponents of indigenous health reform within psychiatry enabled a transformation in the way mental health services were delivered between the 1980s and early 2000s, highlighting the need for a whole-person approach to healing that included physical, spiritual, and social dimensions (Durie, 2011).

Context of the Research

As a practitioner, I am influenced by implicit values and hidden assumptions about culture from my own personal history and the cultural context of my clinical training and profession. This research will also implicitly reflect certain aspects of the socio-historical context in which I write, some of these influences are outlined below.

Personal cultural context

I am Pākehā, born in Aotearoa New Zealand, as was my mother and both her parents. My father was born in India, as were several generations of his family before him. As far as we can trace back, both my parents' families originated (at least partially) from England and Wales. My paternal grandparents left India when my father was 8 years old, amid the upheaval of the end of the British rule in India and arrived in Aotearoa New Zealand on 13 February 1950. They left behind almost everything they had to set up a new life in Aotearoa New Zealand, where they felt they would have a better life and educational opportunities in a country that remained part of the British Empire. My grandfather served in the British Army as a doctor while they lived in India, and the family were part of the Anglo-Indian community. On arrival in Aotearoa New Zealand, father's side of the family remained closely associated with fellow Anglo-Indian families that had arrived before them, and helped others remaining in India make the trip from India to settle in Aotearoa New Zealand.

Growing up I did not feel like I had a cultural identity and at times felt confused about whether I was part Indian. Although Indian food played a big role in family events, my father's side of the family conveyed their cultural identities as British. I do not have any recollections, associations, or identification with anything specifically British, so my cultural heritage and identity have remained feeling somewhat intangible. What I know is that I have colonial history, as the descendent of British immigrants who travelled to countries that had been colonised by the British so that they could continue living a (largely) British way of life. I also know my grandparents and father fled India at a time when the Indian people were fighting fiercely to reclaim their country and territories, and this must have left significant impressions on them all. I can only wonder what that might have been like and how their experiences shaped their lives and my own.

2020 in context: COVID-19 and Black Lives Matter

My dissertation journey had barely begun when Aotearoa New Zealand entered the first "lockdown" due to COVID-19. My clinical work almost came to a complete stop, as close contact with clients was not allowed under Level 4 restrictions (Ministry of Health, n.d.). Auckland University of Technology effectively shut down, restricting access to libraries and printers. Online

research was still possible, but I struggled with not being able to engage with the literature in the way I was accustomed—hard copies of material, written on, highlighted, and generally used as a canvas for creating, ordering, and deciphering meaning.

For me, watching aspects of the societal response to COVID-19 was alarming in the extent to which it highlighted some of the themes underlying my dissertation. A common response to the way COVID-19 had changed our way of life was a view that it had somehow "levelled" society and impacted people from all walks of life and socio-economic status equally. In contrast to the common assertion that COVID-19 had "levelled" society, a more critical examination suggests the pandemic processes were formed by what has been described as:

> global capitalism's relentless drive for profit, the response (or lack of response) from national governments to the disease and the impact of existing divisions and inequalities on rates of infection and death… This is above all a collective crisis, the roots of which lie in a system which prioritizes profits over lives. (Ferguson, 2020)

At a time when I was just beginning to delve into the literature, the killing of George Floyd by a police officer in the USA in May 2020 sparked renewed international focus on racism, inequality, and prejudice. The "Black Lives Matter" (BLM) movement followed, and racial tensions escalated again in the USA in late August 2020, following the police shooting of Jacob Blake, in front of his children. There seemed to be constant reminders in the global environment about the catastrophic consequences of allowing aspects of our society and culture to remain latent, hidden, out of sight. For a short time, the focus became systemic racism "over there", in the other country, on the other side of the world, and we perhaps felt some satisfaction that things were not that bad here in Aotearoa New Zealand. However, it is precisely in allowing ourselves to externalise deeply embedded attitudes about culture, self, and other that we allow racism, inequality, and prejudice to continue in our own backyard, contrary to the principles of te Tiriti o Waitangi, our nation's founding document.

Te Tiriti o Waitangi and tamariki Māori

As the indigenous people of Aotearoa New Zealand, Māori were granted rights under Te Tiriti o Waitangi (The Treaty of Waitangi) of 1840. However, according to Rau and Ritchie (2011), the colonisation process "breached the rights of Māori children and their families in ways that are immeasurably devastating" (p. 3). The authors contended that "colonization has denied tamariki Māori their right to access to conceptualizations grounded in tikanga Māori, with consequent negative multi-generationally compounding consequences of alienation and marginalization" (Rau & Ritchie, 2011, p. 5).

Te Tirti o Waitangi was meant to safeguard aspects of Te Ao Māori that were considered "taonga" (treasures), including health. However, the opposite impact has been felt, and the result is a general pattern of disparities between Māori and non-Māori. For example, Māori are over-represented in child mortality, infectious diseases, and injury (Mills et al., 2012); Māori children are twice as likely to live in poverty (Duncanson et al., 2017); Māori comprise 60% of children in Oranga Tamariki care (Dale, 2017); and Maori youth are more likely to be exposed to trauma and abuse (Johnson, 2014). Deaths due to suicide in Māori tend to begin at a younger age; 60% of the suicide deaths of children aged 10-14 years during the period 2012-2016 were tamariki Māori (New Zealand Mortality Review Data Group, 2018).

One of the possible reasons for these ongoing disparities is evidenced by the finding that the Ministry of Health public health strategies often ignore obligations under Te Tiriti o Waitangi. A sample of 49 such strategies and plans revealed a staggering 75% did not reference the English version of the Treaty, let alone the Māori version of the text known as "te Tiriti" (Came et al., 2018). Taken together, the pattern of disparities negatively impacting Māori and the absence of te Tiriti considerations in public health strategies appears to support a direct relationship between the health and wellbeing of tamariki Māori and te Tiriti—a connection which has been proposed in the past (Māori Affairs Select Committee, 2013). As a practitioner working in a community with a high Māori population, it matters to me that I am not perpetuating these disparities.

Taken together, the constellation of contextual factors discussed above swirled around to form the backdrop for my line of thinking as I engaged in the literature. The backdrop set the scene and the research methodology then guided the process.

Why a Hermeneutic Approach?

In trying to decide what methodology and method to use for this research, I had several considerations in mind. One was a wish not to delve too deeply into my own personal processes and experiences as I thought I would need to in heuristics. My early life experiences and education were set amidst a strongly positivistic doctrine (outlined in Chapter 3), with many family members as medical professionals. I also studied sciences during my initial university studies, so the scientific method was where I thought knowledge and understanding came from. I thought there was objectivity in the world and looked to my father and grandfather's logical, medical perspectives as beacons to light my way. However, life experiences and further studies have gradually shifted my perspective such that it is now almost the opposite of what it was 25 years ago. Because of this

personal history with changing ontological perspectives, I felt more comfortable taking what I felt was a "safer" research option in hermeneutics, as it allowed "me" to seek understanding differently through interpretation, while being reflective about my central and causal place in the relationship with the literature but avoiding a deep dive into my own internal processes which I thought heuristics might demand of me.

Another consideration was what seemed like a good match between hermeneutics and my topic. Both are concerned, at some level, with uncovering what is hidden, while accepting that there is *always* something hidden. A further consideration was that I wanted to cross disciplines and time, weaving backwards and forwards to try eliciting a different perspective from the one with which I started. I understood that hermeneutics allowed me to do this as it privileges the contextual nature of literature, language, and researcher. Finally, I found literature using hermeneutics as a means to think about culture and psychotherapy (Christopher, 2001; Christopher & Smith, 2006) so it seemed like the match could be a good one.

Terminology

I have used the following terms throughout this text, so I will briefly make comment on them before proceeding.

Child psychotherapy – is used as an abbreviation for child and adolescent psychotherapy.

Māori – is used as a descriptor for the indigenous peoples of Aotearoa New Zealand. In doing so, I note "the term 'Māori' itself became an imposed collective ethnic identifier and generalised to include all Māori as if Māori were one homogenised group of people" (Gilgen, 2016, p. 33). I acknowledge this is not the case by any means, and Māori identity and cultural identity in general are far more complex than is commonly represented in the Māori/Pākehā binary which can promote "othering" (Moeke-Maxwell, 2012). While research is reviewed in this study which comments on Māori perspectives, it must be held in mind that no research can speak for all; there is no one group of Māori, there is no one group of Pākehā, and simply by referring to two groups as such I am "othering". This is a bind, one which I cannot resolve at the present time, so it must be held.

Western – The Oxford English Dictionary says "relating to, or characteristic of the western part of the world, in particular Europe and North America" (Oxford University Press, n.d.).

At the outset, I acknowledge the liberty I am taking with these terms, and the extent to which I risk grossly over-generalising with all of them. For example, I will repeatedly use the term "Western" as a short-hand way of describing certain aspects of my own cultural tradition and that of the child psychotherapy training and profession as it exists in Aotearoa New Zealand today. In using that short-hand, I am clumping together a raft of assumptions, beliefs, and attributions for the sake of trying to condense my findings, whilst trying to hold in mind the immense diversity inherent in each domain. I do not profess to represent the opinions or beliefs of any of my colleagues or peers; we are as different as we are similar. This is my unique perspective, my unique journey, and only I could come up with the findings I have.

In saying that, my hope is that by exploring hidden assumptions of culture in child psychotherapy in Aotearoa New Zealand, from my own unique perspective, I may reveal some of the limits and possibilities of our profession in therapeutic work with children and families. But, most important for me, I hope it provides an opportunity to explore how I can deliver more meaningful and effective encounters to the people and whānau I work with who hold a vastly different worldview than my own.

Methodology and Method

"*It is only through the willingness to have our own cultural "givens" questioned through dialogue that cultural differences can be bridged and we can avoid being "culturally encapsulated*"

(Christopher & Smith, 2006, p. 276)

"*But you cannot understand life and all its mysteries as long as you try to grasp it. Indeed, you cannot grasp it, just as you cannot walk off with a river in a bucket. If you try to capture running water in a bucket, it is clear that you do not understand it and that you will always be disappointed, for in the bucket the water does not run. To "have" running water you must let go of it and let it run.*"

(Watts, 1992, p. 23)

I begin this chapter with two quotes which, taken together, reveal something of my struggle in compiling this research. The first quote captures my wish to unpack, uncover, bring to light those aspects of myself—my training, education, worldview—that might then assist me to *not* remain so culturally encapsulated. The second quote, by Alan Watts, captures something of the elusiveness of trying to unpack and reveal things, because it seemed the more I tried, the more complicated things became. Finding discrete "things" to talk about was not at all difficult, but capturing the nuanced ways in which things were inter-related felt almost impossible. Trying to grasp the flow of the topic and my ever-expanding understandings felt impossible. I think that is because it *is* impossible, and partly the result of trying to use language to describe a complex, beautiful piece of art or an experience that moves you deeply, or taking a photo of a beautiful sunset—the photo never comes close to approximating the original experience. So, I took solace in the words of those who have wrestled with hermeneutic inquiry, such as Caputo (1987), who said, "hermeneutics is a lesson in humility" (p. 258). I will take the opportunity at this point to background what my understanding is of the hermeneutic philosophy and methodological approach to research, why I chose to use it, and how it relates to child psychotherapy and my chosen topic.

Hermeneutics as Philosophy and Methodology

As a person who has spent my entire life as part of a Western society where positivism is thoroughly infused in our way of life and perspective on the world, in attempting to explore the hidden assumptions about culture in child psychotherapy in Aotearoa New Zealand I knew I wanted and needed to use a research approach grounded in an interpretative paradigm that allowed me to pick apart some of those deeply embedded beliefs about my "reality". I wanted to try and reveal some of the structures and influences that contribute to my personal understanding of the world and what constitutes truth and knowledge for me. I felt the most appropriate way to do this was using a literature review method, one that allowed me to cross academic disciplines and explore new territories that would stretch my perspective. I felt I had found a good match when I began reading about hermeneutics, which requires that the subject engages with the text/literature in a way that pays attention to language, social, and historical context of both the reader and writer, and questions things that are taken for granted (Moules, 2002).

Hermeneutics has been described as "the science or art of interpretation" (Grondin, 1994, p. 1) and is simultaneously an over-arching philosophy and a research methodology. The hermeneutic approach I first became aware of was the perspective of Hans Gadamer who provided a significant philosophical contribution to the field. Within human science traditions, Gadamer (1960/2013) advocated for acquiring "as much historical self-transparency as possible" (p. 17). Smythe and Spence (2012) pointed out that within a discipline there are times when new thinking creates new understanding, which might then become common knowledge and/or form the basis of new theory. However, when this happens, often thinking stops, and thoughts, therefore, "sink back and become self-evident" (Smythe & Spence, 2012, p. 14). Underlying assumptions, biases, and pre-conditions are rendered invisible and no longer questioned "yet this is what is called 'truth' in the natural sciences and these are the building blocks that become foundation for arguments" (Smythe & Spence, 2012, p. 14). It is the questioning of things that are taken for granted that is of interest in this study, and involves contextualising theory and knowledge in child psychotherapy in social and historical perspectives. Hermeneutics emphasises the historicity of culture and the following quote captures for me the way we are more dispersed in a temporal sense than common Western perspectives of subjectivity may have us believe:

> the echoes of history are always inadvertently and deliberately inviting us into both past and new ways of being in the present. We live in a world that recedes into the past and extends into the future. (Moules, 2002, p. 2)

In choosing my topic, I wished to shine a light on the history of our discipline and the theories we hold onto while remaining open to what was revealed. A hermeneutic approach to reviewing literature allowed for a cross-discipline exploration of some of the social, political, historical, and cultural dynamics inherent in the tradition of child psychotherapy as it exists in Aotearoa New Zealand today.

When I looked further, I also discovered that hermeneutics and psychotherapy have a significant history, already having been identified as a good match for each other in the work of many previous researchers and authors; and especially in exploring issues such as race, racism, and culture. For example, Christopher and Smith (2006) proposed a hermeneutic model of the self in relation to culture and utilised the hermeneutic concept of dialogue to present a framework for cross-cultural interactions. They suggested "hermeneutics emphasizes that individuals are far more thoroughly embedded in and shaped by culture than is ordinarily recognized" (Christopher & Smith, 2006, p. 276). In an earlier paper, Christopher (2001) provided an account of how hermeneutics can be used to raise the awareness and understanding of psychotherapists about culture and the extent to which Western cultural influences pervade psychotherapy theory, research and practice. Qureshi (2005) also used a hermeneutic framework for an approach to inter-cultural psychotherapy focusing on the dialogical relationship between client and therapist and on what is termed "cultural imagination".

Method

As mentioned above, my chosen research method is a literature review. Used as a framework for analysing and interpreting text, hermeneutics enables us to look behind language and discourse for what is and what *is not* said, and encourages us to question what is taken for granted.

I decided to use a particular four step method to reviewing literature and text suggested by Austgard (2012) who drew on some of the key concepts of Gadamer's philosophical hermeneutics to propose a framework for planning research and interpreting text. The framework is intended as a method of text interpretation and is written as if the steps are followed for each individual text that is read. However, I found my own reading and research process often saw me skip between several texts at the same time, often before comprehending an entire text. Many texts were "skimmed", as I tried to gain better understandings of some of the terms and concepts I was reading about. Thus, I cannot say that I followed the process outlined by Austgard exactly as it was laid out; however, I think that the steps below approximate the process that occurred as I navigated the

many hermeneutic circles I was engaged in during my research process overall. I will now outline the four steps proposed by Austgard and how this framework worked for me as I navigated my research process.

Step 1 – Working out the hermeneutic situation

This step was a gradual process of percolation that began a long time ago, and which gradually revealed itself as a general wondering about the cultural context of my work as a beginning child psychotherapist. As mentioned in the introduction, my general life experience and clinical placement during psychotherapy training gave me cause to be curious about some of my developing "knowledge" and practice when working with children, young people, and their families. Questions arose for me, such as: was what I had learned in training relevant to all or even most clients? Did I have the skills and expertise to work in a way that was useful for cultures other than my own? How did my own cultural identity impact on my work with clients?

This first step equates to what Gadamer (2013) referred to as establishing the "right horizon of inquiry" (p. 261). Austgard (2012) suggested this involves establishing what the background is to the question at hand, whether the question has purpose and relevance and whether the question has "openness". These considerations were addressed through my own initial reading and reflection, and through discussions with my supervisor in the early stages of forming the research proposal.

Step 2 – Hermeneutic preparation: Identification of fore-understanding

This step is described by (Austgard, 2012) as "foregrounding", or reflecting on our own world view as researcher, or figuring out where I am now. Part of this involves trying to identify some of our own inclinations, beliefs, and prejudices—if that is even possible. It also requires being aware that I am approaching this research from a particular angle, so some texts will inherently appeal to me more than others and I am more likely to engage with those that head in the direction I consciously or unconsciously want to go. My understanding is, therefore, occurring within what Gadamer (2013) termed my particular "horizon" of understanding.

At a practical level, the initial literature search done in preparation to present my research proposal (PGR1) was a useful scoping exercise to set the stage for what was to come and give me some context and background to my research plan. Preliminary literature were identified at this stage using specific search terms and combinations of search terms such as "child psychotherapy" and "culture", and then eyeballing results to see what looked relevant and/or interesting. I began the process looking at literature that met "surface" criteria relating to search terms that related to my topic. However, I quickly found myself simultaneously exploring deeper and wider, by following

branches of thought and research from various papers, as one might follow the roots of a tree to see where they lead. I would look up relevant citations from one paper which would lead me onto another, and a chain of references was often created from one original document. Common threads began to emerge in the literature, such as the social constructionist perspective of phenomena that I was investigating. The literature provided me with an opportunity to begin to examine my own Western worldview with more breadth, uncovering dimensions of complexity that seemed endless. Rather than delving into a particular topic in "depth", which has been my tendency in the past, I found myself uncovering expanding perspectives of the topic.

Initially, I pictured a distinct lens physically separate from "me", as I might wear a pair of glasses, through which I viewed the world, myself, and my work. But glasses can be removed, and I came to understand that I *am* the lens, the lens is me, and that cannot be separated from the world in which I live and work. The thing about being in the dominant social group is that we are unlikely to have much (if any) comprehension that we have "a" perspective. We are more likely, I suspect, to believe that we have "the" perspective, shared by the majority. The Western worldview is promoted as the singular world consciousness, all-encompassing, and impartial (Abbott & Durie, 1987). It is often only through encountering "other" ways of viewing the world that our own view can be deciphered. So, as I read and progressed further, my fore-understanding also changed.

At the same time, this step included self-reflection about my own cultural identity as a person, my family history, particularly that of my father and paternal grandparents (as discussed in the introduction), and the impact that this history has on me personally and professionally.

Step 3 – Hermeneutic dialogue with text - Analysis

As the research process went on, there were subtle and not-so subtle changes in my fore-understanding as mentioned above, so that almost each new text was engaged with from a slightly modified foreground. New ideas, new terminology, and abstract concepts were introduced and began altering my perspective. Basic patterns and common discourse emerged within and between papers, and served as fuel for further investigation and for a broader perspective of the research topic. Gadamer (2013) speaks of dialogue with the text as a reflexive act, as one would have a conversation with another person. He also reminded us that "a person who is interpreting a text is always projecting" (p. 237).

Step 4 – Fusion of horizon.

Gadamer (2013) stated "a horizon is not a rigid boundary but something that moves with one and invites one to advance further" (p. 210). The patterns that emerge from within and between texts eventually form some sort of new understanding or insight, so the horizon shifts. However, trying

to capture the totality of the picture in a written form that was coherent and meaningful felt incredibly hard. Cultural analysis is spoken about by Geertz (1973) and the difficulty of getting anywhere near to the crux of things. He suggested "to get somewhere with the matter at hand is to intensify the suspicion, both your own and that of others, that you are not quite getting it right" (Geertz, 1973, p. 29). This feeling stayed with me most of the journey—the feeling of not quite getting it right, struggling to get hold of something, trying to nail jelly to the wall.

I started wondering why it felt so hard and began noticing aspects of my internal process that mirrored the worldview that I was trying to understand and describe. The pervasiveness of dichotomies in my thinking slowly became apparent—between depth and surface, psychological versus sociological, internal versus external, Western versus non-Western, self and other. The reductionist tendency to look inward, dissect things, look deeper to uncover meaning and knowledge, these things all plagued my efforts to cast my net wider and look outwards. Through reading and pondering, I began realising how deeply ingrained a reductionist perspective is in my worldview. My search for knowledge begins by breaking things down, analysing in greater detail, searching for deeper levels of understanding. My default assumption has been that going into something in depth brings greater awareness and knowledge. This perspective is reflected in many Western psychotherapies and models of the mind, such as that of Freud (1893/1955) who once described his analytic technique as: "one of clearing away the pathogenic psychical material layer by layer, and we liked to compare it with the technique of excavating a buried city" (p. 139). Being engaged in a hermeneutic experience felt very different to the sort of meticulous archaeology described by Freud and so familiar to me; it was more like Caputo (1987) described: "hermeneutics does not lead us back to safe shores and terra firma; it leaves us twisting slowly in the wind. It leaves us exposed and without grounds, exposed to the groundlessness of the mystery" (p. 267).

One of the main difficulties I encountered in writing my research is, in a way, a by-product of the hermeneutic method. Towards the end of the research, as I looked back on pieces I had written at the beginning of the journey, I realised my horizon had changed, so that some early sections felt outdated, and I wanted to re-write them. This led to a "chasing my tail" feeling as I tried to simultaneously finish off but "refresh" the entire work at the same time.

Inclusions and Exclusions

One of the challenges early in the research process was to consider what the term "child psychotherapy" would and would not include. There are many variations and flavours of child

psychotherapy; my own training commenced with a psychoanalytic framework but finished up with a more psychodynamic orientation. Each child psychotherapist works in a slightly different way, utilising skills, theories, and techniques acquired throughout their own individual journey. It is impossible to generalise about the assumptions of such a varied group. What I came to focus on was the assumptions about culture implicit in some of the ideologies that informed child psychotherapy. It was only by contrasting the familiar models with some of the alternative systems of knowledge present in Aotearoa New Zealand, and in other places, that some of the implicit assumptions about culture were revealed.

As I began working through the literature, I found other disciplines offered opportunities to explore how culture has been addressed in theory and practice. Findings from fields such as psychiatry, psychology, education, sociology, anthropology, and other social sciences have, therefore, been included in my research as I felt this provided a useful macro perspective free from intra-disciplinary bias about phenomena, language, and experience. Within our own disciplines, existing theories and concepts find support in clinical or empirical settings, become our own "truth", and often become collectively held assumptions about how things work. A hermeneutic approach allowed me to cast the net wide and peek into other fields that I had not previously explored.

The Western World View and Child Psychotherapy

The Origins of Child Psychotherapy – "Classical Psychoanalysis"

When I consider the cultural tradition and background of child psychotherapy in Aotearoa New Zealand, I visualise a waterway, beginning with a single river. The single river originates in Europe in the late 1800s and early 1900s, where Sigmund Freud laid the foundations of psychoanalysis in what became known as "classical psychoanalysis" (American Psychological Association, 2015) or "Freudian classical theory" (Ahmed, 2015). Psychoanalysis is considered the theoretical and clinical discipline that underpins child psychotherapy (Likierman & Urban, 2009). Although it started out with the classical theories of Freud, psychoanalysis quickly developed into a series of tributaries, sometimes deviating, sometimes coming together to join other tributaries, at times enriching each other with their theoretical and clinical findings, at times challenging each other for supremacy, resulting in contemporary psychoanalysis which has several streams. However, it is primarily the classical psychoanalysis of Freud with which I am concerned, and to which I refer, in this research, as its influence on child psychotherapy training in Aotearoa New Zealand remains prevalent.

Amongst other intellectuals of his time, Sigmund Freud offered a secular alternative to the world view previously dominated by religion. Freud drew attention to aspects of human nature such as sexual desire that had hitherto been problematic for Christianity, and went so far as to suggest that lifting of sexual repression would make society a better place (Freud, 1917/1963). Freud saw psychoanalysis as an empirical discipline, a science, which could provide a trained analyst with the means to access the inner workings of the mind (Mitchell & Black, 1995). Freud referred to psychoanalysis as "the dissection of the psychical personality" (Freud, 1933/1964, p. 57), where the primary subject of study was unconscious mental activity. However, it has also been suggested that Freud saw psychoanalysis as a quasi-political movement from which dissenters such as Carl Jung and Sandor Ferenczi were expelled when their ideas began to deviate significantly from the established doctrine (Mitchell & Black, 1995).

Politics aside, through his work Freud realised the intensity of the needs and wishes of children, something that previously had not been acknowledged. Freud was able to identify the child's powerful desire for love and satisfaction of bodily instincts, and he recognised how these needs were met or otherwise could have a significant impact on mental wellbeing throughout the lifespan.

Freud's work occurred against the backdrop of Europe's imperial and colonising enterprises around the world, and the anthropological studies of new populations returning from the new colonies. These European encounters with new peoples were imbued with elements of a discursive framework grounded in European ideals about humanity and the nature of human society, including terms such as "savage" and "primitive" (Brickman, 2017). One of the major criticisms of classical psychoanalysis is that colonial and imperial narratives of Western superiority, and the resulting derogatory racist projections, are inescapably embedded in its internal structures and working assumptions (Brickman, 2017; Frosh, 2013; Mattei, 2011).

For example, near the beginning of "*Totem and Taboo*", Freud (1913/1950b) says:

> There are men still living who, as we believe, stand very near to primitive man, far nearer than we do, and whom we therefore regard as his direct heirs and representatives. Such is our view of those whom we describe as savages or half-savages; and their mental life must have a peculiar interest for us if we are right in seeing in it a well-preserved picture of an early stage of our own development. (p. 1)

Frosh (2013) argued the common use of the terminology "primitive" in classical psychoanalytic language highlights and reproduces a colonial division between primitive and civilised, suggesting that psychoanalysis equates Western culture with progress and rationality. Frosh also proposed that colonialism and racism remain deeply embedded in psychoanalytic thinking and language, and impact contemporary theory and practice in ways that are not necessarily apparent. The terminology certainly remains, even in contemporary explorations of race, racism, and power in psychotherapy; for example, "a black patient may come from a culture more similar to my own than a white patient, yet it is the fact of our colours that can provoke primitive internal responses that are hard to acknowledge and face" (Morgan, 2013, p. 56).

Diverging from Psychoanalysis

Following on from the prolific and pioneering work of Sigmund Freud, some of the main early contributors to psychoanalytic work with children were Anna Freud and Melanie Klein. Both had their own unique perspective about child development and psychic functioning, and both played significant roles in developing psychoanalysis for children based on the platform established by Freud. In the period between 1942 and 1944, growing divergence in ideas about theory and technique led to the branching of classical Freudian psychoanalysis into three main tributaries or schools. One school followed Anna Freud becoming known as the "Freudians"; one followed

Melanie Klein becoming the "Kleinians"; and the middle group, who came to be known as the "Independent" group, were made up of others, eventually including Winnicott (see Hernandez-Halton, 2015, for a contemporary summary of these events). The first child psychotherapy training was established at the Tavistock Clinic in London, England, in 1948 by John Bowlby and Ester Bick, and became a new profession within the British National Health Service (Rustin, 1999). Bowlby had links to Kleinian and Freudian influences, as well as those outside psychoanalysis, and his research and practice while working at The Tavistock Clinic eventually led to attachment theory, covered in a subsequent section. For her part, Ester Bick pioneered infant observation, which remains a cornerstone of child psychotherapy training (Sternberg, 2005), as part of her role in leading the first child psychotherapy training programme established in 1948.

Training programmes in Aotearoa New Zealand for child psychotherapists have had a rocky history, with stops and starts creating a discontinuous supply of professionals for the workforce. The orientation of the training has experienced fluctuations and variations, with incorporations of international theoretical developments from over the past 2-3 decades. Despite the fluctuations, many of the orthodox, classical psychoanalytic foundations have been retained (Tischler, 2009) and the core of my training (2016-2019) was rooted in the Tavistock model which remains vested solely in the Western paradigm. So, what are some of the broader, ontological, epistemological, and ideological aspects of the Western tradition?

Revealing the "Western" in Child Psychotherapy

To unmask what Western culture is, and how it influences orientation to practice, it is necessary to start at the metaphysical level. How we conceive of ourselves, relationships with others, society, the natural and spiritual worlds, all determine how we perceive and act in relation to those with whom we work. Diverse cultural groups hold vastly different views about what constitutes a person, and the extent to which that entity exists, or not, in relation to the wider fabric of society, the environment, and the cosmos. One of the doctrines deeply entrenched in the Western worldview, and its associated knowledge system, is positivism.

Positivism and science

Positivism is a philosophical theory which asserts objective "things" exist in the world prior to and separate from individual humans, who, in turn, exist prior to, and separate from, society (Dalal, 2011). Positivism presumes that with sufficient objectivity, rigour, and experimentation, value-free observers can uncover facts and data, which are then equated with truth and knowledge (Grant & Giddings, 2002). In a positivistic framework, scientific verification is considered the gold standard for deducing knowledge, theory, and practice; and science is the only way to find truth.

As we have already seen in relation to the classical psychoanalysis of Freud, there was a desire to empirically investigate, dissect in an almost surgical way, the contents of the mind. Freud came from a medical background; he trained as a neurologist and had a wish to create a scientific psychology or, in his words, "to furnish a psychology that shall be a natural science" (Freud, 1950b, p. 295). Although much has changed since the early days of classical psychoanalysis, much has stayed the same. The contemporary push for "evidence-based practice" models in psychotherapy and other disciplines exemplifies the continued dominance of the positivist paradigm. A few treatment modalities utilised in some child psychotherapy settings such as Cognitive Behavioural Therapy (CBT) and mentalisation-based treatments have followed the scientific path, generating many empirical studies and resulting in research that lays claim to evidence based practice. Cognitive behavioural therapy, in particular, has developed a dense evidence base, which is now being critiqued for its hyper-rational take on human suffering and denial of its own cultural embeddedness (Dalal, 2018). Dalal (2018) asserted "CBT has joined forces with the pharmaceutical industry and psychiatry in their project or medicalizing ordinary human suffering and then selling (patented) treatments for that suffering" (p. 7). The research that contributes to the evidence base has also been criticised for neglecting 95% of the world's population; and it has been argued that psychological research focuses on American subjects who make up only 5% of the world's population (Arnett, 2009).

Any pressure for child psychotherapy training to align with evidence-based treatment protocols has been held at bay and left room for more flexible interventions, such as those based on children's play. However, the general appetite for evidence-based psychological treatments is ever present, in government health funding agencies and within many service providers.

Positivism also pervades the Western perspective of human subjectivity, which I will refer to simply as subjectivity for simplification. It is not something we necessarily give much specific though; but, it plays a critical role in how we conceptualise ourselves, our clients, and the therapeutic process.

Subjectivity

Western societies typically view human beings in an atomistic way—as discrete, physically bounded entities. The following description by Geertz closely captures what my Western cultural heritage has impressed upon me about the nature of selfhood and how our subjectivity is conceived:

> the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgement and action organized into a distinctive whole and set contrastively against other such wholes and against its social and natural background. (as cited in Christopher, 1999, p. 142)

While this approximates my own, personal experience of Western subjectivity, it has been stated that "subjectivity is no timeless, cultureless essence of personhood, but a cultural artefact that mutates over time" (Taylor, 2012, p. 195). The notion of an inner self, as expressed above, has been deemed a construction of Western modernity, and contrasts with a pre-modern "extensive" self, which was rooted in communal life (Taylor, 2012). In the Western world, modernity also brought with it a new fascination with the internal, deep interior of persons—the realms of private, psychological subjectivity. Freud was part and parcel of the surge of interest in the hidden marvels of the human mind, a renewed focus on interiority. However, more recently, within the domain of psychoanalysis, the assumption that an individual "self" exists and interacts with other discreet individual selves has been called "the myth of the isolated individual mind" (Stolorow & Atwood, 1994, p. 233). It is noted:

> Invariably associated with the image of mind is that of an external reality or world upon which the mind entity is presumed to look out. Here too we encounter a reification, in this case one involving the experience of the world as real and existing separately from the self. (Stolorow & Atwood, 1994, p. 236)

As we will see in the next chapter, the concept of a discrete inner self is a Western notion, at odds with the perspectives of many diverse cultural groups, prompting Cushman (1990) to warn that ignoring the ethnocentric discourse of the current Western conceptualisation of self, would be to participate in "culturally disrespectful and damaging psychological imperialism" (p. 599).

Individualism

Individualism is a term that has been used to describe the tendency for Western psychology to view the individual as the primary reality, a self-possessive entity with responsibility for its thoughts, emotions, and behaviours (Ingle, 2018). Dalal (2016) highlighted that individualism tends to be the prevailing outlook in almost all psychotherapies, placing the intra-psychic world of the individual at

the heart of assessment and treatment which is focused primarily on the individual. Individualism also been deemed the dominant cultural outlook in a range of other disciplines spanning many decades (Christopher, 2001; Christopher & Smith, 2006; Roland, 1996; Sampson, 1977; Taylor, 2012; Waterman, 1981).

Christopher (1996) has suggested that individualism confers what the self is, and what it should become, concluding that individualism is a "moral vision" for Western culture and Western approaches to counselling. As a moral vision, Christopher asserted that individualism makes assumptions about what constitutes a good or healthy person in a psychological sense. Wellbeing is associated with "autonomy, environmental mastery, positive relations with others, purpose in life, personal growth, self-acceptance, happiness and the freedom to live life as one sees fit" (Christopher, 1999, p. 149). These moral visions are then implicated consciously or unconsciously in our practice (Christopher, 1999). Moreover, Roland (2006) suggested Western therapists "are often unaware of deeply embedded cultural assumptions of individualism in their psyches and in psychoanalytic and psychological theories and norms" (p. 454). The Western, individualistic conceptualisation of self plays a critical part in another aspect of Western culture that significantly impacts child psychotherapy practice in Aotearoa New Zealand—the prevalence of the biomedical model of health, a prominent example of a flourishing, contemporary, positivistic paradigm.

Prevalence of the Western Medical Model of Health

The predominant health care framework in the West has been called "scientific medicine", "biological medicine", "biomedicine", and "Western medicine" (Gaines & Davis-Floyd, 2004). For the sake of simplicity, I will use the term biomedicine. Emerging from the positivistic paradigm that pervades Western thinking, biomedicine seeks to find universal causes of pathology/abnormality in biological structures and mechanisms within the human body.

Child psychotherapists in Aotearoa New Zealand are often found working in services where biomedicine is the over-arching framework for service delivery. Within most Government funded mental health services, and many non-government organisations, the psychopathology or "illness" framework remains the prevailing lens and discourse through which we view mental health. Psychiatry is the branch of medical science that deals with mental health and, originally, psychoanalysis delivered by psychiatrists was considered the first choice of treatment for most psychological issues (Dalal, 2018). However, a trend toward biological psychiatry has been noted following World War II, with an increased focus on searching for causes of mental distress in the body (Pearlin et al., 2007).

These days, psychiatry uses generic and highly specific diagnostic criteria from systems such as the Diagnostic and Statistical Manual of Mental Disorders (DSM). In line with the biological approach to psychiatry, treatments for mental disorders are often, at least partly, focused on altering biological processes using pharmaceuticals. In child populations, Timimi (2010) has referred to this as the "McDonaldization of Childhood" in Western societies, where pharmaceutical interventions are dispensed for behaviours and emotions deemed abnormal. Several authors have also linked neo-liberal politics with individualistic explanations and solutions for mental health and illness in Western society (Teghtsoonian, 2009; Timimi, 2010). According to Timimi (2020), the result is that distress, wellness, and states of emotional and behavioural difference have been "commodified"; that is, translated into discrete entities which can then be subject to the influence of market forces and commercialism. A final context in which western culture pervades child psychotherapy theory and practice is the developmental domain.

Western child development perspectives

From Sigmund Freud's body-based sequential unfolding of instinctual drives, to Mahler's (1971) model of separation-individuation, ideas and concepts about child development and links to psychopathology pervade psychoanalytic theory and practice (Fonagy & Target, 2003). Each school has its own meta-psychological perspective about the nature of mind and subjectivity, how psychological functions and structures are established, and the mechanisms that contribute to "normal" or "abnormal/atypical" development. Roland (2006) has asserted that "psychoanalytic norms of development and functioning are more Western-centric than most analysts realize regardless of their psychoanalytic orientation" (p. 456). In addition, psychodynamic theory, overall, has faced considerable scrutiny regarding the influence of race and culture in development as many basic principles of development are considered universal.

Freud's earliest theory of development was a "psychosexual" stage model, where the maturing body was viewed as the predominant driver of mental life. Within this model, a central feature of psychological development was the "Oedipus complex", the successful resolution of which was one of the key psychological tasks of childhood. The Oedipus complex involves a hypothetical triadic relationship between parents and a child, which Freud (1909/1950a) once described as a "family romance". However, almost every aspect of the Oedipus complex, as described by Freud, has been challenged; and the concept, its viability, and cross-cultural relevance remains a subject of debate (Bhugra & Bhui, 2002; Fellenor, 2013).

Following Freud, some of the early models and ideas about development stemmed from work with children who had been separated from parents in Britain during World War II. In particular, the

works of John Bowlby and colleague Mary Ainsworth had a significant impact on child psychotherapy; in part, as mentioned earlier, because Bowlby was one of the founders of the Tavistock child psychotherapy training programme in Britain.

Attachment theory

Drawing on a diverse range of disciplines such as ethology, biology, animal behaviour, and psychoanalysis to create an over-arching model describing how our earliest relationships are established and maintained, the partnership between John Bowlby and Mary Ainsworth led to the body of knowledge we now know as attachment theory (Ainsworth & Bowlby, 1991). Attachment theory introduced the idea that there are different patterns of relating—such as "secure" and "insecure"—to principal caregivers (Ainsworth et al., 2015). The concept of the attachment figure as a "secure base" from which children could venture out to explore and return was also introduced as part of attachment theory, the concept credited to Mary Ainsworth (Bowlby, 2005). Bowlby (2005) also applied the secure base concept to the role of the therapist, saying one of the key functions of the therapist was: "to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past and present" (p. 156). Attachment-based interventions for young children have been used extensively in child psychotherapy, historically and today, including "Child Parent Psychotherapy" (Lieberman & Van Horn, 2008), and "Circle of Security" (Cooper et al., 2013). Interventions building on attachment theory have also been developed, including a range of "mentalisation" based treatments, where secure attachment is viewed as the developmental and therapeutic context for reflection about mental and emotional states (Fonagy et al., 2002; Midgley et al., 2017; Midgley & Vrouva, 2012).

However, attachment theory has been criticised for emphasising Western ideals of autonomy, individuation, and exploration; and being generally "laden with Western values and meaning" (Rothbaum et al., 2000, p. 1093). Keller et al. (2017) argued that attachment theory holds a distinct conceptualisation of infants, which they refer to using the acronym "WEIRD", which was used by Henrich et al. (2010) to describe the "Western, educated, industrialized, rich, democratic" people often used as research subjects in studies where broad generalisations about psychology and human behaviour are often made. Other authors, such as Morelli et al. (2017), suggested that by omitting the critical dynamic interplay between socio-cultural and ecological processes in the attachments that children develop, attachment theory fails to recognise the profound differences in child care around the world. Dalal (2006) has submitted that "each cultural system will generate its own forms of attachment, which legitimate different ways of being together" (p. 143).

This assertion has been supported by research on attachment patterns in different settings. For example, Rothbaum et al. (2000) found fundamental differences in conceptualisations of maternal sensitivity and child security between Japanese and American cultures. Adult attachment patterns ideals have been found to differ between Taiwanese and American cultural contexts (Wang & Mallinckrodt, 2006). In our own local context—Aotearoa New Zealand—the importance of connections beyond the interpersonal have been highlighted in Māori attachment systems (Fleming, 2016, 2018), as will be discussed in the next chapter. For a summary of research that has demonstrated cultural variations in attachment, see Rothbaum and Morelli (2005).

Further scrutiny of Western developmental models

Other models of development that are prevalent in child psychotherapy training and practice have also been subject to scrutiny. A critique by Cushman (1991) of Daniel Stern's (1985) theory of infant development highlights some of the ways Stern reinforced contemporary Western discourse and ideas about the nature of self and the extent to which his theories and observations could be applied to other contexts. Cushman argued that Stern had preconceived ideas about the nature of the self, suggesting that Stern's "ontological frame of reference causes him to see the masterful, bounded self wherever he looks. He is accustomed to seeing it because it is in the cultural clearing. He sees it before it is constructed" (Cushman, 1991, p. 210). Furthermore, Cushman argued that due to the popularity of Stern's psychological theory with psychotherapists and parents, the theory itself was influential in actively constructing the Western notion of self.

The tendency for human development theories to become popular based on the extent to which they resonate with existing cultural beliefs has been examined in compelling commentary by Kirschner (1990). Kirschner suggested the theories that become "classics" are those which adhere to and expand existing cultural ideals about personhood. Specific "Anglo-American" ideals are identified, namely self-reliance, self-direction, and verbal expression; and Kirschner showed how these attributes are emphasised in the three main schools of psychoanalytic thought at the time. Kirschner pointed out that Margaret Mahler's highly influential theories about child development were not finding favour in Vienna, and it was only when Mahler began working in America that her ideas gained support and backing. This is attributed to themes of individuation, independence, and self-direction found in Mahler's work which mirrored some of the existing cultural ideals of personhood present in American society and favoured by her American colleagues due to their own "ingrained ethnopsychological concerns" (Kirschner, 1990, p. 856). Cross-cultural comparisons show American and Japanese mothers encouraging opposing ends of the individuation/independence continuum with their 20 to 23-month-old toddlers, with Japanese mothers encouraging dependence rather than independence, indicating a culturally patterned style

of relationship rather than one that is universal across cultures (Roland, 1996). The "separation/individuation" process proposed by Mahler (1963, 1971), relating to the early years of a child's life as it emerged from a state of complete dependence, were so influential that a second individuation phase was proposed and attributed to adolescence by Blos (1967). Contemporary psychodynamic developmental frameworks include the second individuation process as a key developmental task of early and mid-adolescence (Gilmore & Meersand, 2014). However, the ubiquity of adolescence as a discrete phase in development is contested cross-culturally (Tupuola, 1993), something I will say more about in the next chapter.

Despite the continued provision of psychodynamic accounts of child development with titles such as "*Normal Child & Adolescent Development: A Psychodynamic Primer*" (Gilmore & Meersand, 2014), which claim to be consistent with contemporary scientific thinking, others suggest that development follows diverse trajectories, is profoundly shaped by culture, and, therefore, that child mental health cannot be addressed separate from the context of their families and wider communities (Guzder & Rousseau, 2010). Furthermore, it has been pointed out that complex power dynamics that lead to inequality should be factored in to psychological development models (White, 2006). Some authors propose that psychoanalytic development theories need to embrace a non-linear, more flexible, dynamic paradigms to remain relevant and useful (Galatzer-Levy, 2004; Gilmore, 2008). Developmental considerations will be touched on again in the following chapter in relation to how culture and context influence perspectives about development.

This chapter has begun uncovering some of the ways in which dominant, Western cultural perspectives lie largely unseen at the heart of our theories, practice, and institutions, as individuals and as practitioners within our discipline. The discussion has included: the way colonising mentalities have remained embedded in psychoanalytic and psychodynamic language; how positivism contributes to a Western understanding of subjectivity; the power of individualism to create norms of behaviour in society at large and within psychological professions; biomedical models in Western practice as problematised due to individualising distress and ignoring socio-political causes; and, finally, critical examination revealed common developmental models fail to account for contextual variation.

As I continued unravelling the ways Western culture lies hidden beneath the child psychotherapy framework in Aotearoa New Zealand, a common theme began to emerge. I found a frequent critique of Western knowledge systems was that phenomena pertinent to the therapeutic relationship (e.g., self, other, wellness, distress) were decontextualised, individualised, and wider relationships and connections ignored. In the process of this research, an alternative perspective

to the positivistic one that pervades Western society began emerging and helped delineate, for me, exactly what was Western. The words “socially constructed” and “culturally constructed” were repeated in the literature critiquing the ubiquity of Western models; as mentioned earlier, coming from a science-orientated background, this was fairly new territory for me. Slowly, concepts that I had held as “givens” began unravelling before my eyes. It is these critical perspectives and ideas which I will explore in the next chapter, as I attempt to offer an alternative perspective to those of the dominant Western tradition.

Alternatives to the Western Perspective

The previous chapter began revealing some of the underlying assumptions of the Western worldview that impact directly on child psychotherapy. As mentioned, a common thread began emerging in the literature, one that proposed alternatives to the positivist and individualistic perspectives so prevalent in Western culture and in my own personal history. Some literature referred to how certain phenomena were "culturally constructed" (Gaines, 1992a) and others "socially constructed" (Timimi, 2010); and so my research began inclining towards these ideas.

In psychology, social constructionism emerged in the work of Gergen (1973), although it is credited with having a multidisciplinary background as an overall theoretical orientation (Burr, 2015). In contrast to positivism, social constructionism asserts that we construct our own versions of reality, that the principles and concepts we use to make meaning of the world are not universal but are culturally and historically specific (Burr, 2015).

"Cultural constructivism" was a term used by Gaines (1992a) as a means to contrast his own perspective from other anthropological approaches that critiqued western medical knowledge and theory. Gaines (1992a, 1992b) asserted that psychiatry and psychiatric systems were culturally constructed, an idea I will pursue later in this chapter.

These two related perspectives—social constructionism and cultural constructivism—provide a lens through which the taken-for-granted assumptions about Western culture can be revealed and examined in a more critical light as they relate to the theory, training, and practice of child psychotherapy in Aotearoa New Zealand. In this chapter, I utilise this new lens to revisit some of the concepts explored in relation to the Western worldview in the previous chapter, including subjectivity, the nature of wellbeing, distress and healing, and child development ideas. I also assess concepts such as child, childhood, adolescence, and emotional experience as cultural constructions; and, finally, offer some examples of approaches to working with tamariki Māori that draw on Te Ao Māori knowledge and methods as alternatives to Western paradigms.

Subjectivity Re-Visited

The tendency of Western psychotherapies to view the psychological subject in individualistic and decontextualised terms was mentioned in the previous chapter (Ingle, 2018). However, according to Dalal (2002), "minds do not exist in isolation, they exist with other minds in psycho-social

contexts" (p. 129). Drawing on the work of Norbert Elias, Dalal explained how individuals cannot exist outside societies and the inherent power relation, and how the psyche and society are joined in a union where they simultaneously and mutually construct each other. So how might this influence the work of the child psychotherapist in the Aotearoa New Zealand context?

Woodard (2008) suggested that the concept of self "is as much a socio-political construct as it is an internal experience" (p. 58). In addition, Bowden (2000) proposed that the notion of a distinct individual psyche is problematic for psychotherapists in our local context, because for many Māori there are inextricable links to the group, society, and other cultural features which cannot be separated from an individual's psychological state. The following quotation reinforces this position:

> Māori people would regard someone who is independent and directed by his or her own thoughts and feelings as a person in a very bad way. Independent living and feeling, and regarding yourself as sufficient as an individual is very unhealthy in Māori terms. (Durie & Hermansson, 1990, p. 112)

In relation to Māori, it has been observed by Smith that "the individual was not considered to be the chief agent determining his 'own' life, nor was he considered to be altogether responsible for his experience" (as cited in Sampson, 1988, p. 17). Similarly, Woodard (2008) suggested that the concept of an indigenous self can be better represented as ecological "selves" which are "co-created through interconnected, symbiotic relationships with the land and other physical resources" (p. 28).

Both Gilgen (2016) and Woodard (2008) connect the colonising process in Aotearoa New Zealand to the way in which self has been constructed, or rather re-constructed, for the indigenous peoples of Aotearoa since the arrival of European settlers. Woodard stated "the Western notion of self was used to subjugate and oppress indigenous populations for exploitation. The unthinking continuation of these models via psychotherapeutic relationships facilitates the ongoing oppression of Indigenous Peoples of Aotearoa" (p. 59). Woodard described how the colonising ideology disrupts the experience of indigenous "selves", creating an objectified "Other" which is internalised. The result is an objectified and divided self. Woodard suggested that, at some level, "conceivably all psychological issues for Māori stem to some extent from an objectified and divided self" (p. 57), asserting that whakamā and mate Māori are manifestations of the experience of the alienated and divided/fragmented sense of self which results from the internalisation of the objectified "other". Therefore, certain manifestations of distress within cultures can be directly related to the social, cultural, and political environments in which people exist.

Wellbeing, Distress, and Healing in Cultural Context

The critical constructionist/constructivist perspectives counter the reductionist and essentialist tendencies of Western biomedicine and psychology, arguing that there are no universal principles underlying human nature, human behaviour, wellbeing, and distress; and that our understandings are simply products of our culture and place/time in history (Burr, 2015). For example, common Western psychological concepts such as "wellbeing" are not necessarily transferrable cross-culturally, and have been criticised for their assumption of universality and focus on the individual while negating more holistic aspects for indigenous peoples, including Māori (Cram, 2014; Durie, 2006). Māori-specific measures of wellbeing, outlined by Durie (2006), included the need to consider multiple levels of wellbeing, including the individual, whānau, and population. Māori psychotherapy practitioners have also conveyed that the rights and needs of the individual are inseparable from those of the whānau, hapū, and iwi (Hall et al., 2012). Although Whānau Ora has been firmly established as a revolutionary social policy innovation aimed at improving wellbeing of Māori (Boulton, 2019), historically there has been little attention given to essential aspects of Māori mental health in counselling and psychotherapeutic theory and practice (Durie & Hermansson, 1990). Some of these key ingredients of wellbeing, such as Mauri, are culturally based concepts that Western, reductionist approaches can work against (Durie & Hermansson, 1990).

A similar incongruence arises where western systems deem certain behavioural phenomena associated with distress "psychopathology", while the same constellation of behaviour may be deemed rational and in keeping with the specific worldview for other cultural groups. For example, in our own local context, mainstream explanations for suicidality favour biomedical or contextual factors (e.g., depression, inter-personal relationships etc.). But for some Māori, suicidal behaviour can be linked directly with unresolved collective grief following cultural trauma (Lawson Te-Aho, 2013). Within a Kaupapa Māori framework, suicide has been viewed as a manifestation of disconnection, an outcome of colonisation, the loss and discontinuity of whakapapa, as "a physical end to spiritual suffering" (Lawson Te-Aho, 2013, p. 64). The Māori youth suicide rate is almost three times that of non-Māori (Snowdon, 2017) and this is not a recent or isolated finding. High Māori suicide rates are framed as the result of the trauma of colonisation transmitted through generations (Farrelly et al., 2006). It has been argued that for Māori, suicide cannot be conceptualised at an individual level, because collective trauma at the group level is indistinguishable from trauma at the individual level (Lawson Te-Aho, 2013).

This belief is consistent with the growing body of international knowledge around what are termed "collective soul wounds" (Duran et al., 2008), historical or intergenerational trauma. These terms relate to the damage done to the physical, spiritual, and psychological lifeworld of a group of people due to historical events including colonisation. Distress and the impact of trauma can transfer from one generation to the next; in imperceptible ways, "images and fragments of traumatic and violent scenarios are transported from one generation's unconscious to that of another, leading to cycles of repetition and retaliation, restricting one's freedom to imagine alternatives and inhabit alternative positions" (Auestad & Treacher Kabesh, 2017, p. 1). While trauma-informed care and trauma-based interventions are flourishing in psychotherapy and other modalities, trauma is generally still conceived of at an individual level, despite growing research on collective trauma on a wider scale (Brave Heart & DeBruyn, 1998; Duran, 2006; Duran & Firehammer, 2016; Duran et al., 2008; Grayshield et al., 2015).

In the previous chapter, I discussed the tendency for mental health services to be grounded in the biomedical model and biological psychiatry specifically. The psychiatric classification of mental disorders using systems such as the DSM has been deemed a cultural construction, along with the diseases that it classifies (Gaines, 1992a, 1992b). Approaches that advocate treatment based on diagnostic categorisation are criticised for individualising mental health at the expense of considering wider social and cultural contextual factors (Fabrega Jr, 1992; Gaines, 1992a; Rogers & Pilgrim, 2010). Targeting therapeutic work at the level of the individual tends to overlook factors such as prejudice, discrimination, and disparities in health, education, and employment (Sue et al., 2019).

As the problematic nature of a monocultural, ethnocentric approach to health becomes more apparent, calls are mounting for Western counselling and psychotherapies to embrace and integrate the wisdom of indigenous healing traditions (Bojuwoye & Sodi, 2010; Sue et al., 2019). Non-Western indigenous healing traditions tend to have a more holistic approach to health and wellbeing which favours the interrelatedness of spirit, mind, and matter; and where persons are not separated from the group, the environment, or the cosmos (Sue et al., 2019). These traditions have been in place since the beginning of time, with all societies and cultures developing their own conceptual models of illness, distress, and healing (Gone, 2010; Solomon & Wane, 2005). Examples from our local environment illustrate how collaboration between Indigenous and Western traditions can work well for children and young people (Bush & NiaNia, 2012; NiaNia et al., 2017). Caution is needed, however, so that Indigenous knowledge and healing is not also colonised by Pākehā understanding (Bell, 2007; Jones, 2001).

Child, Childhood, and Adolescence as Cultural Constructions

Just as understandings of wellbeing, distress, and healing have been cast as social and cultural constructions, the classification and sub-classification of children themselves (e.g., neonate, infant, child, adolescent) in Western society and institutions can also be viewed as social constructions. Notions of "child", "childhood", and "adolescence", and the associated values, are so ingrained in Western vernacular that we do not stop to question the extent to which they represent universal phenomena. The physiological immaturity of children may be considered undeniable; however, the way this immaturity is understood and dealt with by communities has been deemed a "fact of culture" (Prout & James, 1997, p. 7). Extensive research and literature from sociology and anthropology, in particular, has shown the extent to which cultural difference determines our conceptualisations of children, with a suggestion that "the idea of a universal child is an impossible fiction and that children's lives are influenced as strongly by their culture as by their biology" (Montgomery, 2008, p. 15). The way childhood is conceptualised has changed radically, even in the last 100 years, with many authors suggesting that the Western concept of childhood is socially, politically, and historically constructed (James & Prout, 2014; Maitra & Krause, 2015; Timimi, 2010) and, therefore, liable to change across time (Prout & James, 1997). Ideals and expectations about how children should develop; be socialised; what constitutes "good" care versus what might be deemed harsh, harmful, or abusive, are all facets of cultural context.

For example, the term "adolescence" or "adolescent" may seem uncontested to those of Western origin, as adolescence and teenagers are familiar concepts to us; however, one does not have to look very hard to discover that this position is not universal. For example, Tupuola (1993) found that youth living in Aotearoa New Zealand who had been born in Samoa were unfamiliar with Western conceptualisations of "adolescence", as one participant described:

> I believe the concept adolescence is a European concept as many palagi generally do things individually and they have the opportunity to live on their own and choose what they want to do without interference of other people and are not bonded to care for their elders. (p. 308)

Another participant explained that in Samoan culture, young people are not treated as an adult until they are deemed responsible enough, until they have proved themselves; hence adolescence as an arbitrary phase between childhood and adulthood "is foreign to our culture" (Tupuola, 1993, p. 311).

Tupuola (2004) found young women of Samoan descent were critical of models of adolescent identity that were linear in terms of cultural and personal identity development. For these young women, adolescent identity status was not a matter of reaching a particular point in a stage-like model; rather, it was felt adolescent identity was more a "sociocultural and political construction that is temporary and transient in nature" (Tupuola, 2004, p. 96). New technologies and research of the 20th century have been applied to childhood and influenced our thinking about children contributing to what has been deemed "a growing imposition of a particularly Western conceptualization of childhood for all children" (Prout & James, 1997, p. 9).

Emotional Experience as a Cultural Construction

Literature also suggests emotional experience and emotional socialisation are culturally constructed (Mesquita et al., 2016, 2017). Emotions have been described as phenomena that derive their meaning from cultural models of being a person and being in relationship to another (Mesquita, 2007), and it is suggested that we "do emotions" in culturally normative ways that promote acceptance and belonging (Mesquita et al., 2017). For example, Western cultures typically view emotions as a personal, internal thing, something that takes place within the individual—we sometimes speak of "having" emotions (Mesquita, 2007). Some collectivist cultures, however, see emotions in a more relational sense, as belonging to the self-other relationship rather than to the individual per se (Mesquita, 2001).

Literature also revealed that the emotional socialisation process is context specific; different environmental contexts require children to adapt and survive in different ways and, therefore, require different skills, competencies, or strategies in child rearing (Ogbu, 1981). We can easily label behaviours, those of a parent or a child, in ways that fit our preferred theoretical frameworks. For example, using the attachment framework, descriptors such as controlling, hostile, confrontational, constricted, submissive, disruptive, dis-engaged, passive, and punitive are all used in relation to a particular classification of attachment style (Solomon & George, 2011). We may attribute these descriptors to patterns of behaviour, and then plan interventions aimed at "correcting" the problematic features in line with the model. However, Ghosh Ippen (2018) pointed out that some behaviours evolve as adaptive, protective features to suit particular environments, particularly those where racism, prejudice, discrimination, and oppression are features. He proposed that challenges in contemporary therapeutic work between parent and child, and parent and service provider, often stem from historical trauma and what we may perceive as challenging or difficult behaviours may have developed as survival mechanisms that

have adaptive functions (Ghosh Ippen, 2018). Therefore, any attempt to uncritically alter such behaviours may be problematic. This will be discussed further in the section regarding counselling and psychotherapy with marginalised groups.

We also need to be aware of potential differences in how emotion is expressed in different cultures and contexts. As child psychotherapists, encouraging expression of emotion in play and words is a big part of our work. One of the key therapeutic functions of the child psychotherapist is "naming affects and inner states that have previously been unlabelled and disavowed so that the child can re-integrate more modulated versions of split-off aspects of self" (Meersand & Gilmore, 2018, p. 326). However, for many cultures, direct expression of emotion is not necessarily desirable, and verbalisation may have culture-specific norms or patterns/rules that are unfamiliar to Western professionals (Sue et al., 2019).

Durie and Hermansson (1990) highlighted that for Māori, emotions are an inherent part of the whole-body experience and cannot be separated; so the idea that feelings should be verbalised is "a fairly strange way of looking at things" (p. 111). They suggested the need to verbalise feelings in order to validate the feeling is an artificial dichotomy for Māori, and "the idea of talking about feelings is a foreign one" (Durie & Hermansson, 1990, p. 111). While they provide a useful clarification, and something to consider as practitioners, we also need to guard against the tendency to homogenise culture, recognising that Māori identities, and cultural identities in general, are far more nuanced than commonly thought (Durie, 1995; Moeke-Maxwell, 2012).

Development in Context – Working with Tamariki Māori

While child psychotherapy continues to utilise Western models of child development, other disciplines, including sub-disciplines of psychiatry, have conceded that culture profoundly shapes developmental trajectories and have begun to explore this territory in journals such as "*Transcultural Psychiatry*", devoting entire issues to cultural aspects of child mental health (Guzder & Rousseau, 2010). In the previous chapter, we looked at some of the critiques of attachment theory including the assertion that it is infused with Western concepts, ideals, and values. Fleming (2016) has determined that Māori knowledge and concepts of attachment have been obscured by the dominant Western paradigm in therapeutic processes in Aotearoa New Zealand. This means concepts central to therapeutic practice with tamariki Māori also largely remain invisible. This is a significant finding considering how pervasive Western attachment theory is in many mental health settings, including, but not limited to, child psychotherapy.

Fleming (2016) suggested core Māori attachment concepts that need to be factored into therapeutic encounters include an exploration of past and present connections with whenua, wairua, whānau, and tūpuna. Fleming explained how collective, multi-levelled, and dynamic caregiving systems within whānau, hapū, and iwi are integral to protecting and nurturing child development. The importance of whakapapa knowledge to link children to living family members and ancestors; as well as to wider attachment relationships such as mythology, legend, and tikanga, are emphasised. Concepts such as wairuatanga, wairua, whangai, and whanaungatanga are discussed by Fleming in respect to their place in a Te Ao Māori perspective of attachment.

When core features of Te Ao Māori are missing, families and practitioners may experience mainstream services as alienating and oppressive. Dr Diane Kopua, an Otago University Māori health academic and Head of Psychiatry at a District Health Board, suggested "it's almost like mental health services are way of colonising people again. You come in, you're disconnected from your land, your culture, and your language. You can't articulate values that are part of your ancestry" (Duff, 2018). Within Dr Kopua's practice, a mother, Erena, commented on her experience of mainstream mental health services prior to meeting Dr Kopua. Erena noted that after her four-year-old son disclosed that he had been sexually abused "I was referred to a lot of people, but I was getting the run around… I wasn't allowed in the room with my son when he was doing his art therapy. He was getting taken away from me and I felt like I was being treated like I was the abuser" (Duff, 2018, para.33). In response to the lack of appropriate services for Māori youth, Dr Kopua and her husband Mark have established "Mahi a Atua", a narrative therapy that uses Māori creation stories as the basis for healing from the trauma of colonisation (Rangihuna et al., 2018). The whole family are involved in the process, and Erena says her son, who was previously withdrawn and angry, has made more progress in five sessions with Dr Kopua and her team than in the previous five years. Erena explains, "my son loves it. He says 'I love getting told the stories mum, I understand my feelings'" (Duff, 2018, para.35).

Te Ao Māori narratives provide tamariki Māori with metaphors that can serve as guidance for daily life and for mapping their pathways in life (Rau & Ritchie, 2011). Narrative methods, such as "pūrākau", feature in the literature as examples of how insights can be gained into Māori experience in the therapeutic setting (Hall, 2013). A recent study encouraged psychotherapists to engage with and apply the knowledge of pūrākau as a means to deepen understanding of child development and wellbeing (Amopiu, 2020). It is suggested "understanding the taonga embedded in the pūrākau has the potential to inform, educate and influence the future psychotherapists that engage in healing practices with mokopuna Māori" (Amopiu, 2020, p. 56). Pūrākau are also being

used as a research method in a study on healthy attachments within Māori social systems (Mikahere-Hall, 2020).

Acknowledgement of the importance of wider relationships in Te Ao Māori has been a feature of the early education sector for some time. The original early childhood education curriculum document titled "*Te Whāriki*", published in 1996, suggested "adults working with children should demonstrate an understanding of the different iwi and the meaning of whānau and whanaungatanga. They should also respect the aspirations of parents and families for their children" (Ministry of Education, 1996, p. 42).

A revised version of Te Whāriki, produced in 2017, provides an extensive bicultural framework guiding those working with early learners towards meeting obligations under Te Tiriti to achieve equitable outcomes for Māori, partly through the provision of "culturally responsive environments that support their learning" (Ministry of Education, 2017, p. 3). Compared to other professions working with children, the education sector seems to have made considerable advances in terms of providing what has been described as "the re-narrativizing possibilities of early childhood education that is committed to the service of *tikanga*, of delivering to *tamariki Māori* what is their birth-right, the access to identity possibilities located in *Te Ao Māori* conceptualisations" (Rau & Ritchie, 2011, p. 29).

In the context of mokopuna Māori traumatic brain injury, Dr Hinemoa Elder has developed a whānau-based approach called "Te Waka Oranga" designed to enhance recovery outcomes (Elder, 2013). Whānau are conceptualised as the functional unit of healing within the framework, rather than the individual child who sustained the brain injury. This flies in the face of the dominant, biomedical healthcare paradigm where it is the individual patient/client who is at the centre of the treatment. Te Waka Oranga brings whānau knowledge into partnership with clinical resources, relying on joint participation between professionals and whānau, who each hold their distinct knowledge system. Clinicians occupy one side of the waka, whānau occupy the other. Together, they are considered a "kaupapa whānau", a group brought together for a common purpose. This approach allows joining together and reciprocity, while acknowledging the difference in worldviews (Elder, 2013).

Te Waka Oranga bridges a divide which I am often acutely aware of when working with people who may not share dominant culture perspectives of individuals and families. I often wonder: who is the client in child work? Or, as Elder (2013, 2017) put it, who or what is the "unit of healing" in child psychotherapy? In Aotearoa New Zealand, we know that the wellbeing of tamariki Māori is indistinguishable from the wellbeing of whānau (Māori Affairs Select Committee, 2013), and

Fleming (2016) has indicated that child-centred approaches are contrary to Māori attachment concepts. So, is child psychotherapy, as it exists today, a contradiction in terms for Māori—can a child or young person be delineated from their wider connections in an intervention that honours Te Ao Māori and Te Tiriti?

This chapter has explored the proposition that subjectivity, along with concepts such as childhood, adolescence, emotional experience and notions of wellbeing, distress, and healing are all culturally constructed. Attachment concepts and issues relating to work with tamariki Māori have been considered, and examples from early childhood education, psychiatry, and a Kaupapa Māori service have illustrated how concepts central to Te Ao Māori can be utilised effectively when working with tamariki Māori.

Discussion

In attempting to draw the strands together for this chapter, I am reminded of an evocative phrase I heard in a video from "Standing TallNZ". The topic of discussion in the video is finding safe people to talk to, people who can come alongside and sit with you and "hold the space for you". *Holding space* is a common phrase and concept in psychotherapy but, in the context of this video, a remarkably poignant proviso followed "sit and hold the space, don't colonise it" (Standing TallNZ, 2020). For a time, it felt like these eight words almost encapsulated the entirety of this dissertation, and how the findings of my research related to clinical practice. I wondered: how am I already colonising the space in the work I do now? How do I avoid colonising the space—is it even possible to avoid colonising the space? And, if not, what does that mean for my work with children, young people, and families with worldviews that are dissimilar to my own?

Psychotherapy, Politics, and Power

It has been suggested that what we do as psychotherapists in our everyday work is "an unavoidable mixture of systematic intention and inspired improvisation" (Feltham, 2005, pp. 134-135). Irrespective of our position on psychotherapy being craft, science, or somewhere in between, one of the mainstays of practice must surely be to avoid doing harm, captured by the psychotherapist standards of ethical conduct (The Psychotherapists Board of Aotearoa New Zealand, 2019). None of us would want to think that we are causing harm by doing our best with what we know; yet, as uncomfortable as it is, this is entirely possible. In the words of Schmid (2012):

> a psychotherapist or counselor who does not care about politics in fact does harm to their clients. To be apolitical means to stabilize, to fortify the status quo. If psychotherapists do not raise their voices in society, they do not take themselves or their clients seriously. They contribute to cement in, or reinforce, the current circumstances. (p. 106)

Likewise, Sue and Sue (2008) argued that:

> Counseling and psychotherapy have done great harm to culturally diverse groups by invalidating their life experiences, by defining their cultural values or differences as deviant and pathological, by denying them culturally appropriate care, and by imposing the values of a dominant culture upon them. (p. 34)

In Aotearoa New Zealand, Woodard (2014) contended that by uncritically promoting dominant psychotherapeutic paradigms and maintaining an apolitical stance with regards to power and privilege, many psychotherapists have actively contributed to the subjugation of Māori wisdom. Woodard explained how Indigenous knowledge and systems of healing were suppressed as part of the colonisation process, and contends that psychotherapy is a feature of the wider political and social system that made this happen, a system that continues to protect and maintain the interests of the dominant group. Woodard maintains, therefore, that psychotherapy "seeks to control and oppress individuals and groups, and directs social values and norms in order to maintain inequitable power relations" (p. 40). Sue et al. (2019) reached a similar conclusion, saying that counselling and psychotherapy "may be perceived as instruments of oppression whose function is to force assimilation and acculturation" (p. 106). Citing the ongoing monocultural nature of psychotherapy in this country, and the resulting inability to meet the needs of Māori practitioners and clients, a professional organisation called "Waka Oranga" has been established in Aotearoa New Zealand (Hall et al., 2012). As a national collective of Māori psychotherapists, Waka Oranga have taken a stand against compulsory registration under the Health Practitioners Competence Assurance Act 2003 (HPCAA) saying "compulsory registration under the HPCAA for indigenous practitioners replicates colonising dynamics which exploit legitimised methods of control based on monocultural measures and punitive action" (Morice et al., 2020, p. 151).

Meanwhile, Bhugra and Bhui (2006) proposed that by reinforcing the power imbalance through the provision of Western style therapeutic services, "it is more likely that psychotherapy services are not accessible to individuals from ethnic minorities because of the physical and psychological barriers erected by service providers" (p. 53). Power dynamics, poverty, community health, and other environmental factors have been shown to play a significant part in engagement processes and getting access to services (Ghosh Ippen, 2018). It has been demonstrated that engagement in services is a bi-directional process, with bias on the part of the service provider playing a part (Buckingham et al., 2016; Korfmacher et al., 2008). The cause of the engagement difficulties is usually located in the "other"—those seeking or referred for our support, whom we may deem "resistant", "ambivalent", "difficult to engage", or "not ready". In this way, we escape self-scrutiny about the suitability of our own personal practice and service delivery models for the communities we serve, which inevitably reinforces existing disparities. It also denies any meaningful opportunity to address intergenerational trauma, particularly that stemming from collective trauma resulting from colonisation, as mentioned in Chapter Four.

In response to what the authors say are existing biases in education and training of therapists, mental health research, literature, and concepts of normality and pathology, Sue et al. (2019)

outlined a social justice approach to therapeutic work. The framework they propose acknowledges that for marginalised groups, psychological problems may not reside in the individual but outside of them in the wider social system. Therefore, aside from the individual level, the authors suggest a culturally competent professional should also be operating at professional, organisational, and societal levels. A healing role outside the conventional one-to-one therapy relationship is outlined. They proposed that if equal opportunity and access, fair distribution of resources, and empowerment of individuals are goals of a democratic society, then "therapists must be prepared to treat social and systemic problems and play alternative helping roles that have not traditionally been considered therapy" (Sue et al., 2019, p. 93).

This perspective is echoed In the Aotearoa New Zealand environment by Fay (2013) who suggested that psychotherapy and counselling practitioners need to develop an "ethic of justice" (p. 31) alongside our ethic of care, extending our roles in ways that we have not done previously. Fay (2012) discussed "international psychotherapy" as a cross-cultural discipline, a "pluralistic psychotherapy of diversity and difference" (p. 17). Fay (2012) situates international psychotherapy as "critical psychotherapy that challenges dominant ideologies of both the political Right and the political Left" (p. 23). Part of this work is reconfiguring psychotherapy to take account of a wider range of human experience and human life, including ecological and humanitarian perspectives, where a new paradigm of psychotherapy can be one that "seeks to integrate indigenous, holistic, and scientific psychologies, and to work with the dreams and aspirations of diverse micro-cultural groups while remaining mindful of the emerging microculture of our global interdependence" (Fay, 2012 pp. 24-25). Another prospect for this new psychotherapy paradigm is to "join the struggle to combat the causes and consequences of racism, classism, colonialism, and other forms of social and cultural domination and hegemony" (Fay, 2012, p. 25). Fay (2013) suggested "now is a good time to internationalise and decolonise our 'profession'" (p. 31).

The preceding discussion highlighted some of the historical, social, and political factors which infiltrate our work as child psychotherapists in Aotearoa New Zealand. It has helped clarify ways in which I *am* currently colonising the therapeutic space in the work that I do. It is unlikely, perhaps impossible, for me to avoid colonising the space altogether. Recognition of this is an important takeaway for my future practice and could be a helpful consideration for all of us embarking on our psychotherapy journeys as we develop our sense of selves as cultural beings in therapeutic roles.

Where to From Here?

In addition to the social justice and international psychotherapy frameworks discussed above, one of the concepts I have in mind as I look at incorporating my learnings into practice is a model called

"*He Awa Whiria: A Braided Rivers Approach*" (Macfarlane et al., 2015). The framework has been used to support conversations about integrating knowledge systems in education, health, and social development sectors (Cram et al., 2018; Gillon & Macfarlane, 2017; Hursthouse, 2019; Macfarlane et al., 2015). The model facilitates convergence of Western and Indigenous knowledge and practice in a way that enables sociocultural theory to be reflected in practice (Macfarlane et al., 2015). It is noted that Western and Indigenous knowledge systems are often positioned in binary opposition to each other; yet, there are opportunities for the two streams to converge in certain places while maintaining their own distinctiveness (Macfarlane et al., 2015).

The stream metaphor seems to have followed me through this journey, or maybe I am following it. Either way, I find it fitting to use some of the broad conceptual ideas from He Awa Whiria in attempting to bring together some of the strands of this research and how I might proceed on my journey towards providing more effective and meaningful encounters with the children, young people, and families with whom I work in a cross-cultural setting.

As I see it, the challenges facing those of us who wish to address the socio-cultural and political implications of practice in a child and adolescent mental health setting in Aotearoa New Zealand are threefold. First, those of us who come from the dominant Western worldview must become more aware that ours is just one of many streams and a large proportion of the people we work with do not share that view. Second, to accept that in child psychotherapy, we can be "culturally encapsulated" (Wrenn, 1962, p. 444), so we may remain oblivious to many of the underlying assumptions, biases, and prejudices in the culturally-bound system in which our theory and practice are embedded. Lastly, to acknowledge the inherent limitations and risks of operating solely from this one worldview in therapeutic practice, some of which have been discussed in previous sections.

Many streams of knowledge exist but are often obscured by the dominant one. It is up to us to seek out those neighbouring streams in a spirit of curiosity, openness, and humility. We cannot rely on education providers to capture and represent the needs of the populations we work with, to ensure those neighbouring streams are made visible, especially if we subscribe to the view that "psychotherapy is political. It cannot be separated from policy, politics and polity" (Schmid, 2012, p. 101). Jenkins (2015) advocated for a critical examination of our own institutions, and "a full and honest acknowledgement of history, a history where psychological theory and practice have been complicit in the processes of colonisation and assimilation" (p. 115). Several overseas authors have specifically addressed general deficiencies in the training of mental health professionals to work with culturally diverse and marginalised groups, citing avoidance of issues of race and racism in training courses, and a tendency for training systems to be culture-bound (McKenzie-Mavinga,

2005, 2007; Sue et al., 2019; Utsey et al., 2006). We also have compulsory state registration issues to consider, and the presence of neighbouring streams that carve alternative paths to practice in line with Te Ao Māori values and worldview is something to be curious about as we navigate the politics of psychotherapy in our country.

Perhaps, above all else, this is a personal imperative, one that requires a formidable effort to look at our own personal cultural heritage, assumptions, beliefs, and roles in social, political, and ecological processes that are part of the bigger picture in which we practice. The invisibility of whiteness (Sue et al., 1999), which I mentioned in the introduction, could equally be referred to as the "invisibility of Western" in the context of the current study, since so much of our own culture and that of our disciplines can be unknown to us and transmitted in our therapeutic encounters in ways to which we are oblivious.

Research Limitations and Areas for Future Exploration

My own "inescapable cultural embeddedness" (Christopher, 1999, p. 150) made me implicitly seek and relate to Western literature rather than seek out other cultural perspectives or attempt a deep dive on Te Ao Māori or other worldviews. I was looking to understand what was hidden, so inclined towards literature that critiqued Western knowledge and models, overlooking vast opportunities for the ways in which psychodynamic frameworks could be used to advance our awareness of our own cultural embeddedness.

The scope of the research was wide. I entered the domains of sociology, philosophy, and anthropology, to name a few, and much of what I found did not relate specifically to children or young people. In many ways, however, this "zooming out" approach was necessary to contextualise the theory and practice of child psychotherapy.

The research findings reflect my own personal process of searching for a greater understanding of my own cultural history, so cannot be said to represent anyone else's perspective other than my own. This was a personal journey of finding space to take a giant step back and explore new perspectives, some contrary to those that are most familiar to me. I encountered such a broad range of topics that in depth analysis and critique was not possible on all the topics I encountered—so much is left unanswered—and the research has created many more questions in my mind. At this point I find myself resonating whole-heartedly with Geertz (1973) as he says "cultural analysis is intrinsically incomplete. And worse than that, the more deeply it goes, the less complete it is" (p. 29).

There is so much to be explored from here, including the opportunities for child psychotherapy to consider finding its own braided rivers approach. Neighbouring knowledge streams might open a world of possibilities and perspectives that enrich our theory and practice. Examples have been shared from mental health services and the education sector which illustrate how Te Ao Māori and Western worldviews can meet and engage with each other in respectful and beneficial ways. These examples may provide guidance for how we can proceed with regards to the question I posed at the end of the previous chapter, which was: "is child psychotherapy, as it exists today, a contradiction in terms for Māori—can a child or young person be delineated from their wider connections in an intervention that honours Te Ao Māori and Te Tiriti?" That remains a question for us all to ponder, but there are opportunities for expanding our practice beyond the one-to-one therapeutic space and engaging in healing roles at organisational, societal, and global levels, which may serve to offset the problems arising from our largely monocultural systems. As a new generation of child psychotherapy students begin emerging from the recently revived training programme at Auckland University of Technology, more research will flow, and fresh perspectives might allow our small, isolated discipline to come alongside and make meaningful connections with other streams which flow beside and around us.

Conclusion

This exploration began with a wondering about the fit between the culturally diverse populations I was working with in my placement as a child psychotherapy student; and the models, approaches, and theories I was utilising from my training. At the outset I wanted to explore ways to deliver more meaningful and effective encounters with the people and whānau I work with in a cross-cultural setting. A hermeneutic research approach allowed me to wander across diverse knowledge streams such as sociology, psychiatry, education, psychology, counselling, philosophy, and politics, which has increased my awareness of the taken-for-granted aspects of Western culture that permeate my life and work. This experience validates for me the hermeneutic research framework as a useful means to contextualise theory and knowledge. Where I ended up was a growing realisation of how little my cultural identity as Pākehā in a Pākehā world had been explored in my work as a new child psychotherapist, and the role I play in reflecting the dominant cultures values, beliefs, and power status.

The findings of this research amplify the call of previous authors that, in Aotearoa New Zealand, Indigenous knowledge and that of culturally diverse groups has been notably absent in child psychotherapy theory, training, and practice; obscured by the Western paradigms that continue to dominate the landscape. My hope is that this study has begun to reveal some of what the Western paradigm presumes, how it impacts our work as child psychotherapists, and that this new awareness brings renewed opportunities for dialogue and growth. We are a bicultural nation; we are also a multicultural nation. Challenging monocultural theories and approaches to training and practice is required if we want to minimise harm and avoid colluding with existing power structures that perpetuate our nation's undeniable health and social disparities.

The challenge going forward could be framed as follows:

> we need to raise our voices when the milieu is shaped in which our clients live, which promotes and furthers their life and our own life or damages and destroys it. We need to oppose any kind of therapy that repairs the individual and does not think of changing or destroying that which destroys the *human* beings. We need to come out of the therapy room and promote the consequences of what we experience in the therapies in public. (Schmid, 2012, p. 105)

Schmid's (2012) challenge necessitates more than accepting an occupation, profession, or job title. It requires that we each decide whether, and to what extent, social justice, humanitarian, and ecological aspects of the human experience are part of who we are and how we practice.

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