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# Listening Differently with Maori and Polynesian Clients

**Philip Culbertson**

## Abstract

Changing demographics, both nationally and internationally, strongly suggest that the traditionally Caucasian client-base of psychotherapy is dwindling in size. More and more of us will be asked to work cross-culturally in the future, yet few of us are adequately trained for such work. This article addresses some of the cultural information that psychotherapists need to know about Maori and Polynesian clients, in order to work more effectively with them. Particular emphasis is placed on the role of culture in defining identity and the sense of self, the way decisions are made, proper methods of joining therapeutically, and the role of metaphor. Therapists are recommended to take a stance of 'informed not-knowing' when working cross-culturally, and to address the insights of Critical White Theory in order to make themselves 'culturally safe'.

## Introduction

No one goes anywhere alone, least of all into exile—not even those who arrive physically alone, unaccompanied by family, spouse, children, parents, or siblings. No one leaves his or her world without having been transfixed by its roots, or with a vacuum for a soul. We carry with us the memory of many fabrics, a self soaked in our history, our culture; a memory, sometimes scattered, sometimes sharp and clear, of the streets of our childhood. (Freire, 1994: 32)

For most of psychotherapy's history, both practitioners and clients have been drawn from the white middle or upper-middle class. Certainly in New Zealand, psychotherapy has been an approach to emotional and mental health of which Pakeha were almost exclusively the only consumers. Yet demographics are changing rapidly across the whole world, so that today descendants of white Europeans count for less than one third of the world's population. Similarly, it is predicted that by the year 2025, the Maori, Polynesian and Asian

populations of Auckland will outnumber the Pakeha population. In keeping with such changing demographics, a decade ago the American Psychological Association (1987) issued the following challenge for the future: "psychological services must be planned and implemented so that they are sensitive to factors related to life in a pluralistic society such as age, gender, affectional orientation, culture, and ethnicity" (p. 13).

Expanded training programs in New Zealand in counselling, pastoral counselling, and psychotherapy mean that an increasing number of new practitioners are being trained, at the same time that the traditional Pakeha clientele-base of psychotherapy is dwindling. Perhaps the time has come for us as professionals to consider whether certain modifications need to be made and sensitivities developed that will better equip us in the future to deal with what will surely be a growing non-Pakeha client base for most of us.

Before I proceed, I must address the question of by what authority I, as a white male, write on this subject. The best authority for this sort of discussion would be indigenous writers. Overseas, there is a growing Afro-American voice in psychotherapy, as well as an Hispanic voice. Here in Aotearoa New Zealand, we have yet to produce a significant pool of indigenous writers on the contextualization of psychotherapy. Very few members of NZAP are Maori, Polynesian, Indian, or Asian: in fact nationally, they number fewer than ten, and the statistics in training programmes are not yet more promising. There is an urgency to this topic that suggests it cannot wait, unless we are willing to become a profession relevant to only a privileged minority of the future. Those of us with some cross-cultural experience must begin to speak now, and hope that in the future, psychotherapist authors indigenous to this country will step forward to help us.

On a personal level, I have taught pastoral counselling theory for seven years now to Maori, Polynesian, and Melanesian students. I have learned much from this classroom experience about the impact of culture on emotional and mental health and on the definitions of the self. As well, I have seen a few non-Pakeha clients in my private psychotherapy practice. What I offer here, then, is a combination of classroom learning, therapy room experience, and the translation of overseas theory into the context of Aotearoa New Zealand, where I believe it to be applicable.

## Definitions of Normalcy and the Self

An increasing number of feminist psychotherapists, gay and lesbian psychotherapists, and therapists of colour have pointed out how influenced the definitions of normalcy in any culture are by the dominant males within that culture. The foundational theories of developmental psychology, for example, such as those of Erik Erikson, were developed using an almost exclusively male research base. Because of these basic assumptions, any individual or group whose characteristic response to illness or stress is different from the dominant culture is likely to be labelled 'abnormal'. More current research (McGoldrick, Giordano & John Pearce, 1996) argues that people differ in the following:

1. Their experience of pain.
2. What they label as symptom.
3. How they communicate about their pain or symptoms.
4. Their beliefs about its cause.
5. Their attitudes toward helpers (doctors and therapists).
6. The treatment they desire or expect.

These fundamental variations are further influenced by the emotions that the client's culture will tolerate, their acceptable forms of expression, culturally-approved aspirations and hopes for the future, tolerance for self-expression and individuation, comprehensible dream thematics, their accepted symbolism, and the culturally-normative interpretation of those symbols, and above all by the culturally-constructed sense of self to which the client may aspire.

Highly individualistic cultures such as the North American Eurocentric one assume the self to be a bounded entity consisting of a number of internal attributes including needs, abilities, motives, and rights. Each individual carries and uses these internal attributes in navigating thought and action in different social situations. By contrast, a different construal of self is more common in many non-Western cultures, including the Polynesian and Asian. According to this latter construal (Matsumoto, 1994), the person is viewed as inherently connected or interdependent with others and inseparable from a social context.

David Matsumoto (1994: 21) charts the distinction between these two cultural constructions of the self as follows:

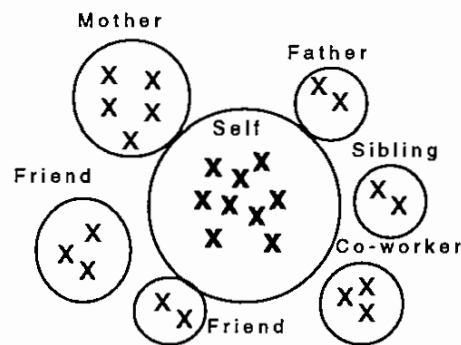


Figure 1.

Here, self is a bounded entity, clearly separated from relevant others. Note that there is no overlap between self and the others. Furthermore, the most salient self-relevant information (indicated by bold Xs) consists of the attributes that are thought to be stable, constant, and intrinsic to the self, such as abilities, goals, rights, and the like. As such, these intrinsic attributes are bound to be quite general and abstract.

By contrast, many non-Western cultures neither assume nor value this overt separateness. Instead, these cultures emphasise what may be called the “fundamental connectedness of human beings” (Matsumoto, 1994: 21).

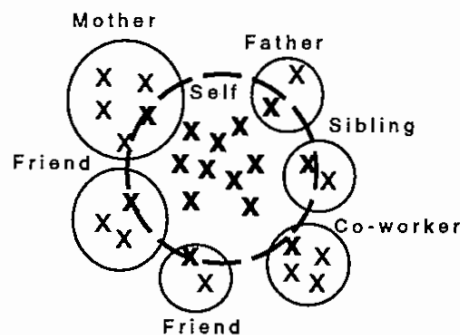


Figure 2

The primary normative task is to adjust oneself so as to fit in and maintain the interdependence among individuals. Thus, many individuals in these cultures are socialised to ‘adjust oneself to an attendant relationship or a group to which they belong’, ‘read others’ minds’, ‘be sympathetic’, ‘occupy and play one’s assigned role’, ‘engage in appropriate actions’, and the like. These are the cultural tasks that have been designed and selected through the history of a

given cultural group to encourage the interdependence of the self with others (Matsumoto, 1994: 20–21). For example, it may be very difficult for a Samoan to claim a bounded identity, such as “I am shy.” The Samoan’s definition will more likely be quite contextual: “I am shy when I am with white people,” or “I am vulnerable when my mother shames me.” From an ethical point of view, psychotherapists must question, when working with clients from communal cultures, how far it is appropriate to encourage them to stand alone, or break ties, or individuate in the manner that is considered normative among Europeans. To encourage these traits of independence may instead be a form of violence against the client’s culture, and may eventually make the client unfit to live comfortably in his or her culture of origin.<sup>1</sup> A simplistic but memorable note of caution is that Westerners value High Performance, while Maori and Polynesians value High Conformance.

## Defining Culture

“Culture is contextual,” writes Joan Laird (quoted in McGoldrick, 1998: 24). “Thus, because no two contexts are ever quite the same, it is always more or less changing and it is always emerging. Who we are changes from moment to moment in shifting settings. We are all multiple cultural selves.” The term ‘culture’, then, can be applied to ethnicity, race, the choices dictated by sexual orientation, and the vicissitudes of life experience. In each instance the client is affected by influences, assumptions, and perceptions very different from those held by the therapist. Of course, when ‘culture’ is defined so broadly, it can even include the many differing ‘cultural narratives’ that co-exist in the same family—stories which are also gendered, raced, classed, aged, etc. This wide-ranging specificity should not encourage us, however, to duck the responsibilities for being sensitive to the increasingly diverse ethnic needs of Aotearoa New Zealand. Ultimately, it is in the test of ethnic sensitivity that our over-all cultural sensitivity is most seriously tested.

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1. In working cross-culturally at psychotherapy, it may often be the case that a new set of ethics applies. For example, at a major conference on the future of professional psychology, Korman (1973: 105) stated: “The provision of professional services to persons of culturally diverse backgrounds by persons not competent in understanding the providing professional services to such group shall be considered unethical... it shall be equally unethical to deny such persons professional services because the present staff is inadequately prepared... it shall be the obligation of all service agencies to employ competent persons or to provide continuing education for the present staff to meet the service needs of the culturally diverse population it serves.” See Allen Ivey, Mary Bradford Ivey, and Lynn Simek-Morgan. *Counseling and Psychotherapy: A Multicultural Perspective*. Third edition. Boston: Allyn and Bacon, 1993: 11-12.

Aotearoa New Zealand is officially a bi-cultural nation which honours the values of the Treaty of Waitangi. Unfortunately, for many Pakeha therapists, the values of Maori culture remain largely mysterious, and therefore the impact of culture upon our Maori clients is not always easily recognised in the therapy room. Maori Marsden has summarised the basic values of Maori culture as follows: "We must teach our children that the Treaty of Waitangi is a covenant whose roots are rangatiratanga, tohungatanga, whanaungatanga, manaakitanga, and ukaipo. However, beyond these is the root of the vine, kotahitanga." Student therapist Sam Mansfield (a.k.a. Mihiteria Kingi) has interpreted Marsden's words in a manner that emphasises the communal character of their values. Rangatiratanga is the role of weaving together a band of travellers. Tohungatanga is the art of reading and interpreting signs and symbols, including the symbol system known as whakapapa (loosely, genealogy). Whanaungatanga concerns the sense of belonging to an identifiable group of people, helping one identify a specific past and present, and projecting into the future. Manaakitanga is to enhance the mana of someone else. Ukaipo is the space, place and symbol system that nourishes the individual within community. Kotahitanga is the transcendent sense of unity, both internally in the sense of congruence, and externally in the sense of belonging to each other.<sup>2</sup> As is obvious, these basic Maori values are dependent upon one's staying in close touch with one's extended family and ethnic community in order to find their fullest expression. In this sense, the individualism typical of Eurocentric cultures must be understood as destructive of traditional Maori identity.

Culture, like gender and sexuality, is performed, rather than being a static 'given'.<sup>3</sup> Ethnicity and culture can be difficult issues for displaced populations, including many of those Polynesians living in New Zealand, for 'in exile' the question of how to perform culture becomes fraught with anxiety. Physically separated from the geographic source of their living culture, some Polynesians in their displacement rigidify their culture, fearing that even the smallest change will bring about the destruction of all they have been taught to value. As well, authority in Polynesian culture works 'from the top down', and questioning the advice or instructions which elders have given is considered culturally inappropriate. Sources of wisdom in Polynesian cultures concentrate heavily on tradition, custom, and personal experience, all three of which are generally mediated through the recognised elders of the community or senior

2. Sam Mansfield, Maori Awareness Workshop, in the "Social and Cultural Context of Psychotherapy," Auckland Institute of Technology, Akoranga campus, 29 March 1999.

3. The idea is adapted from Judith Butler's seminal work on sexuality as performance.

members of an extended family, and all three of which tend to discourage critical thinking. Leo Foliaki (1981) points out that too often, advice from the elders is based on societal expectations 'back in the islands' rather than on the reality of life in Aotearoa New Zealand. Community elders often fail, or even refuse, to recognise the difference, thereby creating enormous stress for those who have sought their counsel. As well, Pacific Islanders tend to wait so long to get help with their problems that it is often too late. In the island, an extended family is aware of problems a lot earlier; here people are away from their extended families, and so the social controls relied upon in the islands are not operational or effective here.

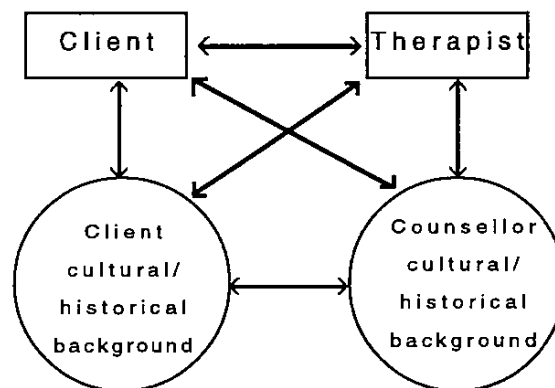
Edward Taub-Bynum (1984) identifies three interrelated levels of unconscious functioning, at work in us all, but demanding particular therapist sensitivity when working with non-Pakeha clients. The individual unconscious is similar to that characteristic of most individualistic, Eurocentric approaches to psychodynamic thought. The family unconscious is composed of extremely powerful affective energies from the earliest life of the individual.<sup>4</sup> The cultural (or collective) unconscious is first learned and experienced in the family. The family unit is the culture bearer—and we need to recall that the nature of the family and its functions vary widely among cultures. The interplay between individual and family affective experience is the formative dialectic of culture. It is not really possible to separate individuals, families and culture, their interplay is so powerful and persistent.

Drawing on Taub-Bynum's theories, Ivey, Ivey, and Simek-Morgan (1993) argue that though counselling and psychotherapy have usually been thought of as a two-person relationship, in working with non-Pakeha clients there is reason to conceive of four 'participants' in a counselling session. Figure 3 provides a schematic of this four-factor relationship. The individual or family brings their specific cultural and historical backgrounds that may affect the session powerfully, and the therapist also brings his or her own unique cultural background to the session. As the figure shows, the client and therapist are what one sees and hears communicating in the interview. But neither can escape the cultural and family heritage from which they come. Further, each individual who comes for therapy is likely to be some mixture of cultural frames of reference, for we all live in a (con)fusion of many cultures (e.g., Samoan culture, the Ponsonby coffee culture, the gym culture, the X generation, etc.).

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4. See also R. D. Laing, "The Family and the 'Family'," in *The Politics of the Family and Other Essays*. New York: Vintage Good, 1971: 3-19.

It is important that we not expect our clients to construe the individual, the family, or a culture in the same fashion we do. What is pathological in the therapist's frame of reference may be highly functional and normal for the culturally-different client.



**Figure 3 The Influence of Cultural/Historical Background on the Interview**

Auckland therapist Cabrini Makasiale suggests that culture be brought directly into the counselling room as a part of the therapeutic process. Maori and Polynesian cultures are full of traditional sayings (whakatauki) which function as metaphors for therapeutic exploration. For example, recently my Masters student Tavita Maliko cited a traditional Samoan parable:

Samoans believe in curses from parents and village elders, as well as in blessings from the same people. Samoans really believe and treasure these blessings, a value held in a similar magnitude to Isaac's blessings of his sons Jacob and Esau. A son naturally is expected to serve his father. There is a famous legend of a blind old man Fe'epo, and his son Leatiogie. The son was going on a week-long war game (a traditional one, rather like kick-boxing but also using a spear), so before he left he went and dug up seven ufi (a kind of Polynesian sweet potato) and prepared them for his father to eat each of the seven days he would be away. The son left home with his father's blessing and he won all his fights. Upon hearing of his son's victory, the old man just clapped his hands while lying down. From this legend comes the saying *Ua pati ta-oto le Fe'epo*, a saying often quoted on ceremonial occasions to promote the authority of powerful elders and the submissiveness of younger men, especially sons.



Maliko was able to identify nine possible meanings for this parable. Most of the interpretations implied quite negative messages for younger men who are trying to find their own identity in a highly patriarchal and traditionalist society. Here are four of the possible interpretations which Tavita identified, and which would have particular use in the therapy room:

1. The son was unable to succeed on his own, but could succeed only because his father blessed him. This would imply that sons who have not been blessed cannot succeed.
2. The father only blessed the son after the son was obedient enough to bring food which would sustain the father during the son's absence. Reading Tavita's analysis, I was reminded of the manner in which Lord Acton signed a letter to his son, "Adieu, and be assured that I will always love you, as long as you deserve it".
3. The father clapped his hands in joy while his son was still at the battlefield. But by the time the son got home, the father's pride was no longer apparent.
4. The blind father is symbolic of the lack of nurturance and the father's inability to be present physically, emotionally, and spiritually to his son. To prove his masculinity, the son has to go it alone.

The analytical work of Tavita Maliko illustrates one of Cabrini's insights into working with Polynesian clients. Culture must be honoured and respected in the therapy room, yet the packaging of that culture often suggests that cultural expression is malleable. Cabrini illustrates her point via the history of the lei. Traditionally Polynesian leis were made out of flowers, and offered for welcoming and other ceremonial cultures. Polynesians in New Zealand find that they don't have access to flowers year round, and that they are expensive, and so here leis have evolved into strings of lollies. This modification keeps the meaning and values of the traditional custom, but modifies their expression to suit new circumstances. Narrative therapists will immediately recognise this as a form of reframing.

What works for Pakeha clients may not work for Maori and Polynesian clients. For example, the transference level toward older therapists will be higher for Maori and Polynesians, due to the cultural respect for the wisdom of age, than it might be with Pakeha clients. Maori and Polynesian clients will be quite sensitive to the geography of the counselling room, for in such cultures, seating arrangements are used to signal who in the room is empowered and who is dis-empowered. Some therapists who work with Polynesian clients sit on the

floor together with them. Direct eye contact in these cultures is often considered rude, and the language of body postures needs to be read differently. Maori and Polynesian cultures often value symbolic thinking and poetic expression, as opposed to linear thinking and concrete expression. Many Maori and Polynesian names have an identifiable meaning behind them. It is important to learn to pronounce those names absolutely correctly, and hearing the story behind a client's name may serve as a convenient entry point to the therapy process.

In the initial stages of therapy with Maori and Polynesian clients, and certainly in the joining process, it is not culturally appropriate for the therapist to appear as a blank screen. That sort of anonymity, while ultimately necessary for the management of the unconscious process, is usually offensive to Maori and Polynesian clients. Maori clients may expect to know what river and mountain the therapist claims as his or her own (Ko wai koe? No hea hoe?). Polynesian clients may expect to know who the therapist's father and mother were, and where he or she was born. These are the culturally accepted ways of joining with which Maori and Polynesian clients are familiar, and which they find respectful. In general, they may expect the therapist to meet them where they are first, before calling the client forth into a new and unfamiliar place. This concept will place demands on the therapist to re-think the more traditional positions on therapist self-disclosure.

As well, Sue and Sue (1990) point to two difficulties in the traditional therapeutic orientation toward self-disclosure by the client. One of these is cultural, and the other is sociopolitical. "First, intimate revelations of personal and social problems may not be acceptable, since such difficulties reflect not only on the individual, but also on the whole family... [Secondly], few Blacks initially perceive a White counsellor as a person of goodwill, but rather as an agent of society who may use the information against them. From the Black perspective, uncritical self-disclosure to others is not healthy" (p. 40). Native American therapist J. Good Tracks makes a similar point: Indians may perceive the therapist as "an authority figure representing a coercive institution and an alien dominating and undesirable culture."<sup>5</sup> The therapist can counter this by joining with the client, following the client's directive, and being willing to admit to confusion and misunderstanding (Sutton and Broken Nose, 1996).

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5. The reader may be reminded here of Selma Fraiberg's "Ghosts in the Nursery," in that present perceptions are affected by the tragic events of the past. These same "ghosts" can haunt issues of power and authority in the therapy room.

Of course, ultimately culture may also serve as a mask behind which the client may well hide. Some clinicians have argued that culture is 'camouflage'—that is, it is used in families in manipulative or controlling ways as a red herring in order to preserve the status quo, bind children to their parents, keep family boundaries closed, and so on. Others, like Montalvo and Gutierrez (1998) have seen culture or ethnicity as a potential mask that can obscure people's problem-solving modes:

By using cultural constraints selectively... the family can pull the therapist away from reality. The therapist is made to deal instead with a cultural image of the ethnic group. In the process the family—as simply people having difficulties in solving problems—is lost (p. 21).

These authors have believed that if one is simply a good listener, or, as in the case of various family therapies, able to surface the family structure, rules, and other patterns, what is important about culture will emerge. One needs no special knowledge. Monica McGoldrick, perhaps the most articulate and dedicated spokesperson in the clinical arena for the importance of the cultural dimension in family life, has taken a very different position. She points out that ethnicity patterns our thinking, feeling and behaviour in both obvious and subtle ways, playing a major role in determining what we eat, how we work, how we relate, how we celebrate holidays and ritual, and how we feel about life, death, and illness. Joan Laird (1998: 22) takes a middle road, arguing that whatever our therapeutic models, listening and questioning in and of themselves are not quite good enough, and that special 'knowledges' are helpful as long as we hold them tentatively. For if we do not learn about our own cultural selves and the culture of the other it will be difficult to move beyond our own cultural lenses and biases when we encounter practices that we do not understand or find distasteful; we will not be able to ask the questions that help surface subtle ethnic, gender or sexuality meanings; and we may not see or hear such meanings when they are right there in front of us. Laird thus argues that a therapist's work cross-culturally must hold together just the right balance of knowing and not-knowing.

### **Knowing and Not Knowing**

The client's world is made up of so many different cultures that no single therapist can be expected to be competent in them all. For example, as an American, I cannot comprehend fully the culture of cricket, much less the culture of kilikiti (the Samoan version of cricket). As a male, I cannot comprehend fully the culture of women, much less the culture of feminism or

of sexually abused women. As a Caucasian male, I cannot understand the culture of racial or ethnic oppression and marginalisation. But none of these should keep me from working with those who come from a culture other than my own. Instead, they should caution me to learn more, in order to equip myself to be a more apt therapist to a larger variety of clients.

Sue and Sue (1990: 168–169) suggest four basic policies in working with clients who come from cultures other than the therapist's own:

1. The culturally skilled counsellor must possess specific knowledge and information about the particular group he or she is working with. He or she must be aware of the history, experiences, cultural values, and lifestyle of various racial ethnic groups.
2. The culturally skilled counsellor will have a good understanding of the sociopolitical system's operation in [his or her country of residence] with respect to its treatment of minorities.
3. The culturally skilled counsellor must have a clear and explicit knowledge and understanding of the generic characteristics of counselling and therapy. These encompass language factors, culture-bound values, and class-bound values. In some cases, theories or models may limit the potential of persons from different cultures. Likewise, being able to determine those that may have usefulness to culturally different clients is important.
4. The culturally skilled counsellor is aware of institutional barriers that prevent minorities from using mental health services. Such factors as the location of a mental health agency, the formality or informality of the decor, the language(s) used to advertise the services, the availability of minorities among the different levels, the organisational climate, the hours and days of operation, the offering of the services needed by the community, and so forth, are important.

The same authors (Sue & Sue, 1990: 166–168) add a further five points which describe the therapist's working awareness of his or her own assumptions, values, and biases:

1. The culturally skilled counselling psychologist is one who has moved from being culturally unaware to being aware and sensitive to his or her own cultural heritage and to valuing and respecting difference. It is clear that a counsellor who is culturally unaware is most likely to impose his or her values and standards onto a minority client. As a result, an

- unenlightened counsellor may be engaging in an act of cultural oppression.
2. The culturally skilled counsellor is aware of his or her own values and biases, and how they may affect minority clients. Culturally skilled counsellors try not to hold preconceived limitations/notions about their minority clients.
  3. Culturally skilled counsellors are comfortable with differences that exist between themselves and their clients in terms of race and beliefs. The culturally skilled counsellor does not profess 'colour blindness' or negate the existence of differences that exist in attitudes and beliefs.
  4. The culturally skilled counsellor is sensitive to circumstances (personal biases, stage of ethnic identity, sociopolitical influences, etc.) that may dictate referral of the minority client to a member of his or her own race or culture or to another counsellor, in general.
  5. The culturally skilled counsellor acknowledges and is aware of his or her own racist attitudes, beliefs, and feelings. A culturally skilled counsellor does not deny the fact that he or she has directly or indirectly benefited from individual, institutional, and cultural racism and that he or she has been socialised in a racist society. Addressing one's Whiteness as in the models of White identity development is crucial for effective cross-cultural counselling.

Having thought through these various suggestions from Sue and Sue, I would claim that they are just that: suggestions which are worthy of serious consideration. They may be admirable as training goals for all psychotherapists in Aotearoa New Zealand, but most of us are not quite 'there' yet, and in the meantime have a variety of clients who increasingly demand our best cross-cultural skills.

I find myself fascinated and somewhat comforted, therefore, by Joan Laird's (1998) theory of "Informed Not-Knowing". She defines "Informed Not-Knowing" as meaning that "we are never 'expert', 'right', or in full possession of 'the truth'. On the other hand, I believe that only if we become as informed as possible—about ourselves and those whom we perceive as different—will we be able to listen in a way that has the potential for surfacing our own cultural biases and recognizing the cultural narratives of the others" (p. 23). She continues:

Borrowing from the anthropologists and congruent with the notion of culture as metaphor, several writers in the family field, myself included,

have argued for assuming the ethnographic metaphor in practice. What this stance most fundamentally is about is figuring out how, when entering the experience of another individual or group of individuals, to be as unfettered as possible with one's own cultural luggage—how to leave at home one's powerful cultural assumptions and to create the conversational spaces wherein the voices of the 'other' can emerge. Anderson and Goolishian (1992) in their effort to deconstruct the ethnographic stance, have argued that it is the client who is the expert; as therapists, we do (or should) enter the experience of the other as "not-knowing." Dyche and Zayas (1995) suggest that 'cultural naivete', and 'respectful curiosity' are as important as knowledge and skill. Knowledge, or what they call 'cultural literacy,' they believe, can obscure our views and privilege our own representations over those of our clients.

With my supervisees I often suggest that in dealing with culturally-different clients, they adopt the stance of 'cultural tourist', leaving it in the hands of the client to teach the therapist which cultural values and practices are necessary to understand for the therapist to work effectively. Such a stance empowers the client, and goes far to make the therapist 'culturally safe'. At the same time, the therapist must be alert to instances in which the client manipulates the therapist's 'not-knowing' as a form of resistance.

### **Critical White Theory and Therapist Introspection**

Given the overwhelmingly European makeup of the NZAP membership, it would surely behoove us all to pay serious attention to a developing new field of knowledge called 'Critical White Theory'. Of course, self-examination and self-scrutiny have always been part of the professional requirements to be a good therapist, but such introspection has not usually included asking hard questions about how we as therapists are blinded and deafened by our own culture-of-origin.

In teaching issues of cultural awareness and cultural safety at St. John's College, we nominate six areas of identity which need intentional address by almost all Pakeha residents of Aotearoa New Zealand. Just as these are appropriate topics of address for ministry formation, so they are also appropriate topics of address for ongoing formation as professional therapists. The six are:

**Racism.** This includes our attitudes to the cultural practices of anyone who lives, thinks, or behaves differently than we do, particularly, but not limited to, those with a different skin colour. Robert Jay Green (quoted in McGoldrick, 1998) observes:

Regardless of their other characteristics as individuals, skin color constitutes a fundamental organising characteristic of their lives and tends to structure their interactions with other racial groups in the society. And the same is true for Whites, although it involves racial privilege rather than racial discrimination. White skin color is a fundamental organizing characteristic of persons' lives, contributes to much of Whites' relative economic privilege, and structures much of their interaction with other races, including Whites' lack of interaction with other races (p. 103).

**Sexism.** The privileging of males over females, the devaluation of femininity or things 'feminine', or more recently, the putting down of males in stereotypical ways (emotionally illiterate, victimisers, resistant and unreachable).<sup>6</sup>

**Cultural Imperialism.** When Europeans came to Aotearoa New Zealand, they presumed their culture to be superior. Maori were presented with written literature (Bibles, books), 'modern' medicines, and firearms. To this day, many argue that Maori and Polynesians are culturally inferior to Pakeha, granting little or no credence to non-European systems of medicine, beliefs in the inbreaking of the supernatural, oral knowledge and wisdom, and communal values.

**Classism.** Schofield has noted that therapists tend to prefer clients who exhibit the YAVIS syndrome: young, attractive, verbal, intelligent, and successful. This preference tends to discriminate against people from different minority groups or those from lower socioeconomic classes. This has led Sundberg sarcastically to point out that therapy is not for QUOID people (quiet, ugly, old, indigent, and dissimilar culturally). (Sue & Sue, 1990: 33).

**Heterosexism.** This is the hallmark of patriarchal societies and cultures, and its effects are pandemic. Heterosexism means that 'normalcy' is defined by the values, assumptions, and behaviour typical to white middle-class heterosexual males. Heterosexism makes no room for the voice of women, non-Europeans, or non-heterosexuals.<sup>7</sup>

**Ignorance of Social Justice Issues.** The middle-class bias of psychotherapy may make the therapist blind to the social and cultural realities within which Maori and Polynesian clients live. Without a

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6. Donna Awatere (1981) argues that unless counselling address the three great 'isms'—sexism, capitalism, and racism—it only maintains the status quo of social inequality.

7. The literature on the effects of heterosexism is expanding. One of the earliest, and still excellent, is Jung and Smith.

working knowledge of our clients' individual contexts, we cannot intervene with or respond to them in the most effective manner.

By what approach can we best begin to address these issues, as Pakeha psychotherapists, primarily immersed in a Pakeha culture, practising a profession whose origins are exclusively Caucasian, and treating a client base which is also largely Pakeha? Peggy McIntosh spent the first part of her writing career addressing issues of feminist concern within psychotherapy. At some point, it occurred to her that even through all the tension between white men and white women, they had something critical in common: power and privilege. McIntosh (quoted in McGoldrick, 1998) writes:

I think whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege. So I have begun in an untutored way to ask what it is like to have white privilege. I have come to see white privilege as an invisible package of unearned assets which I can count on cashing in each day, but about which I was 'meant' to remain oblivious. White privilege is like an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks. (p 148)

Whites are taught to think of their lives as morally neutral, normative, and average, and also ideal, so that when we work to benefit others, this is seen as work which will allow 'them' to be more like 'us'. It is only by "unpacking the invisible knapsack" that we Pakeha therapists all wear, that we can be appropriately sensitive to what our non-Pakeha clients are telling us. We cannot see the knapsack, but those who don't have one can. (McGoldrick, 1998: 220)

## Conclusion

There are many psychotherapeutic issues which this brief article has not explored. To the best of my knowledge so far, little or nothing has been written on the way that transference, projection, and imitation work cross culturally. However, we can be sure that the countertransference of Pakeha therapists will always contain within it White assumptions and values about what is healthy and normal, and what sorts of interventions, treatment plans, and outcomes are appropriate for clients, be they Pakeha or not.

Today there exists a growing body of knowledge and innovative techniques to respond to cultural diversity. McGoldrick, Giordano, and Pearce offer the following guidelines as useful in working cross-culturally, particularly across ethnic lines:



- *Assess the importance of ethnicity to patients and families.* To what extent does the patient identify with an ethnic group and/or religion? Is his or her behaviour pathological or a cultural norm? Is the patient manifesting 'resistance' or is his or her value system different from that of the therapist?
- *Validate and strengthen ethnic identity.* Under great stress an individual's identity can easily become diffuse. It is important that the therapist foster the client's connection to his or her cultural heritage.
- *Be aware of and use the client's support systems.* Often support systems—extended family and friends; fraternal, social and religious groups—are strained or unavailable. Learn to strengthen the client's connections to family and community resources.
- *Serve as a 'culture broker'.* Help the family identify and resolve value conflicts. For example, a person may feel pride about some aspects of his or her ethnic background and shame about others, or there may be an immobilizing 'tug of war' between personal aspirations and family loyalty.
- *Be aware of 'cultural camouflage'.* Clients sometimes use ethnic, racial or religious identity (and stereotypes about it) as a defence against change or pain, or as a justification for half-hearted involvement in therapy.
- *Know that there are advantages and disadvantages in being of the same ethnic group as your client.* There may be a 'natural' rapport from belonging to the same 'tribe' as your client. Yet, you may also unconsciously over-identify with the client and 'collude' with his or her resistance. Unresolved issues about your own ethnicity may be 'mirrored' by client families, exacerbating your own value conflicts.
- *Don't feel you have to 'know everything' about other ethnic groups.* Ethnically-sensitive practice begins with an awareness of how cultural beliefs influence all our interactions. Knowing your own limitations and ignorance and being open-heartedly curious will help set up a context within which you will have a mutual learning with your clients.
- *To avoid polarisation, always try to think in categories that allow for at least three possibilities.* Consider, if you are exploring Black and White differences, how a Latina might view it. Consider, if you are thinking of how African Americans are dealing with male-female relationships, how a Black lesbian might view it.

These introductory observations barely scratch the surface of the complexities

of doing therapy cross-culturally. My hope in writing this piece was simply to challenge us all to look closely at the biases in what we do as psychotherapists, and how our biases actually prevent us from serving well a growing segment of the national population. In the end, the wisest words will have to come from indigenous therapists, as more and more of them enter the ranks. This new pool of therapists will not emerge, however, until we commit ourselves to a two-pronged recruitment approach: doing therapy effectively enough cross-culturally that Maori and Polynesian clients can experience the benefits first-hand and experientially, and then encouraging these same clients to consider training to themselves become therapists. Until this recruitment plan proves itself successful, we who can ever only see 'through a glass darkly' will have to play out our Treaty commitments and our concerns for the health of this whole society by intentionally embarking on the journey toward becoming bicultural.<sup>8</sup>

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8. While not specifically geared toward therapists, James Ritchie's *Becoming Bicultural* (Wellington: Hula Press, 1992) is a useful guide on the journey, as are the works of Michael King, especially his recent *Becoming Pakeha Again*.

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