

Therapist and Coloniser: Pākehā Approaches to Māori Historical Trauma

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Abstract

This article discusses issues in treating the historical trauma of Māori, the colonised peoples of Aotearoa New Zealand. The advent of Māori psychotherapy has enabled valuable insight into the needs of such clients, but, even as it helps define a space of safety and nurture for Māori, questions arise about how non-Māori practitioners might treat Māori clients from outside this largely intra-cultural process. The article focuses on the response from New Zealand Pākehā (that is, New Zealanders of European descent), due to the fact that they are in the most primary bicultural relationship with Māori, in which an inherent white privilege and coloniser status complicates the relational process. Finally, the article discusses the difficulties Pākehā experience in bridging intercultural divides around cultural competency, power structures, and the importance of cultural self-awareness, which may also have a wider multicultural relevance to other tauwiwi (non-Maori) practitioners.

Whakarāpopotonga

He matapakinga kaupapa whakatika i te hitori whetuki o te Māori, te tangata pēhitia o Aotearoa. Nō te timatanga ake o te whakaora hinengaro Māori te whakamanahanga o ngā mātauranga mārihi ki ngā hiahia o aua kiritaki, engari, ahakoa e āwhinahia ana te tautuhi ātea haumanu, poipoi mō te Māori, ka ara tonu ake te pātai mō te momo whakaora kiritaki Māori ā ngā kaiwhakaora o iwi kē i waho ake i tēnei hātepe ahurei-takitahi. Ka arotika atu tēnei tuhinga ki te urupare mai ā ngā Pākehā, nā te mea ko rātau te kākano rua mātāmua ki te Māori, e puta ake nei te momo hao ā-mā me te tūranga kaipēhitanga hai whakauaua i te hātepe whakawhanaunga. Hai whakamutunga, ka matapakihia te uauatanga o te wheako Pākehā ki te whakawhiti tautuhi ahurei whakapā ki te toa ahurei, te mana whakatakotoranga, me te tokānuku o te tuakiri ahurei, ā, tērā pea he pānga whānui ake anō ki ngā kaimahi (iwi kē) kākano maha.

Keywords: Pākehā; white culture; intercultural therapy; Māori; Māori psychotherapy; colonisation

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In this article I review literature that discusses how Māori clients suffering from historical trauma might be treated by non-Maori therapists. Following Woodard (2008) I define this client group broadly and non-exclusively. I tend to assume that in a group dispossessed of their lands and cultural integrity by colonisation, any mental illness will have some foundation in this traumatic history.

The poor record of Māori treatment in Pākehā mental health services is long documented (see for example, Johnstone & Read, 2000). More recently the advent of psychotherapy informed by kaupapa Māori opens new insights into this client group, as will be discussed below. Māori thinking and practice aims to resolve treatment issues by establishing or re-establishing important therapeutic links between Māori therapists and clients within a specifically Māori cultural framework. But in doing so it also raises important questions about possible application from outside Maori culture.

Pākehā, or New Zealanders of European descent, like myself may wish to assist in the healing of Māori historical trauma, but we cannot proceed by simply acquiring newly available information about Māori clients in general. Rather as I will show, such explorations in Maori self-knowledge present Pākehā with complex but constructive questions about our own identity and practice, both personally and culturally. Arguably, we can no longer overlook the inevitable forces of history and cultural coding that are at play in even the most well-intentioned therapy process. Moreover, this broader perspective on the therapeutic dyad requires Pākehā therapists to somehow navigate their inherent status not only as other to Māori, but also as “coloniser”.

Solving these problems has not been the focus of Māori psychotherapy, which speaks very consciously to Western practice but maintains a decolonising imperative that necessarily privileges intra-cultural Māori matters. For this reason, I have chosen to respect this goal of the Māori writers, whose work is essential but can only be summarised here. My primary focus will instead be on three tauwiwi (non-Maori) writers, each of whom offer useful if fragmentary reflections on how tauwiwi therapists — primarily Pākehā — might adjust to the intercultural considerations raised by Māori psychotherapy, and might approach the asymmetries, barriers and stumbling blocks that can arise between themselves and their Māori clients.

Māori Psychotherapy and Historical Trauma

I will begin with a short discussion of Māori historical trauma and Māori psychotherapy. Wiremu Woodard (2008) described a Māori client (“Tāwhiri”) who is suffering from the whakamā (shame) of dependence on the state:

Intergenerational processes have resulted in increasing disconnection from indigenous experiences of land and natural resources. Tāwhiri has embodied these processes presenting within psychotherapy with a crisis of self, fragmentation, hopelessness, and despair. He is striving to make changes in his whānau and claim his tino rangatiratanga, yet feels isolated, under resourced and constantly returns to questioning his own authenticity. (p. 28)

Tāwhiri's situation illustrates how historical circumstances have produced internal emotional and family legacies. It is unclear how real progress could be achieved by discussing in conventional therapy those relationships, or Tāwhiri's feelings about them. There is an "external" circumstance here — historical, cultural and social — that for Woodard is simply part of the picture, as both cause and potential locus of healing. We will return to the theme of "external" reality later, but alongside Woodard's powerful evocation of pre-Western ideas such as the psyche's grounding in multiple "indigenous selves" (p. 25), client histories such as that of Tāwhiri support Woodard's radical analysis of the external, social and colonial aetiology of Māori mental illness.

In a similar discussion of historical trauma, Jo Reidy (2014) noted a chronic damage to mana that must be addressed by a mana enhancing psychotherapy. Reidy's interest in reconnecting and reinforcing aspects of personal and social respect presents a (re) constructive approach within a clinical psychotherapy adjusted to Māori needs. Reidy advocated a relational mode that identifies "resistance and defence through a framework of Māori values" (p. 74).

Alayne Hall (2012, 2013) presented a rich and symbolic discussion of the cultural and historical context behind a Māori-informed practice. Her expositions touch on major structures such as whakapapa (lineage, descent) along with more esoteric, etymological and untranslatable ones, such as pūrākau (storytelling, legend), pōrangi (madness, darkness), and kahurangi (surface, masking). Hall used the writing space to both inform others and to model Māori thinking in a complex and deeply felt way, weaving her relationships with landscapes, gods and personal experience into discussions of intercultural politics and therapeutic imperatives.

Deep Māori values were also explored by Margaret Poutu Morice (2003). She provided a generous and detailed discussion of many important notions in Māori psychological health. Like Hall, she worked to convey the integrated, living Māori world that inhabits these richly interwoven and interconnected structures of culture. Along with mana and whakamā, the most essential for Pākehā to absorb may be manaakitanga (hospitality, generosity), wairuatanga (spirituality), whanaungatanga (relationship, connection), and kotahitanga (unity or togetherness), the latter of which may in some way link Māori collective identity with the Pākehā notion of individual ego. Morice's open and nuanced discussion of clinical relational practice also offered useful reflections for non-Māori, building bridges with many Western concepts while seeming to invite Pākehā to practice Māori ones. By emphasising common ground Morice offered a great deal that is of intercultural value, but she was less focussed on the more difficult experiences that even well-prepared Pākehā therapists — such as Grant Dillon, below — might encounter as they negotiate Māori difference as such.

It is worth remembering that few, if any, Pākehā are as competent in two or more cultures as almost every Māori living in Aotearoa New Zealand. Morice's smooth and fluid translation therefore presents an aspirational model for anyone in this multicultural era, but such a capacity cannot yet be naturally assumed of Pākehā who, for reasons I will discuss, may have certain unavoidable limitations in this area.

The foundational writings of Māori psychotherapy work to locate and nurture Māori experience in its own context. This body of work also allows Pākehā to explore their own

relationship to this culture in a richer and more informed way. But there are possible pitfalls in this latter process. Woodard's (2008) vignette of Tāwhiri raised the importance of authenticity. If our Māori client is searching for cultural authenticity, how can a Pākehā therapist help if they are culturally unsure, if they are not themselves authentic? Conceiving of Māori and Pākehā cultures on an equal footing, Morice noted that:

The need for a Māori psychotherapy is relatively obvious to anyone who is Māori. The purpose of a Māori psychotherapy for Māori is no different than the purpose of a Pākehā psychotherapy for Pākehā. So long as psychotherapy remains monocultural it will remain unable to meet the needs and aspirations of Māori practitioners and Māori clients. (2003, p. 15)

One recognition Morice made here is that Māori experience therapy not as neutral, but as a Pākehā-coded space. As we will see below, even Pākehā practitioners with deep intercultural experience may be apt to revert to assumptions of therapy as a humane but neutral or supra-cultural process. Such tendencies may mirror the persistent cognitive difficulty white subjects have in recognising their own dominance (McIntosh, 2002; Naughton & Tudor, 2006). Similarly, it may also reflect a struggle to create concrete and objective ideas about oneself in the face of an unconsciously objectified cultural other (Woodard, 2008). The resulting space of white vagueness and assumed power — arguably an almost infantile state, from an intercultural point of view — must in some way perpetuate forms of inauthenticity or lack of mature self-identity in Pākehā. The idea that power also produces certain kinds of weakness is perfectly natural, I assert, though it may be counterintuitive or perhaps even offensive to some — especially to groups who have experienced the pain and prejudice with which white privilege is often associated. Pākehā may be forgiven, perhaps, for trying to alleviate this underdevelopment of a self-aware cultural identity by appropriating or attaching themselves to another overtly cultural object — such as aspects of Māori culture. The danger for Pākehā however lies along a fine and tricky line between learning about Māori culture — relating to it — and identifying oneself solely *through that relationship*. The latter would be an inverted mono-culturalism, a reversal of the fixed Otherness that colonisation previously forced on Māori. Such a subject position could repeat or continue some of the less desirable legacies of our history, further obfuscating or compounding the problem for both cultures.

In short, this work will assume that while it is highly desirable for Pākehā to be familiar with the culture of our Treaty partners, this cannot be done in a way that is healthy — or culturally appropriate — if Pākehā believe Māori culture is more significant or “more cultural” than their own. Pākehā must be Pākehā, must inhabit their position “with confidence” (Hall, 2013, p. 141).

Dillon: Chasing Phantoms of Culture

Grant Dillon's (2008) clinical tale is an elegant description of how culture can intervene or superimpose itself on a clinical relationship. In his early sessions with a Māori client (“Aria”), the hallucinated face of an older Māori man appears to Dillon in the room. This

mysterious image was imposed between them, appearing for many sessions in front of Aria's face. Early in their difficult relationship there was little on which to base an interpretation of this hallucination. Dillon could only reflect on his sense that Aria was experiencing tension and possibly maintaining her therapist's "power distance" by dutifully "doing therapy" (p. 92; see also Jackson, 2006).

Dillon remained silent and passive in ensuing sessions, accepting this strange presence while privately conducting a careful and circumspect (if not slightly obsessive) exploration of possible meanings. Dillon's interpretations were not strictly cultural, as Aria's relationship to her Māori father was ambivalent, and even more so her estrangement from her deceased Scottish mother. After failing in many avenues, he eventually consulted a Māori supervisor, who suggested the figure may be a deceased relative who needed to be attended to.

At this point Dillon's commitment to honouring the face, and the questions it posed, deepened dramatically. But so too did the cultural dilemma. While processing scruples of cultural translation and appropriation, he also struggled with the impossible practicalities of integrating "radically different" (p. 96) indigenous interpretations into day-to-day clinical sessions. While paying enormous cultural respect and going the extra mile, he seemed only to be digging a hole.

At this time I was mostly mildly abstinent in sessions; I had believed that I was allowing spaciousness for something of Aria's to develop in. But our connection seemed thinner, stretched somehow, and she seemed less present to me. (p. 96)

After many weeks Dillon felt forced to address the lengthening silences. When Aria responded by agreeing that he wasn't being "inviting enough" (p. 97), Dillon quickly did "something a bit different" (p. 97). He made a little joke with Aria and then started an almost self-introductory chat about his training and his own experience of therapy. Aria immediately relaxed and a warm, almost sibling-like working relationship was quickly established. Parallel to this warmth an interesting tension was able to emerge and grow between them, reflecting perhaps a growing cultural awareness of difference that had formerly lain dormant, untouched by their initial professional distance.

Once they could talk openly, Aria revealed that she had been having an inverse hallucination — seeing over Dillon's face the image of her white mother. At this point of opening, it became possible for her to talk about her cultural experience in society and her relationship to Dillon as Pākehā. It is notable that this ability to engage culturally emerged at the very moment the therapeutic connection had become personal. A personal communication had opened between Dillon and Aria, which among other things allowed Aria to reveal her own highly intimate hallucination. But it was also personal in that Aria was newly able to describe and metabolise her painful cultural and racial experience — not only as an external narrative about an existing social state of affairs but as an experience within her own personal life.

A striking outcome of their ultimately successful work together is that Aria explored her Māori identity and culture more fully. It is thus heartening that a Pākehā therapist was able to overcome such complexities to assist his client in one of Māori psychotherapy's key outcomes. From this Dillon learned that "an ounce of warmth and willingness to relate is

worth a pound of cleverness” (p. 100). The effort to find a “correct” interpretation eventually fell away, despite the occasional reappearance of the face.

Dillon concludes with a near-celebration of the hallucination for its very elusiveness, for providing him a clue to what “I didn’t know that I didn’t know” (p. 101). This logic of elision and displacement (the double negative of not knowing what you don’t know) resonates with notions used in treating historical trauma, in which therapists must navigate the “presence of an absence” (Gerson, 2009, p. 1,346) along with hauntings of various spectres and ghosts (Gerson, 2009; O’Loughlin, 2013).

But it also speaks to the tricky and paradoxical nature of the lesson Dillon teaches us. It was his very preoccupation with the cultural phenomenon (the confounding, confronting face) that seemed to prevent Aria’s initial progress in therapy. Does this mean that culture is itself an impediment? Conversely, Dillon’s deceptively simple decision to try something “different” (casual self-disclosure) created a more human and workable relationship. Does this mean chatting can overcome cultural barriers? Both conclusions are too easy. Dillon’s progress depended on courage, self-knowledge and deep engagement. His genuine and careful effort to accommodate Aria and her imagined whānau was a silent and mental force of attention and relationship: it must have had an unconscious impact. Likewise, the conscious silence they experienced did not happen in a vacuum — tellingly it built up to precipitate a conversation, before quickly becoming a kind of intimacy. It was as if the relationship had already been charged up with understanding.

Applying a Māori psychotherapy framework, we might say Aria was initially alienated by a lack of welcoming manaakitanga (Morice, 2003; Reidy, 2014). Likewise, Dillon’s ice-breaking self-disclosure could have served as an opening for whanaungatanga, establishing their relationship around common external linkages (Hall, Morice & Wilson, 2012; Morice, 2003). If Dillon had been more conscious of such cultural expectations, would Aria have progressed more quickly? Perhaps. But Dillon’s engagement was ultimately successful because it was genuine, flexible, multi-levelled, and authentic.

To Pākehā therapists Dillon provides both a warning and a suggestion — which are uncomfortably hard to separate. Therapists must earnestly do justice to cultural matters, continuing to observe and respect them: like the face, they refuse to go away. Yet at the same time they must find a way through or beyond culture, to establish warmth and personal contact. This will make therapy possible but may also enact and mobilise real culture — enabling the client’s cultural identity to become part of their personal story in a way that may be helpful.

O’Loughlin: Culture in a Vacuum

Michael O’Loughlin (2013) offered a rich and fascinating discussion of cultural trauma. Working in the aftermath of atrocity and deep division in South Africa, O’Loughlin looked beyond contestations and retribution toward a layered intercultural process in which a multiplicity of partial truths could co-exist in a fractious but healthy tension, to be interwoven in clinical efforts to “repair the fabric of socio-historical continuity” (2013, p. 244). Treatment of historical trauma means an active memory work, a therapeutic remembering of the past — which is never past — to create “conditions for the return of the

real, the feeling of ‘nameless dread’, the encounter with the ghost” (p. 257).

Samuel Gerson (2009) echoed O’Loughlin, describing similar processes in Holocaust victims. When unspeakable events leave a void in the patient’s psyche, the clinical difficulty is how to navigate absences — sometimes too horrible to approach. Gerson described lengthy witnessing, waiting and “enduring the presence of absence” (p. 1349) before clients could glimpse hope and vitality — which for the deeply traumatised may remain “unfinished business” (p. 1,350).

O’Loughlin however expanded this perspective by introducing an idea that is also key to Māori psychotherapy — that of collective identity, in which both client and therapist are understood as a “We” not an “I”. Each person’s “culturally constituted unconscious” (O’Loughlin, 2013, p. 264) moreover carries intergenerational experience such as trauma. Intergenerational trauma registers as coping by negation in the first generation, denial in the second, and in the third by “foreclosure” into the “unthinkable” (p. 255). At this point descendants still have the trauma, but it is fully unconscious.

Such ideas bring perspective to Māori clients’ suffering. Even relatively empowered and articulate people — like Dillon’s client Aria — are unlikely to be conscious of their historical and cultural trauma. Indeed, it seems from Aria’s transference/vision that her unconscious was highly active from the outset, while her conscious cultural position took time to reveal and explore. O’Loughlin thus encouraged us to see the depth of such absences: explicit cultural and political grievances must be listened to carefully, must be part of the fabric, but not mistaken for deeper trauma — which is by nature difficult to approach.

O’Loughlin’s examples of historical trauma refer us to oppressed peoples — the Irish under British rule and the Crow Nation during westward expansion in the U.S. Yet his way of describing these histories almost evoked Pākehā histories too. Terminology such as “severed from social linkages” (p. 255) and “the psychic consequences of uprooting and displacements” (p. 256) could in some cases describe the traumas of white colonists. The politics of choice are vastly different, but the effects of loss and diaspora may be similar.

Such an idea begs the question of what is, to use O’Loughlin’s term, “unthinkable” for current generations of Pākehā therapists. How do Pākehā feel about their ancestors having lost contact with Europe, finding themselves centuries later on far-flung Pacific islands — still somewhat unsettled, still sometimes unwanted. If we could discuss a white historical trauma, then what would it be? Such a question may be hard to ask, and even harder to think about — but it must be asked and thought about, personally and collectively. Pākehā must not assume their struggles have been comparable to those of Māori — as if comparison were useful in this context. But neither can we assume a familiar white position that is somehow above and outside the travails of history, as if our own losses of homeland and genealogical linkage made no imprint on us simply because we ended up with a dominant social position. Such questions have a strange taboo around them, and it is easy to assume this is because most discourse around race rightly works to persuade white populations of their privilege, not their suffering. However I suggest, following O’Loughlin, that the relative muteness among whites on this matter may also have something to do with a “foreclosure” into the unthinkable that is not altogether healthy. For example, imagine a Pākehā therapist whose Māori client, like Aria, wishes to reconnect with their roots. Assume the therapist holds some unconscious grief and perhaps envy of their client who, as Māori, enjoys access to

something the therapist has unconsciously lost — namely an unequivocal sense of belonging (to a long-gone European homeland of the therapist's ancestors). Whose needs will be met in the next steps of this already politically unequal relationship? The question is not simple, as the therapist's potential wish to inhabit Māori belonging by proxy — and/or the complications presented by what Dalal (1997) below calls the therapist's own "black Id" — mean that even encouraging the Māori client in their own cultural exploration is a potentially fraught desire.

Though complex and layered in its implications, O'Loughlin's discussion however does not treat cultural difference per se, and certainly not between therapist and client. On the contrary, he strangely portrays culture in a kind of vacuum. The process of "mobilising history, reweaving ancestral narrative threads" (p. 263) may include many voices, but they seem dislocated and floating, inscribed on a *tabula rasa* of vacant cultural space. In fact, O'Loughlin went so far as to parallel the therapeutic relationship, literally, with a museum. The District Six Museum in Cape Town is a special case — a memorial museum that plays an unusually open and critical social role — but the implication is of the clinic as likewise a background of whiteness and neutrality.

In practice, his approach may not be so different from Dillon's efforts to do cultural justice to his client. But O'Loughlin tacitly supported an ideal in which the therapist is not themselves culturally involved, remaining clinical and supra-cultural precisely in the moments of cultural connection. The active memory work remains with the client, and O'Loughlin seems uninclined to expand his analysis to the mutual and bi-lateral processes of cultural and historical legacy that must influence the clinical dyad itself.

O'Loughlin thus lost a perfect opportunity to discuss white historical trauma — specifically in therapists. This omission is all the more stark because he laid this very foundation, detailing his Irish heritage and his mother's deep trauma before indicating he had dealt with all of this. When it came to joining certain dots — how his own cultural trauma may manifest as a therapist — what he perhaps could have said remained notably, poignantly absent.

Dalal: Topologies and Flow Charts

Farhad Dalal (1997, 1999) makes contributions which both complicate and clarify. His work broadly defines the dynamics of identity in terms of the psyche's grouping of "Us" and "Them" (Dalal, 1999). This is not superficial difference but a deep formation of identity in which the need to belong to "Us" forces in us a structural aggression toward the "Them" — the others on whom we project our own negative attributes. Presenting an interesting theory from Kernberg, Dalal suggested that along with simply maintaining a boundary, the need to denigrate the other or "Them" is driven by a reaction to the over-bearing nature of the "Us", which "seeks to substitute itself for the group members' Ego and superego" (1999, p. 167). To protect the "Us", the psyche splits off this constantly arising aggression and redirects it outward at the "Them". Such an idea seems elaborate but does help to explain the claustrophobic intensity of some cultural feeling, as well as the tendency of what we call racism to be inflamed — rather than reassured, as we might assume — by involvement with nationalism and other radical white group identities.

Another key assertion from Dalal is that the unconscious of each individual is colour coded (Dalal, 1997, p. 203): our deepest relational knowing and experience of self are at the same time an experience of cultural identity (which in this case is also racial). This psychic coding is also hierarchical — with “blackness” identified with forces Freud called the Id and “whiteness” identified with the Superego (p. 206). Both patients and therapists have a “black Id” and a “white Superego” — regardless of culture or race. This idea suggests a new set of difficulties for appropriate intercultural therapy. Fanon (1982) and others have discussed the racial “other” being forced to identify with whiteness, but less is known about how the white subject — on the street or in therapy — relates to their own “black Id”. Reflection and analysis of this question is urgently needed.

Dalal claimed that in addition to a colour-coded hierarchy, each person brings their own broader cultural mores and psychological codes: it is crucial that the therapist has “worked through” (1997, p. 203) their own cultural coding in order to correctly “decipher the communication” of the client (p. 208). Dalal seemed to acknowledge that this is not easy, yet he described it as possible so long as the therapist ensures they are “using the same code-book as the patient”. If the therapist interprets correctly then the layer of distance afforded by the code will allow the patient to “remember the actual event without the compulsion to repeat it” (1997, p. 207). Exactly what these “code-books” are and how they can be accessed is indicated only in general terms. Dalal presented an unusually superficial treatment of the therapist’s actual de-coding process, and in this he perhaps leaned on an accompanying belief in therapeutic clarity. Correct interpretation of cultural client experiences that are “unresolved, displaced from the past” (p. 207) would only seem to be possible if the therapist had, in fact, no cultural unconscious of their own — or if they enjoyed, perhaps, the authoritative benefits of a “white Superego”. In this way, Dalal’s therapist may have immensely sophisticated ways of thinking across cultures, but they end up practicing what is in some respects Freud’s Euro-centric, neutral, one-person analysis.

But this chimes more deeply with Dalal’s notion of the white Superego: as a cultural practice, therapy by nature puts any practitioner in this hierarchical position as symbolically white, knowing and powerful. Yet what remains peculiar is Dalal’s reliance on such an ideal, as he also stated:

The question that must always be asked is: why is it that this difference is being made more meaningful than that one? Who is doing so and why? This is another way of saying that there is *no such thing as a pure act of neutral observation*. (Dalal, 1999, p. 165, emphasis added)

Indeed, Dalal’s somewhat omniscient therapist — a neutral observer — is sometimes presented with clients who seem strangely reduced and culturally determined. Cultural coding and cultural experiences had become their lives’ salient feature. It is as if cultural difference were “being made more meaningful” than other differences (p. 165), or as if the clients were enclosed in culture. By contrast the therapist stands transcendently above culture, their client analysis achieved with the clarity of a flow-chart (Dalal, 1997, pp. 209, 213).

We might counter some of this criticism by saying that Dalal’s topic demanded precisely

this focus on cultural factors. Moreover, his analysis also offered some instructive maps of the minefields of “correct” interpretation. Although he perhaps failed to address the problem of therapist neutrality, his discussions warned against certain well-intentioned therapeutic stances — from sympathetic to colour blind — that could in fact reinforce various forms of oppression.

Likewise, Dalal’s simple acknowledgement that clients can be intimidated by white therapists (1997, p. 209) may be obvious in context, but for that very reason — as easily overlooked — it is crucial for Pākehā therapists to hold in mind when working with Māori. Such awareness may still be necessary even after months and years, as deeper layers of the psyche too are culturally coded or reveal intergenerational memory — perhaps in unpredictable ways.

Conclusion: The Culture of Therapy

Both O’Loughlin and Dalal revealed a surprising amount even by their omissions, and on these points they enjoy a certain agreement. O’Loughlin could think about the culture of the patient in therapy, or his own culture outside therapy, but could not follow those perspective lines to their point of convergence at *his own culture in therapy*. Likewise, Dalal did not reflect on how cultural coding impacts the tenets of therapy itself, even as his authoritative analyst becomes aligned with a white Superego.

In Dalal’s writing, this conceptual tension comes to an interesting end, however. After a series of helpful if over-determined vignettes of culturally afflicted clients (1997, pp. 208-210), he reached a climax of therapist judgement: “What can the therapist do at this point?” (p. 210). What followed however is not a clear clinical decision based on cultural interpretation, but instead devolved into a different question. This slippage allowed the therapist’s transcendence to remain assumed while refocusing on a nonetheless useful principle of intercultural therapy. Regarding a client who complained of unfairness in society, Dalal continued:

If the therapist acknowledges the external reality will she or he be doing something anti-therapeutic? ... My hypothesis is that at times it is more useful to begin with the acknowledgement of the external, which will then allow the patient to begin working with the internal. To miss out the first step can block therapy. (1997, p. 210)

By allowing the outside in, Dalal’s one-person thinking may have introduced the thin end of a radical wedge — it recalls Woodard’s more encompassing assertion of social aetiology. Yet the external does not get full recognition in Dalal, here being merely a starting point and effort to build client trust before therapy moves forward somewhat conventionally.

The model I suggest for these moments, is one of moving from the outside in. In doing so the therapist gives the patient sufficient purchase on the outside world (trust), which then enables the patient to temporarily ‘let go’ of the external and take the risk of looking at the internal aspects of the *same* reality. (1997, p. 210)

This practical suggestion echoes the experience of Dillon (2008). By finally allowing Aria to connect with him through the circuit of her wider reality — which we interpreted as an effect of whanaungatanga — Dillon expiated the more imposed effects of cultural difference at the same time as, somewhat paradoxically, allowing Aria's cultural self to express itself in a more personal and internal way. However, Dalal's notion of the external is both similar and different. For him the external-internal boundary of therapy had become a barrier — it is being used to fulfil a political purpose (Dalal, 1999, p. 165). But what is it defending? And against whom? Reading between the lines of both these writers, the new client might be relieved when they are allowed to identify with the external world partly because, to them, the external is "Us" — it is a more familiar cultural circumstance, and therefore empowering. By comparison the internal world of therapy is "Them", dominated by the therapist and their strange rituals. It is also reasonable to assume that such a client may experience therapy's formal exploration of their psyche as in some way compromising their own identity or sovereignty — a feeling which may be particularly acute for Māori.

In the heavily determined encounter of therapy there is a forced or assumed intimacy that may feel foreign to any new client. With Māori, an especially poor way to mitigate this abruptness and potential alienation may be for Pākehā therapists to remain silent, pliant, or selfless. As Dillon also showed us, such understandable and perhaps inevitable stances can be ineffective, but more importantly they may come to seem unforthcoming or untrustworthy, especially conceived from the perspective of Māori relationship expectations (as reflected in processes such as whanaungatanga or pōwhiri). In this way, some Western clinical virtues could easily verge on becoming distractions, or perhaps defences, for a Pākehā identity unable to bear full self-knowledge and respect in this culturally-loaded encounter. This state of affairs is unlikely to result in progress for a Māori client, let alone for their Pākehā therapist.

The therapy room is a site of intersecting cultural politics — especially the culture of therapy itself. This is founded on the enclosed clinical dyad, which in turn supports the Western ideal of the individual as independent, singular, and separate (Woodard, 2008). Māori clients may however be seeking a much wider collective identity with land and people, among other values. It is made clear by Māori psychotherapy — and in different ways by Dalal — that far from helping Maori the very form of Pākehā therapy may have the inevitable effect of re-colonising them.

While we consider this and other matters, a way forward for Pākehā therapists may be to ensure we are present to our clients by first knowing who we are, where we are coming from and what we need. The difficulty for members of white culture however lies in our very dominance, which makes us feel we know so much while masking or substituting for actual self-knowledge. For Pākehā who have learned they are the dominators and not the victims of history, it can be harder to acknowledge the hurts and barriers that remain unconscious.

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