

This dissertation has been submitted to the

Auckland University of Technology
Te Wananga Aronui O Tamaki Makaurau

In partial fulfillment of the degree of Master of Health Science

Title:

Cultural identity in the child psychotherapy

environment:

A Maori perspective.

A systematic literature review with clinical illustrations

examining the therapist's choice of knowledge.

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2005

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

Alayne Hall

Acknowledgements

Ko te kupu tuatahi ka tuku ki to tatou kaihanga. Koia ra te timatanga me

te whakamutunga on nga mea katoa

The first word that I have to say I send to the creator. He is the beginning
and end of everything.

My sincere gratitude and thanks to all the families who agreed to allow their children to participate in this study. Very special heartfelt thanks must go to the children. Thank you all for sharing the unique aspects of your lives with me and showing me your uncomplicated charm amidst all the worries. Without your involvement and willingness to participate this achievement could not have been possible.

Many thanks to the AUT teaching staff for passing on their knowledge and information with patience and thoughtfulness. I wish to thank the ethics committee for their approval (Approval Nos: 03/17 on 10th March 2003). Special thanks to my fellow students who have weathered the journey with me. I am truly grateful for your support and your feedback that has strengthened me personally and assisted in my professional development. To my friend Liz, thank you for your kind regard, endearing spirit and your ability to honour authenticity. I would like to extend the warmest appreciation and gratitude to my supervisor Dr. Philip Culbertson for his unwavering support, prayers, encouragement and allowing me to uphold values of my tupuna respectfully. Furthermore, thank you for your guidance and editing assistance; you have been a great help.

Abstract

I have become increasingly curious about certain aspects that influence my practice. The combined influences of Maori and Pakeha contribute to my clinical practice and the inter-relationships between others and myself. This dissertation aims to explore areas of wisdom that have educated and informed my clinical practice. Three distinct bodies of knowledge relating to temperament are presented as a catalyst for understanding which viewpoint is more likely to influence the therapist. The three perspectives include empirical studies, anthroposophy and the narratives of Maui. This dissertation examines the therapist choice of knowledge and how this knowledge informs her clinical practice. It examines the therapist countertransference and moments of conflict between differing sets of views. Furthermore, it acknowledges the challenges of living in two worlds and some of the implications for the therapist's are discussed in brief. The dissertation closes with an argument that knowledge from the therapist's particular cultural setting cannot not be disregarded. It also focuses on the importance of integrating this knowledge into clinical practice

Chapter 1:

Introduction

This dissertation seeks to explore some of the underlying subtleties that influence my clinical practice as a Maori psychotherapist. My interests are concerned with the developing nature of psychotherapy in Aotearoa and the need for these practices to be reflective of the cultural environment in which we live (Bowden, 2001). Many of the psychoanalytical and psychotherapeutic perspectives derive from Europe and America and are therefore weighted in the cultural heritage and ethnic origins of those people. Sigmund Freud's (1995) major contributions were influential in the European and American communities; ultimately his theories expanded beyond these continents to permeate and influence the academic establishments of Aotearoa. The assumption that human development happens through a series of stages motivated by instinctual drives is a core belief held by many prominent psychoanalysts and their students. However, we cannot assume that there was an absence of knowledge in regards to the processes of human development and behaviour in Aotearoa.

The Maori view of development is not barren or infertile. Embedded in our philosophies are roles and responsibilities, which are assigned to appropriate authorities, that uphold the principles associated with birth, life and death. Relationships are not limited to the physical realm, and include the intrapsychic use of sensory perception that extends beyond the five sensory notions and to which many people adhere. These intricate relationships were not restricted to worldly matters and included universal experiences that were expansive and far reaching. The laws of tapu and noa

governed the norms and restrictions of daily life. Te Uira Manihera expresses these views in the following statement: “We may put on Pakeha clothes, we may eat Pakeha food. But deep inside we are Maori at heart and tapu will stay with us forever” (M. King, 1994, p. 9). While Maori have assimilated and embraced many aspects of Western culture, the vast majority is steadfast in their view that their core beliefs are fundamentally entrenched in a spiritual relationship with the physical realm, cosmic processes and the atua. Marsden (1992) reminds us, “the cultural milieu is rooted both in the temporal world and the transcendent world, this brings a person into intimate relationship with the gods and his universe” (p. 137).

Scientific approaches may not fully appreciate the underpinnings of Maori philosophy or a Maori worldview; however, the psychotherapeutic lens provides a broad enough outlook that can encompass useful ideas about Maori approaches to treatment and therapy. In regard to culture and worldviews, Marsden describes the following:

Cultures pattern perceptions of reality into conceptualisations of what they perceive reality to be; of what is to be regarded as actual, probable, possible or impossible. These conceptualisations form what is termed the ‘worldview’ of a culture. The worldview is the central conceptualisation of conceptions of reality to which members of its culture assent and from which stems their value system. The worldview lies at the very heart of the culture, touching, interacting with and strongly influencing every aspect of the culture. (Royal, 2003, p. 56)

It would seem that the dialogical method of healing, familiar to counsellors and psychotherapists, should be more than appealing to a culture steeped in the traditions of oratory. Entwined in our traditions are the great legends that supported the development of an individual. It is from this position that I propose to explore the narratives that are occasionally stirred by events in my environment. This dissertation aims to explore and critique the usefulness of Maori narratives and how these might inform my practice as a child psychotherapist. I will look at temperament as a catalyst for the examination of cultural theories.

Chapter two outlines the methods of investigation utilized in this dissertation. Chapter three examines three ideas concerning temperament in children. The first investigates the literature concerned with empirical approaches while the second considers an anthroposophical view. The third is concerned with the cosmological narratives of Maui, providing an analysis of the demi-god's temperamental characteristics and personal traits. Clinical illustrations are provided in chapter four to exemplify the decision-making processes and insights of the therapist. This is then followed by a discussion outlining implications for clinical practise, the advantages and limitations. To end, this dissertation summarises and draws conclusions based upon the therapist's self-examination of cultural influences and eclectic knowledge.

Chapter 2:

Methods

Prior Considerations to the Systematic Review Process

To begin the task of a literature review I believe it is important to consider the preconceptions of the researcher. These biases will no doubt influence the approach taken during the course of the literature review. Jahnke & Taiapa (2001) also recognise this and state the following:

The approach to research is influenced by the view of the world into which one has been nurtured and raised. It is a view in which values, beliefs, customs, philosophies and culture are considered. The process of enquiry itself is not only socially constructed but is also culture-based and subjective. (Jahnke & Taiapa, 2001, pp. 39-40)

Before embarking upon this exercise, one of the most challenging issues was how to best conduct cross-cultural or cultural research in the field of psychotherapy. It is useful to be explicit at this point: as such, culture in this context refers to ethnicity. According to Spoonley, “cross-cultural research occurs in any situation where the ethnicity of the researcher and that of the researched are different” (2001, p. 52). The concept of ethnicity in this instance refers to the shared biological heritage originating from my Maori ancestry. It includes all those aspects considered important to the understanding of a shared belief system and those that are socially constructed, such as social norms and behaviours. Ethnicity, according to McGoldrick and Giordano (1996), is the “common ancestry through which

individuals have evolved shared values and customs” (p. 1, cited in Hays, 2002, p. 12).

An obvious challenge to this project was the limited literature available that was specific to a Maori worldview within the psychoanalytic and psychotherapeutic writings. When literature was available, it was not specific to child psychotherapy and often it was more relevant to allied professions such as psychology or education. For this reason it seemed realistic to look beyond this network of literature to include other related disciplines. Cone & Foster (1994) recommend this approach when a research topic overlaps with other disciplines. Therefore literature from education, social sciences, medicine, psychology, anthropology and theology have been utilised to reinforce the focus of inquiry. Jahnke and Taiapa (2001) also draw attention to the pitfalls of Eurocentric and scientific models of research founded on the notion of ‘universality’. These approaches fail to recognise unique cultural differences and this belief is reflected in their following statement: “The outcomes of most Western models have tended to be little more than fragmented constructions, negative representations or wholesale misrepresentations of Maori people, in so far as they do not always make cultural factors explicit” (p. 44). With this in mind I needed to identify a relevant clinical issue pertinent to child psychotherapy, so that a comparative analysis could be made alongside an alternative theory. Sachdev warns of the dangers when elements are drawn from each society for comparison, adding that, “there will be an inadmissible distortion of reality” (cited in Culbertson, 1997, p. 24). The clinical issue needed to represent a universally accepted human phenomenon that was pertinent to child

psychotherapy. My rationale is based on my attempts to compare and contrast traditional knowledge with empirical studies or western models. With these aspects in mind I decided to look at temperament as the catalyst for the examination of differing paradigms. Temperament would be examined firstly through scientific studies in order to provide an understanding based on empirical answers. Secondly, anthroposophy incorporates a scientific and spiritual belief system that acknowledges the four temperaments fundamental to human nature. The literature concerned with anthroposophical studies brings an interesting perspective to the discussion that may appeal to a standpoint based on spirituality. Thirdly, I chose to examine the narratives of Maui due to his fame as a prominent demi-god throughout the pacific region and within Maoridom. The narratives are examined to better understand the temperamental qualities of Maui rather than the themes of his many deeds.

Marsden (2003) points us to the legitimacy of legends and their usage: “In terms of Maori culture, the myths and legends form the central system on which their holistic view of the universe is based” (p. 56). Durie (1998) also discusses the use of Maturanga Maori or Maori knowledge, and its relationship to other systems of knowledge, emphasizing understanding and the importance of usage. The relevance of these discussions is important to the development of cross-cultural practice in Aotearoa.

When dealing with dual realities in the psychotherapeutic environment it seems important to recognize the unique and distinct cultural elements that influence clinical practice. Maori and Pakeha contributors to human development and related fields echo this view. Macfarlane suggests,

“It is a stunning realization that it is only in recent decades that psychologists have recognized the quintessential role of culture in the field of human development” (2004, p. 38). Drewery and Bird also advocate for the use of customary values and they report the following:

Maintaining their own value systems and traditional understandings about human development are some of the customary privileges of Maori that need to be honoured under the Treaty, in any work on human development in this country, whether in early childhood centers, schools, universities or hospitals. (2004, p. 28)

While considering the suggestions of prominent researchers, this dissertation aims to explore a collection of ideas while upholding the standards of a modified systematic literature review. It examines a clinical issue related to some of those factors that inform the therapist’s clinical practice. In particular it deals with the child psychotherapist’s unique cultural perspective as it relates to Maori knowledge and other distinct bodies of information. While the scope of my interests can appear vast and the breadth of knowledge within this seems great, I have refined my focus by examining three different compilations of experience.

Using the Systematic Literature Review

According to Dickson (1999), a systematic literature review process includes six key components. Each of these components will be outlined, with an explanation of the method of inquiry. Defining the research question is the first of these components and my interests as mentioned previously are encapsulated in the following question:

How do narratives from a therapist's cultural identity inform her child psychotherapy practice when other systems of knowledge are available?

The research question identifies the participant group, which is child psychotherapy clients. The assessed interventions are the choices the therapist makes in regards to knowledge, and the measurable outcomes are the benefits and deficiencies of the chosen course of instruction.

Selecting the Literature

The methods for identifying research studies are the second key component of a systematic review. Dickson (1999) suggests, "the actual review is based on a comprehensive search of the literature" (p. 45). The search can include database searches, hand searching, checking reference lists, contacting researchers in the field and finding unpublished literature. Cone & Foster (1994) suggest that literature is available in three major forms that include books, book chapters and published journal articles. They also acknowledge the usefulness of conference papers, unpublished theses and

doctoral dissertations. According to Cone & Foster, “Several old-fashioned and some more technologically sophisticated methods provide vehicles for locating relevant literature. Although none of these are perfect, using all of them together will ensure a reasonably comprehensive literature search” (1994, p. 93).

My own search included a combination of the above examples. Several databases were searched and these included PsycINFO, EBSCOHost and Te Puna. I began to use PEP; however it was difficult to refine a search as this database searched within the full text of articles. I hand- searched the University library shelves and looked through their catalogue system. Faculty lecturers also recommended several books and journals that proved to be helpful. In addition I also had prior knowledge of literature that focused on early anthropological studies of Maori and their customs. These books did not appear to be available through the university library; however I was able to locate and acquire them through the library inter-loan service and in several public libraries. Furthermore I spoke with a lecturer in the Maori studies department at Waikato University who forwarded several useful articles and recommended two constructive books. Having discussed my ideas for my dissertation with whanau (family) members, my kuia (elderly aunt) also undertook her own private search and was able to e-mail a very informative article as a consequence. Other whanau members made several recommendations and provided some interesting literature also.

Table A1: Databases used

EbscoHost: Religion and Philosophy	This database was used to view literature relevant to anthroposophy only.
PsychINFO:	Literature concerning temperament and empirical studies were located under this database only
Te Puna:	This database directed me to literature concerning Maui, most of which could be found in the New Zealand library systems.

When I began searching the databases, concerning empirical studies on temperament, I found much of the same literature in other databases .It seemed necessary to restrict my investigations, as the information was vast and unmanageable for the purpose of my investigations. I adopted this view when searching for literature concerning anthroposophy and the Maori narratives of Maui. Restricting the use of databases allowed me to stay focus on the task and hand as well as collect sufficient literature for this study. PsycINFO provided an excellent source of literature; however it far exceeded my need. Fortunately the database offered a very useful tool to help limit the search. For example, classification codes and age group categories enabled me to better refine my search. I opted to use Te Puna because of its relevance to New Zealand literature. Unlike the other search engines, Te Puna was limited in that it only provided a bibliographic database. This limitation

provided a useful restraint, once again assisting my efforts to curb and manage the size of the dissertation. I was able to limit the search by accessing the literature available in my region. I was then able to locate these sources in the A.U.T library system or at my local public library. EBSCOhost produced a vast range of literature concerning anthroposophy; however the articles were not always specific to temperament and children. Scanning the reference and bibliographic lists of these articles helped to locate more relevant literature.

Table A2: Search words used in each category

Empirical Studies	Anthroposophy	Maori Narratives
Search Words:	Search Words:	Search Words:
What is temperament? Results = 6801	Rudolph Steiner: Results = 107,0004	Maori myth and legends: Results = 10,000
Child temperament: Results = 402	Anthroposophy: Results = 14	Regional results = 8953
Stella Chess and temperament: Results = 19	Child temperament Results = 0	Maui Potiki Results = 80
		Regional results = 67

Search words were kept at a minimum in order to maintain the focus of the research. Furthermore, I was aware that each subdivision could categorically become a literature review of its own and this was not my aim. In regard to the literature on temperament, an insurmountable volume of information was available and it became clear that the database search would

need to be truncated. It was important to refine my literature search to keep the review at a manageable level. From the perspective that this was not an investigation into temperament, I opted to refine the search so that a basic understanding of temperament was included.

Inclusion and Exclusion Criteria

The third component of the review process involves the selection of studies for inclusion and, consequently, exclusion. The literature surrounding empirical and anthroposophical studies into child temperament formed the basis of my inclusion criteria and would only include main authors and contributors to the study of temperament. In effect this excluded all literature pertaining to temperament in adults. With the exception of one longitudinal study that began in 1956, I opted to exclude all literature that made reference to empirical studies prior to 1980. This was a way of managing the insurmountable sources of literature available. The 1956 study was included because reference to and the importance of this study were acknowledged in a great deal of the literature viewed. Temperament associated with other disorders such as Aspergers or Attention Deficit Hyperactivity Disorder was also excluded from the body of literature.

In order to determine who the main authors and contributors were, I scanned the reference lists and bibliographies of published studies. Recurring references to certain authors became apparent and their works provided the foundations for the first of my endeavours. Cooper (1989, in Foster & Cone, 1994) draws attention to the traps when utilising reference scanning and key journal approaches. Cooper points out the tendency for authors to publish

and cite articles from within their own journal networks. This can lead to an “overrepresentation of articles in journals inside the network and under citation of articles in journals outside the network” (Cone & Foster, 1994, p. 97). While Cooper’s point seems valid it did not appear relevant to my situation, as I was interested in three specific views.

Appraising the Literature

The fourth component of the literature review is concerned with the appraisal of included studies. Dickson states, “What is important is that you establish and make known to your readers the methods you used to assess the quality of the trials and how you then incorporated that information in the data analysis” (1999, p. 52). For each of the three areas of investigation, the literature sourced was from reputable authors in their respective fields. The narratives concerning Maui are founded on subjective experience that cannot be answered by objectifiable means. The anthroposophical lens attempts to understand both the subjective and objective nature of human interaction. Literatures from the medical or scientific community are studies based on empirical research methods. The information from the literature was assessed for its usefulness in terms of my clinical practise with a select group of participants. The clinical data and information from the literature was analysed alongside my own counter-transferential responses. Taking note of my countertransferential positions in the therapeutic relationship while maintaining an awareness of the available knowledge or literature, I was then able to establish which approach was more likely to influence my clinical judgments. The aim of this dissertation is not to find a correct answer;

moreover the intention is to explore three different ideas that each has a place in my reality. Davidson & Tolich reminds us that, “At its most basic, ‘Social Science’ is simply a collection of ideas about how we make sense of the social world around us” (2001, p. 8).

Extracting the data

The fifth component of the literature review is concerned with data extraction and the importance of this in the clinical decision making process. There are several methods utilised to extract data, firstly, information from the literature and secondly, from the clinical environment. In child psychotherapy, information is drawn from the clinical experience and the relationship between the client and therapist. Firstly, informed consent from legal guardians of the child participants of the study was sought and approved (Appendix C). In some instances where permission was given it was possible to videotape the client sessions and these were studied later in consultation with my supervisor. It was not always possible to record the sessions due to the unavailability of video recording equipment and in instances where permission to record the sessions had not been approved. I also decided to devise a system for recording the data from the clinical sessions (Appendices, A1-A2). My intentions were based on my belief that the information could be collated and analysed later. Furthermore, it provided the means for assessing which theory or theories were more likely to influence the therapist. Information from the first three assessment sessions with each client was recorded on completion of each session.

Synthesis of the Literature

The sixth and final component of a literature review is concerned with the amalgamation of the data collected from the relevant literature. Separating the three ideas formed the starting point of the literature review process. From here, information was collected which included a process of note taking and identifying any relevant themes. Compartmentalizing and organizing the literature into its relevant order was necessary so that there was a clear distinction between the differing ideas. Comparisons could then be made while similarities and differences were highlighted. The opinions of other authors were incorporated into the text to critique the literature. My own critique (based on my clinical and subjective experience) of the literature is also woven into the main body of text. It is important to note that while my approach is not strictly in accordance with the traditional systematic literature review — where empirical questions are answered through investigative scientific evidence — a systematic search has been employed to examine the literature. My intentions are to explore the therapist's use of knowledge rather than a search for definitive answers.

When reading the literature, several aspects became apparent which led me to consider the importance of mentioning these factors. For example Stern (1985) raises the importance of attunement while Goldsmith & Harman (1994) highlight the issues surrounding temperament and attachment. Crockenberg (1981) draws attention to the 'goodness of fit' factor between the mother infant dyad. Once again due to my attempts to keep this dissertation at a manageable level, it is beyond the scope of this review to effectively describe each of the above proponents. Therefore I would refer

the reader to the references above for a detailed description of the correlates between constitutionally based temperamental characteristics and parenting beliefs and behaviours.

Chapter 3:

Three Perspectives on Temperament

Child psychotherapists often assess behaviour problems in children as reactions to environmental adversities or a developmental crisis that the child is yet to overcome. Although there can be many factors that contribute to the numerous reasons why children present in therapy, underlying temperamental predispositions and the links to social adjustment and maladjustment also need to be taken into account. Throughout the centuries people have attempted to understand personality traits. From ancient time Polynesian society has relied upon myths and legends to encapsulate the relationships between humankind and the environment. For example the legends of Maui tell of his many exploits, focusing on many of his personality traits. A constellation of seven personality types exemplifies specific temperamental characteristics of Maui. These features often symbolised the nature of human dispositions and are expanded upon later in this discussion.

Hippocrates (Magner, 1992) considered four personalities that included phlegmatic, melancholic, sanguine and choleric types. These personality types would strongly influence the writings of Rudolph Steiner (1995) to form the basis of anthroposophical interests. Carl Jung (1983) believed that people inherited introverted or extroverted traits, while William Sheldon (1971) believed that three constitutional types of personalities existed, each with its own emotional style. These included endomorph (round and soft), mesomorph (strong athletic) and ectomorph (thin, delicate). David Levy (1947) became occupied in the interaction between heredity factors and the

environment. Levy's interests as a psychiatric researcher produced one of the first empirical studies to recognise inborn temperament. John Bowlby (Holmes, 1993) and Stella Chess (Chess & Thomas, 1986) were both influenced by Levy (1947) each pursuing their own individual interests in child development. Stella Chess, Thomas Alexander and Herbert Birch went on to examine temperament in their New York Longitudinal Study (NYLS) (Goldsmith, 1994).

Temperament and Empirical Research

According to researchers temperament "reflects individual differences in relatively stable, constitutionally based predispositions that are also influenced by experience" (Rothbart & Bates, 1998, cited in Spinrad et al; 2004, p3). Turecki (1995) offers an uncomplicated interpretation that describes temperament in children and to this he adds *how* temperamental characteristics of a child's behavior interact with the environment.

"Temperament is the natural inborn style of behavior of each individual. It's the *how* of behavior, not the why. It should not be confused with motivation. The question is not, "*Why* does he behave in a certain way if he doesn't get a cookie?" But rather, "When he doesn't get a cookie *how* does he express his displeasure? (Turecki, 1995, p.16).

This view challenges the psychotherapist to look beyond the presenting issues and allow for the uniqueness of the child's constitutional structure.

Recent investigations by researchers examine the peer interactions of children and their tendencies to engage or not engage. Precursors to children's play tendencies were of great interest to Spinrad and her colleagues, to this they add:

...temperament may be indirectly related to social behavior; for example, children's predispositions may affect the environments or the experiences that they seek or avoid and/or how others in the environment respond to them. These factors, in turn, affect children's adjustment or social functioning (Spinrad et al, 2004, p. 3).

Rothbart and Bates (1998) hypothesize that the associations between temperament and children's social adjustment and maladjustment are due to a range of processes. They examine the direct effects temperament may have on social behavior, suggesting that extreme temperamental predispositions can allow for predictions or predispose an individual to a related condition. Their examples include the recognition of extreme temperamental anxiety or fearfulness that may predict internalizing tendencies, and extreme irritability in response to frustration or anger may predict externalizing problems.

The investigations of Chess, Thomas, Birch & Hertzog, (1968) contributed significantly to mental health theory and practice. From this study, they have developed a collection of nine temperament traits that appear to be widely accepted in the psychiatric community (Carey & McDevitt, 1995; Turecki, 1995; Carey, 1997). From a psychotherapeutic point of view it seems reasonable to have some understanding of these

characteristics as these essentially-inborn variations in behavioral style may help the therapist to differentiate between behavioral problems of conduct and normal styles of behavior.

The nine temperamental traits include:	
<i>1. Activity level.</i>	How active or restless is the child generally from an early age?
<i>2. Distractibility</i>	How easily is the child distracted? Can he pay attention?
<i>3. Intensity.</i>	How loud is the child generally, whether happy or unhappy?
<i>4. Regularity.</i>	How predictable is the child in his patterns of sleep, appetite, bowel habits?
<i>5. Persistence.</i>	Once involved in something, does the child stay with it for a long time? (Positive persistence) How restless or stubborn is he when he wants something? (Negative persistence).
<i>6. Sensory threshold.</i>	How does the child react to sensory stimuli: noise, bright lights, colors, smells, pain, warm weather, tastes, the texture and feel of clothes? Is he easily bothered? Is he easily over-stimulated?
<i>7. Approach/Withdrawal.</i>	What is the child's initial response to newness-new places, people, foods, clothes?
<i>8. Adaptability.</i>	How does the child deal with transition and change?
<i>9. Mood.</i>	What is the child's basic disposition? Is it more sunny or more serious?

(Cited in Turecki 1995).

Carey (1997) warns of the potential to cause error when ignoring obvious behavioral differences. A variation of behavioral styles is considered normal and not dysfunctional characteristic traits in themselves. Carey identifies two common clinical errors with regard to temperament “the tendency to ignore the importance of behavioral differences by dismissive assumptions and the pathologization of temperament” (Carey, 1997, p. 722).

Temperament through the Anthroposophical Lens

Rudolf Steiner (1995) is credited for his important contribution to education and research concerning child development. Essential to Steiner's teachings are the spiritual scientific insights that he articulated and published in more than "three hundred volumes of lectures" (McDermott, cited in Trostli 1998, p. *xi*). Anthroposophy is concerned with spiritual science and human wisdom and was established following Steiner's first major works in 1894 (Seddon, 1993). Steiner fashioned the first Waldorf School in 1919 with founding principles based on the moral, spiritual and professional competence of the teachers he selected and trained who came from varying professional backgrounds. Of particular interest is the attention Steiner gave to temperament and the importance of maintaining healthy rhythms in our daily lives. He emphasizes physical and emotional readiness and the importance of synchronizing science and artistic activity (Trostli, 1998). Anschutz suggests, "Putting this philosophical method into practice is a task which confronts every teacher, every day. They are concerned not only with the children in their class but also with themselves" (1995, p. 10). This perspective is not dissimilar from the psychotherapeutic approach in that the therapist is concerned with the dynamics of the relationship between herself and the child.

Steiner (1995) formulated new concepts based on the old concepts of ancient Greece and continued to acknowledge the four temperaments. The four temperaments acquired their names from the early Greek investigations into scientific medicine and the workings of the human body. According to Goldsmith & Harman (1994), "Temperament research has diverse roots,

dating back to the ancient Greeks and deriving impetus from neo Pavlovians, educators, and developmentalists (p. 53). Characteristics of temperament stemmed from the belief that bodily fluids were responsible for influencing individual traits and included the following:

Sanguine	Sanguine	Blood
Phlegmatic	Phlegma	Mucus
Choleric	Chole	Gall
Melancholoic	Melanchole	Black bile

(Anshutz, 1995, p. 35).

While the diversity of children and humanity is recognized, temperamental tendencies are related to the four primary types. The predominant characteristic is also influenced by the other three elements and Steiner (1968) would consider these factors before determining the principal temperament of the child. It is also important to understand that according to Steiner (1995) the temperaments of adults differ from those of children and are likely to reflect the chronological age of their development; therefore their temperament images will vary accordingly.

To expand upon the four temperaments and based on Steiner's teachings, Trostli gives the following descriptions of each as they relate to children:

The Four Temperaments

Sanguine	Sanguines are usually graceful and full of life. They notice and respond to everything and everyone in their environment. They move quickly from one impression or experience to the next and rarely remain with anything for long. They can therefore be restless, distractible, or fickle. Sanguines tend to be sociable.
Phlegmatic	Phlegmatics tend to be slow and steady. They love order, repetition, and physical comfort. Phlegmatics generally do not become easily interested or involved in something, but once they begin they become thoroughly engaged and will stick with a task until it is done. Phlegmatics tend to be patient, even-tempered, loyal, steadfast, and dependable.
Choleric	Cholerics are usually energetic, forceful, and assertive. They are natural leaders, for they are decisive and courageous and have great warmth of heart. Cholerics can also be stubborn or willful, and tend to become short-tempered or impatient with anyone or anything that holds them back. They typically work hard and are determined to achieve their goals no matter what obstacles stand in their way.
Melancholic	Most melancholics are introspective, thoughtful, and insightful people. They take everything to heart and are often sad or despondent. Although melancholics may be self-involved, they also have a great capacity for sympathy, for they can identify deeply with another person's struggles or pain. Melancholics tend to be very perceptive about people and situations, and they are well able to articulate their thoughts and feelings.

(Trostli, 1998, p. 47).

An analysis of Maui

Maui is one of the most significant emissaries of the age of vanquishers and conquerors throughout the South Pacific and Maori mythology. He executed many remarkable deeds and is recognized for obtaining sunlight, fire and discovering new lands drawn from the depths of Tangaroa. His eminent fame and notoriety have been retold from one generation to the next. As in other Polynesian societies, the legends and narratives of Maui, became distinctively their own and possess the same vivacity (Orbell, 1995). The popular stories of Maui are now compiled and bound by numerous authors, providing entertainment, education and insight into Maori customs (Pomare & Cowan, 1934; Reed, 1962; Alpers, 1964; Campbell, 1969; Gossage, 1975; Tune, 1991; Williams, 1991; Hyland, 1997 & 2003; Reed, 1999; Cowan, 2000; Erlbeck, 2000; Colenso, 2001; Anderson, 2000 & 2003). Anthropologists and early missionaries were keen to seek out and understand Maori life in Aotearoa and many of their accounts make reference to Maui also. According to Best (1942):

The position of Maui is not an easy one to define. He is not treated as an atua, or god, by Maori, but rather as one of the heroes of antiquity. He is described as performing all kinds of marvellous tricks, and rejoiced in the name of deceitful Maui, Maui the trickster. (p. 141)

In Pomare's (1934) account of Maui, "Ira-Whaki and his wife Taranga had five sons, whose names were: Maui-mua, Maui-taha, Maui-pae, Maui-roto, and Maui-Tikitiki-a-Taranga" (p. 134). Pomare's version

seems to resonate with many of the narratives concerned with the legends of Maui. Circumstances surrounding Maui's unfavourable birth are said to contribute to his mischievous behaviours and apparent ill-regard for others. At the time of Maui's birth, his mother was of old age and bereft by the recent death of her husband. While mourning on the shores of Tangaroa (God of the sea), Taranga gave birth to a premature baby who lay still, quiet and cold in her hands. Presumed dead, Taranga cut the topknot from her head wrapping the baby inside. Cocooned and bundled in her hair, she put him into the ocean where, in time, Tangaroa discovered and heard his cries. Today, as a result, custom dictates that special ceremonies must be performed when the death of a premature baby occurs. Penalty prevails when rituals are not performed correctly and the angered spirit may return to cause havoc and mayhem (Hyland, 1997, Erlbeck, 2000 & Walker, 1992).

The baby was taken to Hawaikinui where his grandfather Tamanuikiterangi found the baby lying on the shores. According to Erlbeck (2000), "Tamanuikiterangi called the baby Mauiui, which means sickly, and he nursed the baby very carefully until one day, the baby was able to sit up and take an interest in everything around him" (p. 7).

Williams (2000) provides the following interpretations:

"Mauiui. 1. a. *Sickly, wearied with labour*" (p. 197).

"Maui. 1. a. *Left, on the left hand*" (p. 197). Reference is also made to witchcraft.

"Whakamaui, v.i. *Recover, from severe illness*" (p. 197).

Reed's (1962) explanation expands upon the interpretations given by Williams:

The name Maui itself means left-handed, and also witchcraft, and both attributes have been applied to him. The verb whakamaui means to recover from severe illness, and is probably derived from an unusual version of the legend of his conflict with Hine-nui-te-po, the goddess of death, in which at first attempt he escaped from her clutches. (p. 39)

While living with his grandfather Tamanuikiterangi in the world of gods, Mauiui learnt many amazing activities and befriended the birds and sea creatures. It was in this faraway place that Mauiui would acquire knowledge relating to chants and incantations. Tangaroa and Tane Mahuta taught him matters relating to their domains and Mauiui learned the art of transformation, changing from a bird to a fish instantly. Mauiui was warned by his guardians to use his gifts wisely; failure to do so would lead to his misfortune. Blessed with the gifts of gods, Tamanuikiterangi prepared Mauiui for his return to the world of humans. No longer the sick baby, he had now grown to become a strong and healthy boy. Announcing him as Maui-Tikitiki-a-Taranga (Maui from the topknot of Taranga), he fare-welled him sending him, to the house of his mother (Hyland, 1997, Erlbeck, 2000 & Walker, 1992).

Unlike Tawhaki, Maui was denied the status of a god although he did have god-like attributes. Reed (1962) enlightens us on his position:

It is said that genealogies prior to Maui were never recited to the common people because they were concerned with the gods and their immediate descendants. Maui, then, comes between gods and men and is a demi-god with some of the limitations of mankind, but with abilities that enabled him to exercise some control over the forces of nature. (p. 39)

For the first time, Maui met his brothers Maui-mua, Maui-roto, Maui-taha and Maui-pae. Taranga was overjoyed to see that her youngest child (potiki) had survived and returned; accordingly Maui is also known as Maui-potiki. He immediately won the affections of his mother while his brothers became jealous of his many tricks and the favour given to him from their mother. According to Te Ake Ake (1999) “Maui Potiki was not liked by his older brothers. They were jealous of him and a little afraid of his magic powers”(p. 12). The messages in the narratives of Maui provide direction for human behaviour and the constructs for society. Maui’s many accomplishments illustrate characteristics considered necessary for socially acceptable desires i.e. procuring sunlight and fire. The dynamics in Maui’s family system contain and describe inner conflicts, family discord and an understanding of family process. Sibling and brotherly rivalry are exemplified alongside the favoured and often coddled Maui. Walker (1992) states: “The potiki in Maori society is the indulged child;

as such, it tends to be precocious. So it was with Maui” (p. 172). Maui’s family circumstances provide a cultural context for understanding bias, polarizations, leadership difficulties, spousal constraints, enmeshment, single parent and absent father complications and a family structure that epitomises the behaviours of conventional family systems. According to Walker (1992), “Although possessing supra-normal powers in an age of miracles, the heroes of myths and traditions behave basically in human ways. They love, hate, fight and die just as their counterparts do” (p. 182).

While the hallmarks for family therapy are abound, closer inspection captures a snapshot of the child or children in the narratives of Maui. The child psychotherapist who is interested in play therapy, story telling and drawing techniques may find interest in the narratives of Maui. Generally, the defenses of a child are less sophisticated than the adult client. The imaginary images of children are often fanciful filled with extraordinary characters such as kings and queens, monsters and animals and super-heroes. The creative therapist can make good practice of the narratives of Maui, which are adaptable to play therapy and psychodynamic techniques. Walker (1992) captures the essence of Maori myth, tradition and legend in his following statement:

Embedded in the stories are themes and myth-messages that provide precedents, models and social prescriptions for human behaviour. In some cases the myth-messages are so close to the existing reality of human behaviour that it is difficult to resolve whether myth is the prototype or the mirror image of reality. (p. 182)

THE SEVEN TEMPERAMENTS OF MAUI

MAUI-Tini-Hanga - Maui of many devices	Characteristics: clever, inventive, proficient, resourceful, persistent, skilful, creative, schemer, talented, original, ingenuity, precocious, discoverer, avenger, destroyer.
Maui- Nukurau-Tangata - Maui the deceiver of man or Maui the deceitful	Characteristics: Calculating, trickster, incongruent, misleading, insincere, mischievous, indirect, teasing, playful, impish, evasive.
Maui-Whare-Kino - Maui of the evil house	Characteristics: Bad, treacherous, wicked, diabolical, malicious, destructive, defiant, corrupt, violent, harmful, saboteur, aggressive, indifferent, cruel, detrimental.
Maui-I-Toa - Maui the valiant	Characteristics: Bold, daring, fearless, intrepid, omnipotent, unafraid, courageous, heroic, stout-hearted, gallant, undaunted.
Maui-I-Atamai - Maui the kind hearted	Characteristics: Sympathetic, tolerant, gentle, helpful, empathic, mild, pleasant, agreeable, good-natured, compassionate, gentle, considerate, affectionate, caring.
Maui-Mohio - Maui the wise	Characteristics: Sensible, discerning, aware, perceptive, knowing, rational, intelligent, respectful, understanding, insightful, reasonable.
Maui-Mata-Waru - Maui of eight eyes (indicating his supernatural powers)	Characteristics: The ability to move beyond the five sensory notion with the power to inflict harm or aid.

On occasion exceptional individuals rise to fame through their charismatic leadership qualities and or notoriety. Such a character emerged during the 1880 land wars throughout Aotearoa, arousing interest in both the Maori and Pakeha communities. Te Kooti, both prophet and rebel, is said to have embodied many of the temperamental characteristics of Maui. Similarities concerning the birth of Te Kooti and Maui Potiki correspond. Rosenfeld notes these similarities:

Ringatu traditions teaches that omens attending Te Kooti's birth presaged difficult times ...Te Kooti was potiki, the archetypal precocious 'younger child' who contends against accepted order. Like the god Maui-potiki, Te Kooti has been characterized as having qualifications which found peculiar favour with Maoris – restless energy, force of will, decision, and great ingenuity to play, and determination to execute ... Te Kooti controversial figure in N.Z avenger, healer, destroyer, founder, prophet, guerrilla thoroughly unamalgamated Maori man of deed. (1999, p. 212)

Walker (1992) highlights the similarities between Maui and Tamatekapua, captain of the Arawa canoe. This human ancestor used the attributes of Maui-Nukurau-Tangata and Maui-I-Toa to evade his rivals. According to Walker:

Tamatekapua, captain of the Arawa canoe, is an heroic figure who bears a remarkable similarity to Maui, the model hero of mythology.

Like Maui he was daring, resourceful and a trickster. The only difference is that he did not have supra-normal powers and he exhibited a human failing in his predilection for women. (Cited in M. King, 1992, p. 180)

The seven temperaments have been plucked from the narratives of Maui and may appear to be free-floating abstractions. However their existence provides messages for real-life problems. This may explain why many Maori are offended by the suggestion that myth is separate from tradition. For many, they are inseparable and intertwined and not divided into great fireside stories and historical events to be recorded in history books. Whether we subscribe to either or is not of great concern. The relevance of traditional narratives are the interpretations and the meanings we take from them, which are grounded in real situations with real life actors. When discussing the relationship between cultural theory and psychoanalytic theory Smith (2001) identifies some of the similarities and differences as follows:

There are clear affinities in as far as both see social life as essentially about meanings and emphasize the need for interpretation. The relationship becomes strained over themes. First psychoanalysis (in its traditional form at least) has tended to focus on the pathologies of the individual rather than on collective phenomena. Secondly, there is a tendency toward psychological and biological reductionism in much psychoanalytic thought” (p. 202).

Excursus: Te –Ika-a-Maui

Orbell (1985) and Reed (1962) are among some authors who give an account of how Maui fished up the land now known as Aotearoa. The landscape is regarded by Maori to represent the fish caught by Maui and with the following describes the landscape of Aotearoa:

Te-Ika-a-Maui

North Island:	Te Ika a Maui (The fish of Maui)
South Island:	Te Waka a Maui (The canoe of Maui)
Stewart Island:	Te Punga o te waka a Maui (The anchor of Maui's canoe)
Kaikoura:	Te Taumanu o Te waka a Maui (The place where Maui's canoe was stalled)
Wellington:	Te Upoko o te Ika (The head of the fish) <ul style="list-style-type: none">• Wellington harbour and Lake Wairarapa are the eyes of the fish.• Cape Egmont and East Cape are the fins of the fish.• Lake Taupo represents the heart of the fish.• The northern peninsula is the extending tail of the fish.

According to Orbell (1995) “The myths of the Maori attribute the origins of the world and its inhabitants mostly to the achievements of powerful early ancestors ...” (p.10). Such is the fame of Maui that many tribes make reference to him or maintain association with him. According to the people of Waikato, Mount Taupiri is said to be the first mountain to

rise up from the waters when Maui fished up the North Island. The East Coast tribe, Ngati Porou, also make the same claim about their mountain, Hikurangi. They also profess that Maui's canoe turned to stone, and can be seen upon the summit. This is interesting as the South Island Maori make claim to Maui's canoe (Orbell, 1985). According to Rosenfeld (1999) "We recite and re-enact our myths in public and in private, consciously and unconsciously, overtly and covertly, because they reveal to us the ultimate reality that is the foundation for all that exists" (p.34).

The magnitude of Maui is etched into our myths and embroidered into our landscape. This rich tapestry reminds us that the land and people are inseparable. Customary practice dictates the importance of the external environment and the significance of this to our physical well-being, survival and the relationship to our internal world. From this perspective Maori values and beliefs must be incorporated into therapeutic routine when healing is an active goal. Likewise the Maori therapist cannot ignore these values and beliefs and must retain and uphold these to provide and reflect an integrated approach. Durie (2003) discusses the relevance of Maori centred approaches placing specific emphasis on wider relationships such as the spiritual, mental, physical and social aspects of mental health. One of the key functions of *Paiheretia*: An integrated approach to counselling developed by Durie (1999; 2003), aims to enhance a secure cultural identity and to institute relationships with family, society and the physical environment. This thinking is not dissimilar from Winnicott (1965) and the emphasis on the facilitating environment.

Chapter 4:

The use of Theories with Clinical illustrations

The experience of working cross culturally can present with a range of dilemmas that cannot always be resolved by conventional means. The following illustration is an example of a situation in which I drew upon aspects of my own cultural identity to engage with the client, thereby facilitating the therapeutic process.

From the dim reflections of memory a story came to me, probing my mind and providing glimpses of a young boy laughing and joking, darting from one place to the next. Appearing fearless in his antics, fierce and proud swinging his taiaha from this side to that before executing it with precision. Why were these thoughts occupying my mind and who was this young boy capturing my interest yet eluding my mind? He intrigued me with his impish playful spirit and startled me with his mischief and trickery. I smiled at him when he looked at me, and smiled at him again when he invited me to play, allowing me to visit his world for a brief moment in time. It was Maui who had come to mind, playful little Maui who reminded me to see the boy before me and to engage with his spirited soul. For me the connection was made and I understood the message from Maui. In my mind I called to him Kia ora Maui! Kia ora! – It was good to see you again.

The blue-eyed blonde headed young boy who swung his sword with invincible control and humoured me with his joyful play had triggered memories of the stories of Maui in particular his temperamental qualities. A

shift in the therapeutic relationship occurred, as I now felt more connected to my young client. The message from the narratives of Maui reminded me to appreciate my young client for his unique attributes.

An important aspect of Maori culture is the ability to form a connection or links to people, regardless of their cultural origins. I encountered this situation in the therapeutic setting, as described above, where I was at a loss to make a connection with a young boy whose world was foreign to me. My professional identity and cultural heritage had experienced a moment of conflict that needed to seek resolve if I was to engage this client in a meaningful way. The challenge was to find a technique to negotiate the dilemma. Unable to find satisfactory resolution through accepted means of practice e.g. exploring transference phenomena, my mind began to wander back to childhood memories when our elders likened us as children to the characteristics of Maui. In this moment I had looked to the past as a way of working in the present, thereby facilitating a journey into the future. Orbell (1995) “All societies possess collections of narratives which explain the past, and therefore the present” (p. 10). In this instance the narratives that came to mind were those of Maui.

The following clinical illustrations provide a summary of the behavioural characteristics of three children I have worked with in the therapeutic environment. It is important to mention that children often present with varying levels of anxiety when they enter the playroom for the first time. Therefore, the initial task of the child psychotherapist is to alleviate anxiety through rapport building and engaging the child to reduce anxiety-provoking feelings. For this reason, observations of the child's

unique behavioural characteristics are taken from the first three sessions with the child in order to understand the emerging pattern of behaviour. Non-directive play therapy incorporating the Axline principles (1974) form the basis of the psychotherapeutic approach employed by the therapist.

Client A is a six-year-old girl who is described by her parent as a wilful child who has a tendency to throw tantrums when she doesn't get what she wants. In the playroom Client A presents as a lively young girl who appears to take control of the playroom environment. She seems to be clear about her likes and dislikes and is quick to point out mistakes made. At times she becomes easily frustrated with her own mistakes or limitations and in these moments she can be seen hitting her head with the palm of her hand. When we play together she seems quite forceful with her demands.

Therapist Countertransference: Client A took me by surprise, as I was not prepared for her abruptness. Initially I did not like this and I felt resistant to her demands. I was however, willing to follow her direction and allowed her to control the sessions within the limits of the playroom environment. While my own resistance told me something about my client's resistance to the therapy, I was keen to meet her on her terms to allay her anxieties and work with her defences.

Temperamental Impressions: When reflecting on client A's temperamental qualities and when reviewing the three perspectives on

temperament, I found myself drawn firstly to the anthroposophic view. Of particular interest was the nature of the choleric child which seemed to encompass more of client A's personal qualities. I was also aware that the anthroposophy includes a holistic approach that offers suggestions on how to nurture each of the different temperaments. The characteristics of Maui-Tini-Hanga also came to mind, especially when she began to show her creative talents as our sessions progressed. This knowledge proved to be useful for several reasons. Firstly, Maui-Tini-Hanga's characteristics show strengths and qualities consistent with cognitive abilities while balanced with creative energy. These combinations became evident in her play and when I became more aware of her combined abilities and how she expressed these, I felt more attuned to her own rhythms. Secondly, and as a result of the new information, there were fewer missed moments of connectedness and frustrations in the therapy room became less frequent. I did not find myself drawn to the nine temperamental traits put forward by Chess, Thomas and Birch. I made efforts to seriously look at these and assess client A according to each of the nine traits; however I felt despondent, unable to utilize these effectively.

Client B's parent have difficulty describing her child's character.

However, they did say that she enjoyed playing with her sister and liked drawing. When Client B first presented she was four years old with her fifth birthday soon approaching. In the playroom Client B is able to make good use of the playroom environment. She is able to make clear choices about her preferred play objects and initiates play

without encouragement. When finished with a task she can be seen pondering on her next activity and seems to enjoy the interactions between herself and me when we play together. Throughout the duration of our sessions, Client B appears to talk continuously, with brief pauses between sentences. Her discussions can be best described as “chatter” and are often directed towards the play activity she is involved with.

Therapist Countertransference: My initial response to client B was one of sadness. I had concerns for her physical well-being (which I discussed with supervisors) as she appeared to be undernourished and very small compared to other four-year-old children. I felt a sense of deprivation not just in terms of her physical need but also emotional and psychological need and it appeared that this young client was lacking good nurture and care. Interestingly, while I had concerns for this girl’s welfare and I found her to be very pleasant, of all my clients I felt less connected to her. Attachment issues were considered thoughtfully as an aspect of the mother-child relationship.

Temperamental Impressions: When considering the three perspectives outlined on temperament in this study, I was drawn repeatedly to the nine temperamental traits formulated by the empirical researchers. These temperamental constructs were very useful in measuring the behavioural patterns of Client B. The descriptions of the sanguine child, through the anthroposophic lens seemed most prominent. Particularly the fickle and

sociable aspects, which seemed to resemble characteristics of the ‘false self’ as described by the prominent object relations’ theorist Melanie Klein. Concerning the seven temperamental traits of Maui, it was difficult for me to become engaged in these characteristics. In this instance Maui was not visible even when I tried to force his images in my mind. In retrospect, I wondered if the fickle and vacillating nature of the sanguine child was so uncharacteristic of Maui that this indecisiveness could not be linked to him at all. I also considered my own countertransference and my intolerance for erratic behaviours and wondered if this prevented me from utilising the narratives.

Client C has recently turned six and is described by her parent as a “rough” and “loud bully girl”. In the playroom the young girl presents as very shy and despondent. She requires lots of encouragement before exploring the playroom environment. Her behaviours appear tentative and she will often respond with non-verbal cues, for example indicating yes or no with headshakes and nods. Initially, her head is often downcast and when she appears highly anxious she will suck her fingers and rock her leg back and forth. When she plays she appears to be in her own world or in a dreamlike state. In these moments she seems to enjoy her own solitude. However, she seems to enjoy the reconnection when I invite her to play together.

Therapist Countertransference: While I disliked the circumstances in this girl's young life, I felt very drawn to her and felt a sense of curiosity, as all was not as it appeared to be with her. My experience of this girl was very different from the description given to me by her mother.

Temperamental Impressions: Once again I was more disposed to utilise the anthroposophic view and the stories and traits of Maui with this client. My initial impressions seemed to fit with the melancholic child, however given more opportunity to work with her I am inclined to believe that she has qualities of the phlegmatic child. Maui-Mohio and Maui-I-Atamai seemed to sit well with this young girl. These characteristics told me something about this child's incredible determination to survive and triumph over devastating challenges. Like Maui-I-Atamai she seemed to be good-natured, kind and compassionate. It would appear that at times this young client needed to call upon Maui-Whare-Kino to protect and shelter her from her harsh reality. My experience of this young girl in the therapy room differed considerably to the portrayal and accounts given by her mother.

Discussion

“The initial face to face analytic meeting is viewed as the beginning of the analytic process and not merely as a preparation for it” (Ogden, 1992, p. 194).

The one thing that strikes me about this exercise is that time and time again I was drawn to the anthroposophical view or the traits of Maui. While the nine temperaments were helpful, I noticed that I was only inclined to use them when I was feeling less connected to my clients. When I experienced a connection, I was more likely to be guided by the theories with spiritual foundations. This in itself is no surprise, given that I come from a culture that reinforces spirituality. To deny spirituality is to negate your claim to be Maori; therefore I am more likely to embrace those theories that include a spiritual aspect. My endeavours may be considered risky by clinicians who have differing views and opinions about the use of ideas that extend beyond traditional psychotherapeutic theories. However, one cannot effect change and advocate effectively for their clients if their own sense of knowing is abated. Then again, many recognize the importance of constructive ideas that stimulate discussion outside of the proverbial norms. Drewery & Bird (2004) echo this view when discussing alternative philosophical approaches towards human development in Aotearoa. “This is a major departure from the kind of scientific approach with which many of you will be familiar. At the same time we do not ignore useful ideas about development from elsewhere” (Drewery & Bird, 2004, p. 2).

The importance of connectedness cannot be underestimated in Maori approaches for it is intrinsically linked to spirituality and therefore the

creator of all things. This view is not dissimilar to other approaches such as anthroposophy, other indigenous healing methods or psychotherapeutic methods that incorporate spirituality. To not feel connected polarizes fears associated with the unknown and more importantly draws attention to disconnected states of being. While my own countertransference or feelings of disconnection may tell me valuable information about my client it does not suggest disengagement from ones own sense of self. The links to Maui were made when I embraced the wisdom and knowledge of my cultural heritage and remained connected to these. My encounters with the narratives of Maui came to mind in moments of conflict and allowed me to engage my client in a more meaningful way. My countertransferential response to Client B differed in that Maui was not in the forefront nor did his narratives or characteristics provide a noteworthy backdrop in anyway. As mentioned previously perhaps my own intolerance for fickle behaviour prevented me from accessing the knowledge and wisdom of Maui. This encounter will require further investigation or self-examination to fully appreciate the void and understand the chasm between my client and myself.

Chapter 5:

Summary and Conclusions

In the beginning, the aim of this dissertation was to explore underlying subtleties that influence my clinical practice. In particular, it surveyed three distinct bodies of knowledge in relation to child temperament. While temperament may appear to be the main focus of this study, the purpose was to better understand when and if the therapist's unique cultural identity informed her clinical practice. In my endeavours to explore those aspects that are both shared and yet set me aside from my colleagues, I have become more aware of my own intolerance. While I did not consciously set out to discover this, it has become apparent to me. According to Ogden (1992) "Not knowing deprives us of our sense of who we are, and yet, to know is to see that which we cannot bear to see" (p. 3).

As an aspiring child psychotherapist my aim is to effect change. However, this task cannot be achieved if I withhold and inhibit my quintessential qualities that relate to my cultural heritage. Differing forms of psychotherapy — i.e. psychoanalytical orientated psychotherapy, supportive psychotherapy or child psychotherapy, where free association is replaced by play--all involve the use of the therapist as a vehicle for the facilitation of change. For this reason it would seem reasonable for all therapists to examine their own beliefs about culture or views that may appear contradictory. The risk of not doing so can lead to one-dimensional assumptions that convey a 'one size fits all' approach.

According to Lago & Thompson:

Counsellors and psychotherapists have to acknowledge that their assumptions and beliefs about attitudes towards those who are culturally and racially different may well be over simplistic, judgemental and discriminatory. At worst and as a consequence, therapeutic aims may well have anti therapeutic outcomes.... The dialogical approach of counseling and psychotherapy has now come of age alongside other healing approaches within many societies. (1996, p. *xvii*).

As a Maori therapist, the narratives of Maui have provided me with workable insights that allow me to engage my clients and facilitate the therapeutic process in an agreeable manner. To explain further, the client is not necessarily aware that my own cultural narratives are influencing my decision-making, however these factors do become part of the therapeutic process. The benefit of utilizing the stories of Maui assists me to overcome the obstacles of difference and reciprocity. From this position, differences and similarities are worked through on a give and take basis creating mutual respect, understanding and appreciation. According to Metge (1986):

Maori feel that they have little power to effect changes in their situation or control their own destiny. Most Maori have experienced repeated put-downs from Pakeha, some deliberate, many unconscious. Even if they brush them aside as one of the facts of life, as many do, they cannot help

being subconsciously affected. What most Maori find particularly upsetting is the unwillingness of many Pakeha to recognise the existence of cultural differences, their cool assumptions that the Pakeha way of doing something is the only, the human way (p. 140).

Writing this dissertation has triggered much internal debate about the usefulness of theories and how these theories are prioritised. Metge's statement resonates with my own countertransference concerning the inadequate recognition of cultural knowledge as a modality for change. To make this statement is to risk shame or whakamaa in the face of non-Maori colleagues. However the risk in not doing so compromises and diminishes the subjective experience that is held and valued by Maori and further compounds feelings of shame. Marsden endorses this view:

The route to Maoritanga through abstract interpretation is a dead end. The way can only lie through a passionate, subjective approach. That is more likely to lead to a goal. As a person brought up within the culture, who has absorbed the values and attitudes of the Maori, my approach to Maori things is largely subjective. The charge of lacking objectivity does not concern me, the so-called objectivity some insist on is simply a form of arid abstraction, a model or a map. It is not the same thing as a taste for reality. (1992, p. 2)

It is important to seek clarity about the underlying issues surrounding my own countertransference and examine these with thoughtfulness. From the

point of view that nothing stands alone in Maoridom it is clear that my countertransference is a collective response held by many Maori. To elaborate further, and as a rule, Maori have been largely fascinated with difference and see no conflict with differing views. Penetito voices this response, “Most Maori have few problems, if any at all, with these ideals. What they object to, when they do, is the imposition of these ideals on them and the subsequent diminution of their own values” (Penetito, 2004, cited in Jandt, p 173). Therefore, it becomes increasingly important for me to recognize and understand my own countertransference.

These insights challenge me to uphold beliefs fundamental to my cultural heritage so that inequities are not played out in the therapeutic environment. In addition, how will this recognition make me a better therapist? Firstly, it assists me to remain focused on those aspects that support my well-being such as wairuatanga (spirituality). Secondly, integrating these aspects into my practice helps me to remain grounded in the knowledge of my tupuna (ancestors) alongside other ideas. From this perspective, knowledge can be assessed for strengths and limitations outside of the therapeutic setting without compromising or intruding upon the client’s process. Finally, my countertransference reminds me that I cannot advocate responsibly if I deny myself the benefits of my own cultural identity and must therefore integrate these into my clinical practice. Understanding my countertransference enables me to embrace cultural diversity with a wide range people from different ethnic origins.

From the outset, the aim of this dissertation was to explore and critique the usefulness of Maori narratives, examining how these may inform my practice as a child psychotherapist. It would seem that the Maori narratives inform my clinical practice by reminding me of those aspects of relationships that can only come from the individual and not necessarily from the ideas or theories of others. Psychotherapy must emanate from within and foster and encourage the building of new relationships. Like the myths and legends of Maoridom, theories provide the cornerstones or the building blocks and the potential for something else to occur beyond the void of nothingness.

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Appendix A 1.

Clinical Form for Data Collection

1.

Client Name:	Assessment Session One
D.O.B	Date:
Assessment Session Two	Assessment Session Three
Date:	Date:

2. Child Presentation Ax 1. -----

Therapist Counter-transference: -----

Theoretical Impressions: -----

Child Presentation Ax 2. -----

Therapist Counter-transference: -----

Theoretical Impressions: -----

Child Presentation Ax 3. -----

Therapist Counter-transference: -----

Theoretical Impressions: -----

Three baskets of knowledge:

The nine temperamental traits: Very Helpful-----Useful-----Not Helpful

The four temperaments: Very Helpful-----Useful-----Not Helpful

The temperaments of Maui: Very Helpful-----Useful-----Not Helpful.

Appendix B1

Appendix B2.

Appendix C.

Appendix D.