
Individuation in a Culture of Connection

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Abstract

Psychotherapists in Aotearoa/New Zealand have been trained in theory and practice which has been imported from other countries. There is a unique cultural environment in New Zealand which has a foundation in both Pakeha and Maori traditions. It is time to honour the cultural meanings that Maori offer the health professions by reframing the language and practice of psychotherapy, making it relevant to the New Zealand setting.

Psychotherapy is traditionally a process that focuses on the individual and relies on modalities. Individuation and separate modalities will need review if we are to establish a New Zealand approach which focuses on connection and the whole person in their environment. A psychological lens will not be sufficient in a bicultural or multicultural era and analysis will not be necessary in a future where enquiry is more culturally appropriate and effective.

Psychotherapy in the culture

In Aotearoa/New Zealand, we can begin to explore what it means to be a psychotherapist with strong cultural ties. For the past fifty years psychotherapists in New Zealand have been supported by theory and practice methodology imported from overseas. Perhaps it is time for us to take some responsibility for making our practice relevant, listen carefully to our cultural partners and then examine our language and theory so that it can be modified.

Many New Zealanders trace their cultural roots to other places in the world. There are very few rituals and observances that have their beginnings in our land apart from the cultural truths and practices that Maori treasure. Pakeha have begun to absorb partial meanings of the fundamental cultural attitudes that belong to the indigenous culture. I say partial meanings because I doubt that we can understand those meanings in the way that they exist within Maoritanga.

I have been examining my own practice and realising how it reflects the way we are in New Zealand. The culture that surrounded me as a child of Pakeha

parents and the way Maori culture has affected me as an adult seem to have combined and have caused me to widen my understandings of traditional psychotherapy.

Psychotherapy in New Zealand has an exciting opportunity to build theory and practice which is distinctively ours. This can be done by drawing on the meanings we have internalised from the people we mix with in our land and by testing the traditions we have supported thus far. We have a wide variety of cultures in and around us but the strongest and most important influence is from indigenous Maori. I am hopeful that psychotherapy colleagues from other cultures will start to link their meanings to the way we practice in New Zealand. European, Asian, North American, Polynesian and many other therapists with beginnings elsewhere could assist us to rethink our approaches. In the meantime, our commitment is to the Treaty of Waitangi and bicultural sensitivity.

I cannot speak for Maori and I cannot borrow their cultural meanings or explain them adequately. What I am able to do is to express what has become part of me, given that I live day by day with opportunities to learn more about the essence of Aotearoa. This paper is not about the way to work with Maori. In my practice I am sometimes in conversation with a Maori client but, as a Pakeha, I do not assume that my assistance is fully appropriate. There will be cultural transitions that need to occur. My intent is to draw attention to important principles that our cultural partners have signalled and describe the ways in which they can enhance a New Zealand psychotherapy.

As we link some of these principles into our psychotherapeutic practice we will be challenging models we have borrowed from other countries. Some Eurocentric premises and traditional boundaries may be shaken.

Connection rather than individuation

To achieve a New Zealand psychotherapy it is important to focus on connection rather than individuation.

The word connection is crucial. This is a psychotherapy that focuses on links, pathways, and channels, rather than causes, effects and resolution. Maori have a concept called *whanaungatanga*. The idea that one is an individual is complicated by the fact that '...the basic responsibility is that one must be prepared to sacrifice one's individual interests and gratifications to those of the *whanau*' (Patterson: 1992: 147) and '... the place of the family in Polynesian

society is difficult for the Pakeha to understand when his (sic) measuring rod is the concept of individualism' (146).

Psychotherapists in New Zealand are steeped in a tradition that emphasises the importance of intricate psychological development. The language of psychotherapy centres around words such as 'transference', 'projective identification', 'paranoia', 'dissociation' and 'psychopathology'. This is language that makes individuality central and cultural connection secondary. We speak of the wholeness of a person implying that they can be whole in and of themselves. Self-worth is connected to the image one has of oneself. Clients are encouraged to discover their own energy sources from within and use them to overcome depression or disappointment. Therapy is adept also at taking people apart and examining their various aspects. This rather surgical approach relies on a belief that it is better to deconstruct and then construct. My view of the culture of this land is that it has a focus on weaving aspects together and linking into patterns. The tukutuku panel may represent triumph and adversity, pain and happiness, but the whole panel is viewed with these aspects woven together. The psychodynamic, the spiritual, the communal and the biological are held in suspension and each one is part of the other.

The implications of making connections

The idea that individual dis-ease is systemic rather than located in one person is acknowledged in a theoretical sense by psychotherapists. It is difficult to keep it in focus when working with a single client.

In traditional psychotherapy, trauma is acknowledged as having been caused by someone or something external to the client but worked with in a way that encourages the client to overcome the effects of that trauma by using their own inner resources.

When a psychotherapist focuses on assisting a client to examine the meanings of the trauma then the individuated journey has begun. Ways to overcome the effects of trauma include using resources that are stronger than those which are at the disposal of one person. Traditional therapy often continues, however, by highlighting the inner response rather than the external resources which are potentially available.

The attendant issues which arise from individuation are issues of personal guilt, retraumatisation, self-punishment and the view of the self as a perpetual victim.

Group association patterns

The second principle that is implied by working with connection is that individual association patterns may belong to more than one person.

This is a fascinating journey for psychotherapy. We can now view individual association patterns as being connected to thoughts and emotions that originate in other people. In Maori terms, it means wrestling with the idea that those people who have initiated trauma in the client can be communicated with in a cultural setting that brings the dead to life and meets with the living face to face. This process takes the secret nature of the psychotherapy relationship and eases it into a world where secrets are best dealt with in a place where others are allowed to watch, comment and offer healing. The inner thoughts of the individual are taonga that find resolution within a tribal context. It is through connection with the spirit of the iwi that healing is discovered.

Analysis of whom?

If we are to work in this connected way then analysis and diagnosis of the individual may no longer be relevant. The cultural view is that the person *is* the group. This view is captured by Joan Metge who writes,

You have a certain place in society and anything that takes you off base in cultural terms causes whakamaa ... There are norms. In your own inner life as long as you are adhering to those norms there is no trouble, but once you break those norms, in a sense you have disassociated yourself from your base. ... Outwardly, if you are taken off your tuurangawaewae, you lose your mana . Inwardly, if you are displaced from the tuurangawaewae you ought to have spiritually... until you are restored to your tuurangawaewae , there is going to be that unease (Metge: 1986: 77).

Whakamaa, the feeling of dis-ease within Maori, is complex. It is inextricably linked with cultural norms, spiritual influences and social expectations. It cannot be separated out as dis-ease that sits within the individual's psychological make-up.

The notion of a distinct individual psyche is questionable in this context. In New Zealand we need to view the psyche as having no fixed abode. It is part of the person, but cannot be healed by therapy that promotes individual responsibility alone.

More than that, the causes of dis-ease that we trace and label as psychodynamic or intrapsychic in origin may be viewed as having their origins in the powerful interconnectedness that binds one person to the other.

A collective unconscious

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

The following statements from Manuka Henare challenge me to rethink my approach to what I have previously known as unconscious processes:

You know, Taranaki (the mountain) is seen as a person, Hikurangi (the mountain) is seen in the same way. Taupiri (the mountain) is a woman. Our old people refer to themselves as the children of the mist, the Pukohurangi. They say that the mist and the mountain, Mangaapohatu, got together and produced those people. That is myth, but that is the sort of thing they talk about in terms of land. In the same way, people to the east of them are referred to as nga uri Hikurangi—the descendants of Hikurangi—the mountain. You can argue all you like about poetic licence or figures of speech, but to us our mountains have children. The Pakeha dismisses that as the basis of our identity, but we believe it, we talk about it, we live it. (Douglas, 1984). (Cited in Royal Commission on Social Policy: 1988: 39)

It is as if the world is alive in one person. To divide and analyse is like making a surgical incision and attempting to find an unwanted piece of tissue. If the client has a volcano erupting within I know it will take its own path down the mountain without either of us needing to dissect its component parts. I also know that the devastation cannot be tidied away quickly with some kind of psychodynamic explanation because the volcano was an activity in expanded time rather than an activity with a root cause. It means I must keep on wondering whether mountains can have children. In other words, I must not allow my definitive training to tempt me to capture stored memory and demand explanations for it. I also have to question the view that psychotherapy has to do with what happens inside and outside of the person. This divisional thinking sets up the notion that the flesh is some kind of holding cage that has no permeability.

Many New Zealand psychotherapists have trained in specific modalities. The New Zealand Association of Psychotherapists has required practitioners to choose a modality. This selection of approaches to working with people promotes division. It encourages the therapist to rely on a set of skills that starts with an aspect of the client and then moves into and around other aspects. The primary interest is in the client's biological system or in behavioural patterns or in the way the mind instructs the emotions. Or it may be the way the client manages relationship transactions or the way the past impinges on the development of the psyche.

The therapist is enquiring from a set of premises about the way humans manage and develop. An approach that supports connection and is convinced that the client's own explanation of their situation is paramount would seek to avoid compartmentalisation and division. A trained curiosity is more likely to be holistic whereas working from a modality defines the parameters. It is difficult to envisage separate modalities being part of therapeutic practice that sits within a culture of connection.

Trauma as a separate entity

Trauma is a current fascination for many therapists. It is a practice arena that is attracting new training opportunities and promoting specialities. The focus is on individual trauma and the idea that individuals need healing.

Work with clients is usually around trauma that has interrupted development in some way. Given the message from Maori, trauma can disappear as a separate entity. It belongs not only to the tragic way people relate to each other but also to powerful social and cultural ignorance that need not be perpetuated. It is not just a matter of assisting, for example, the abused child-like client to come to terms with the horrific father-figure. It is also a matter of widening the perspective so that the therapist actually sees and works with images the client may be very much aware of. Images such as the regeneration in Papatuanuku, who holds us, or the way in which wairua can breathe new life into pain. Trauma is lifted from within the individual psyche into realms that contain abstract and positive imagery and where the individual does not have to carry the emotional burden alone.

The question now arises, 'What of the individual psychic phenomena that are so strong and self-centred that they result in what we call psychoses and social behaviour that is inappropriate or harmful?' Our Pakeha response is to contain these phenomena by using medication and/or some form of residential based

therapy. A culturally appropriate response for Maori may involve consultation with healers who are respected within their community. What we do for Pakeha is to use the knowledge and skill that is based in psychiatry to manage the phase when it is so difficult to reach the 'rational' mind or appropriate feelings. Expanding therapeutic intervention beyond a psychodynamic focus and encouraging the idea that the person is 'disconnected' rather than 'ill' means that cultural, communal, environmental and spiritual aspects have to be engaged. If individuated therapy is continued without a wider focus it may well lead to the person being marginalised and convinced that they are diseased.

We are adept at encouraging clients to locate disharmony and dis-ease within their personal feeling states. In doing this we are also encouraging the notion that causes can be found for unwelcome thoughts or feelings and that the client can expect to find something we label resolution. While we can display evidence that clients do indeed feel 'resolved' the cause and effect approach does not fit with powerful beliefs that we encounter in our New Zealand setting. We have learnt that the essence of a person is connected to the way the ancestors were, the mysterious reasons for being alive at this moment in time and the spiritual and cultural purposes that surround an individual.

Causes of individual dis-ease cannot be isolated from the strands in the cloak of time. The weaving is so tight and incidentally so full of meaning that facets cease to exist when they are prised from their total pattern.

Changing the language

The language of psychotherapy in Aotearoa is individuated. Words like transference arise out of a view that something occurs between an individual therapist and an individual client. Even if we use phrases such as cultural transference or gender transference, we are still speaking of the way a particular client relates to a particular therapist and how, between them, they initiate the transferences. We could rename this phenomenon by thinking of phenomena and perhaps use a phrase such as 'shared experience'. Shared experience immediately suggests connection, in that the experience is something to be curious about. The therapist who, in psychodynamic terms, has been idealised as a parent figure is now seen as connected culturally, connected to a family grouping and as a person with spiritual sensibility as well as complicated relationship patterning. This idealised parent-figure becomes a product of the environment within which they function rather than just an intricate

psychodynamic entity. The client will also be viewed as contributing to an expansive story rather than acting out within the minutiae of an individuated psyche. The client will be viewed as a taonga instead of being viewed as 'relating as if they were a child' or 'acting out of past trauma' or 'reliving rejections from the past'.

This is one example of the need to review our language. Other words can be changed and some, such as dissociation, paranoia, depression and psychosis come to mind.

Overcoming isolation

Connection is the way to overcome the isolation that occurs when clients are made responsible for their own psyche.

In the words of Ada Reihana, 'Don't talk about self image to me or mine. A lot of people say 'Noo hea koe?' ('Where are you from?'). We don't say, 'Noo Tuhoe au' ('I am from the Tuhoe'), We say, 'He Tuhoe au' ('I am Tuhoe') (Tuhoe being the name for the tribe). (Cited in Metge: 1986: 76).

The challenge to New Zealanders is to expand the meaning of individualistic psychodynamic patterning into the world of connection.

As one of my own Pakeha clients said,

Last week you came up with this wild idea that I might wrap up my bitterness about being (rejected) and give it back to Trevor and Pat (his foster parents) as a Christmas gift for them to deal with... when I asked you if you had heard me tell you they were both dead you said, 'What difference does that make?'... man, that blew me away... I went out to Waikanae beach and I tell you Roy, they were there to hear me. Then I found myself launching two pieces of twisted driftwood back out to sea... ¹

Rejection, which has been held tightly within an individuated psyche, is now released. Imagination is used to give it back to the people who gave it originally, and a ritual is the channel which allows it to float away.

Maori in Aotearoa know that, while their inner self has great value, the connections with the whanau and their ancestors are central and encapsulate fundamental values.

The Maori view also accepts that an individual has been personally, emotionally and spiritually affected by trauma. There is no avoidance of the significance of

1. Personal communication from client.

personal psychodynamics but there is a strong belief that the power of the larger group is equally significant.

There is a concept in Maori which is very difficult for Pakeha to understand which highlights the strong connection between the inner self and the self that belongs to the larger group. It is 'whakamaa', a state that is both individual and connected to the way other people view that person.

Durie (1985) writes:

Maori people would regard someone who is independent and directed by his or her own thoughts and feelings as a person in a very bad way. Independent living and feeling, and regarding yourself as sufficient as an individual is very unhealthy in Maori terms.

This is connection as opposed to individuation. There are, of course, times when the client needs to be specifically self-focused and very much individuated and the client faces the very essence of the 'self'. The problem arises when that 'self' turns out to be an isolated entity which the client fears no one else will understand. Psychotherapy clients usually come alone, wanting their inner turmoil to be quietened. If the psychotherapist can imagine the powerful pathways that link the individual into a connected universe the sense of isolation will disappear. Maori are stating a view that indicates the need for different language.

More than connection

Widening the vision from an individual focus to a connection with social, historical and environmental forces is still only part of the process. There is a realm which can be called spiritual that is just as important.

It is time to speak of the spiritual and the physical and the psychodynamic as being colours within the same thread rather than separate threads that are woven together. It is when we speak of 'the spiritual' and 'the psychodynamic' as if they were separate phenomena that we rely on a dualism that denies the cultural reality. We do the same with 'thinking and feeling' and 'body and mind'. While Maori have separate words to describe the various influences, their words do not promote individuation.

The mana is already inherent in the mauri. What is promoted is the connectedness of all things.

John Bevan Ford² has, I believe, captured the essence of what psychotherapy should be in our country. Not that his work has ever set out to do that but it assists me to be a new kind of psychotherapist. He has often drawn a closely woven cloak (kahu) within or over the landscape of Aotearoa. The cloak represents mana and is in and around the essence of the work and the symbolism in the features. When I am with a client and I see one of John's drawings on my wall I can no longer think in psychodynamic terms alone. Anxiety is not confined to the individual and suicidal gestures are links with wider negativities. There is no need to investigate whether there is a spiritual component to my client's dilemma because I am seeing a cloak that cannot 'be' without containing wairua. The cloak of mana over the client's complex landscape is a reminder of ancestral figures and archetypes that may have more power than strong emotions.

It is my sense of what Maori are saying to us that is expanding my vision as a therapist.

Patterson (1992) agrees:

Pakeha should try to leave behind their often overriding interest in how things came into being and how they came to be as they are, replacing it with another sort of interest, an interest in the value-relations between the parts of the universe rather than the causal relations, and interest in what matters rather than what happens (162).

To retain this kind of open thinking I have to use open-ended language which is not easy when I have lived for so long within a profession that relies on modalities, defined skills and psychodynamic theory.

In the New Zealand setting I believe we are small enough and geographically close enough to ask ourselves some crucial questions. Questions such as: Can we survive as professional practitioners if we expand our view beyond psychodynamic premises? Can we risk training psychotherapists in a generic fashion without insisting that they work from premises defined by modalities? Can we spend more time listening to the way our culture breathes and spend less time searching for explanations for trauma? Can we align our research to an interest in what matters rather than what happens?

2. John Bevan Ford, Maori artist, Ashhurst, Manawatu, New Zealand: personal communication with author. John Bevan Ford is descended from Maori, Welsh, English and German ancestors and believes that his work is an exploration of his experience in our world.

These questions will disturb the boundaries we are used to. They may isolate us from a world that likes to know answers and enjoys finding solutions. I believe that the questions are more important than the answers if we are to be creatively psychotherapeutic.

The client who is left with a question and encouraged not to seek for an answer is the client who will be able to sit within a moment and not be afraid.

And why do we not need to be afraid? Because our culture is built on connection.

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