
Reflections and Projections in Maori/ Tau Iwi Relationships

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Abstract

This paper seeks to promote thought and discussion around the question “What do psychotherapists of Tau Iwi need to uncover in themselves to meet as fully as possible the needs of Maori clients?” Drawing on shadow theory, research and statistics from within Aotearoa, and their own experience as psychotherapist and educator, the writers explore the implications of this question as it confronts us in our clinical work.

The ground

This paper had its beginnings in the shared wish of the writers to face together the collective task that we of Aotearoa carry: to find and take responsibility for a more conscious way of living together, Tau Iwi and Maori.

They began the task as friends with a broad knowledge of one another’s cultures. Fay describes herself as Steuart/Tau Iwi. Over the years her involvement with Maori has been extensive and diverse: she has taught and been taught by Maori, been befriended by Maori, stayed with Maori on a marae for months at a time, worked for Maori and had a number of Maori clients.

Tania is Kahungunu/Tau Iwi. She grew up in both urban and rural Maori settings, and has been successful in both the Tau Iwi and Maori worlds. Tania holds two degrees, one in psychology, and one in Maori performing arts. She lived for some years in Japan, where she was seen as a ‘maxi-crop-fed’ Asian; then in New York, where everyone ‘knew’ she was native American.

When Tania asked Fay what she wanted to do first to lay the ground for this paper, Fay’s somewhat facetious response was that they probably needed to have a fight. Thinking of parallel process, Fay anticipated a verbal struggle or two about some of their deeper racial prejudices. Nothing could have prepared either of them for the devastating level of pain, shame, grief and rage that erupted quite unexpectedly, not once but twice, about their racial/cultural

difference. Each explosion felt to Tania and Fay like the death knell of their interactions. Each time they were sure their friendship could never recover. These two formidably painful conflicts have deepened their concern and respect for the task of our country, and left both less naïve about the intensity and complexity of the issues that their topic opens up.

Tania speaks

Tena ra koutou katoa
He mihi nui ki a koutou,
nga kanohi ora o te tini mate
kua wheturangihia ki te huinga
o te iti kahurangi,
nau mai, haere mai.

Haere mai i raro i te manakitanga
a Io-matua
Haere mai ki runga i tekaupapa
o te ra nei.

Te kaupapa hirahira.
Te kaupapa whanui.
Te kaupapa ki waenganui i a matou.

Ko Takitimu te waka.
Ko Kahuranaki te Maunga.
Ko Poukawa te waiu.
Ko Kahungunu ki Heretaunga te iwi.

Ko Te Rangikoeanake te hapu.
Ko Tania Robin ahau.

Greetings to you all
The living faces of those
who have become stars
and joined the heavenly
gathering,
Welcome.

Welcome under the care of
Io-matua,
And welcome to the purpose or
issue before us today.

It is an important issue,
A far-reaching issue
The issue that is amongst us.

The ship is Takitimu,
The mountain is Kahuranaki,
The lake is Poukawa.

The people are Kahungunu of
Hastings.

The clan is Rangikoeanake.
I am Tania Robin.

I am glad of the opportunity this paper gives me to acknowledge the growing awareness, in both Maori and Tau Iwi, of the need to improve policies and services directed towards Maori peoples. I say 'Maori peoples' deliberately, and will return to this point later on.

I found it extremely difficult to identify my ideas for this paper because every issue I considered seemed so connected and interrelated to countless other issues. I believe that these complex interrelationships are part and parcel of the Maori peoples' experience and consequently, part and parcel of the difficulties in creating appropriate health policies and services for us.

To begin with, I would like us to look at the simple word 'Maori' and ask: What does it mean? What does it conjure for us? The dictionary (Reed and Brougham: 1981) defines it in this way: 'Native New Zealander; ordinary; native belonging to New Zealand'. The natives of New Zealand were not known as Maori until the mid-nineteenth century: up to that time they were called 'natives' or 'New Zealanders'.

I would like to suggest that the term 'Maori' is a lazy, 'catch-all' ethnic term that has come to refer to anybody living in this country with brown eyes, dark hair and brown skin. Of course this meaning is flawed. I have many Tau Iwi friends who fit this description! And anyone who saw this year's Kapa Haka national finals on television will know that the winner of the female leaders was blonde - but she's Maori. People forget that Maori are now also blonde-haired and blue-eyed, or as one writer has put it, 'fair-skinned and flaxen-haired'. I highlight this not only to illustrate the changing physical face of Maori but also to mention some of the problems with defining who and what is Maori.

Hauora (1995: 30) highlights this problem by giving three different population figures for Maori, based on three different definitions. Self-definition on the basis of ancestry gives a population of 511,000, and on the basis of identification with Maori as an ethnic group, 434,000. A more 'objective' measurement based on having more than 50% Maori blood gives a much lower figure: 323,000. So take your pick. You could define Maori by descent as the 1996 census does, allowing individuals to self-identify. Or you could use the 'quantum of Maori blood' definition which excludes people like me, as more than 50% of me is non-Maori.

Maori! When they hear this word I wonder if people think about the multitude of different tribes, families and individuals that make up Maori society. This term doesn't express the importance of, or the existence of, difference within Maori society. Somehow, the term 'Maori' just lumps us into one large group. Believe me, it would never be wise to tell a person of Kahungunu descent that they're anything like those show-offs of Porou descent! God help you if you tell a member of the Huata family that they're the same as the Robins. And I doubt that individuals like Howard Morrison would even want to be in the same room as a Mongrel Mobster. Yet somehow, when the term 'Maori' is used, these differences magically disappear and voilà, all those faces become one, a brown one: Maori! If I were Tau Iwi, I'd just be Tania Robin, an individual. But because I'm Maori, I'm also identified with 576,000 other people, most of whom I've never even met!

I believe it is absolutely essential that people who are working with Maori, in whatever capacity, must remember that these differences exist. Please don't marginalise Maori by grouping us under the one umbrella, because nothing could be further from the truth. Maori are a diverse, dynamic collective of differing peoples with differing needs. Some are urban, others rural, some are poor, others rich, some are Kahungunu, others Porou, some are abused, others loved, some live in large family units, others alone.

About four years ago, I woke up in New York and realised I was completely ignorant about my Maori heritage. I was a 'spud': brown on the outside and white on the inside. Until that time there was no way I would have been receptive to anything Maori because I had, myself, accepted all the negative stereotypes and shame that came with being Maori. Now, after three years of intensive study (and \$32,000 worth of student loan!), I've changed my views and redefined myself as creamy chocolate, with the best of both worlds and international experience to boot.

I laugh at my confusion now, but my struggles with self-worth and identity exemplify, I believe, a common dilemma for many Maori, because we live in what I call a 'split-level' world. Sometimes we're Maori, sometimes we're Tau Iwi, sometimes we're both and sometimes - your guess is as good as mine! It's a world where at times we seem to oscillate between two destinations, Maori and Tau Iwi, but miss arriving at either place because a traffic jam blocked us in the middle. At other times it's a world where we are excluded from entering one or both destinations for a host of differing reasons. I'm sure we can all imagine the frustration, confusion and anger that can arise from exclusion and the illnesses that result. Is it any wonder that so many Maori are diagnosed with schizophrenia and other mental illnesses or are over-represented in all the other statistics of marginalised existence? Our mixed, minority cultural heritage bestows this fate upon us. This is our experience. This is the reality for many modern Maori.

Let's look at some statistics. As at the 1996 census

- Some 576,000 acknowledged that they were of Maori descent.
- 80% of all Maori live in urban areas, compared with 1956 when 76% of Maori lived in rural areas with a close association to their tribal structures.
- 80% of all Maori are under the age of 40; only 4% are over the age of 60.

- 54% of the prison population of this country are acknowledged as being of Maori descent.
- 68% of all youth justice incarcerations are Maori youth.
- By the age of 30, seven out of ten Maori males will have come to the attention of the justice system.
- 44% of all Maori families are solo parent families.
- Although psychiatric admissions overall have been falling, the rate of Maori admission to psychiatric hospitals is still rising.

(These statistics were taken from a 1996 lecture by John Tamihere and from *Hauora*.)

Hauora (1995) includes a glossary of psychiatric terms I found very interesting because they demonstrate two aspects of the monoculturalism Maori are subjected to. First these terms illustrate the inability of Western thought to reflect, or incorporate, Maori values and experiences. Secondly they discriminate against Maori by pathologizing Maori ways of being, rather than validating them as understandable responses to the reality of their experience. Consider these definitions (from *Nga Ia o Te Oranga Hinengaro Maori*: 1993) and how many of them describe either revered experiences or everyday reactions for many Maori.

Psychoses: Disorders where the illness is so severe that the person is unable 'to meet the ordinary demands of life', or to understand their illness or what is happening to their life. People typically have bizarre beliefs not held by others, hallucinations, or hear voices. Most psychoses are thought to have a biological or organic basis - that is to say that some people are born with the tendency to become psychotically ill. The most common psychoses are schizophrenia and affective disorders, including manic depression.

Neuroses: Include things like excessive anxiety, powerful fears, panic attacks, compulsive behaviours and depression.

Personality disorders: Cover behaviours like excessive hostility, withdrawal, instability of mood, insecurity or indifference.

Other disorders: Include sexual deviation, alcohol and drug abuse, stress and adjustment problems and intellectual disability. These illnesses are thought to arise from the experience of life and not out of any biological weakness, and generally people are able to carry on with a normal life of some kind. They also have some kind of understanding of their illness.

I'd like to introduce another word. So that we pronounce this word correctly, I'll write it as it sounds: *far-no*. Whanau has been identified by many as one of the fundamental social units of Maori society, and therefore a major institution of health and well-being. For example, some of the first Maori health models, Te Whare Tapa Wha and Te Wheke, identify whanau as a component of waiora or well-being. Although I agree, once again I need to point out that there is a diverse range of whanau within Maoridom. They range from whanau with different genealogical bases, like solo-parent families, to extended whanau, to a host of kaupapa- or reason-based families like gangs, urban marae or kapa haka groups. Sometimes Maori individuals simultaneously belong to a number of whanau from more than one category. In my mind whanau, in whatever form, reflects the need of the Maori psyche to be communal and is, therefore, a vital component of any Maori health initiative.

Other components of importance are identified in the health models mentioned above. Te Wheke, the Octopus, describes eight tentacles that collectively contribute to waiora or well-being. These are:

wairuatanga (spirituality),
 hinengaro (soul/mind),
 taha tinana (physical),
 whanaungatanga (the extended family),
 whatumanawa (emotional),
 mauri (life principle),
 mana ake (unique identity), and
 he koro ma a kui ma (inherited strengths).

Tapu wha describes four dimensions which contribute to waiora:

te taha wairua or spiritual aspects,
 te taha tinana or physical aspects
 te taha hinengaro or mental and emotional aspects,
 te taha whanau or family and community aspects.

External factors identified by the Royal Commission on Social Policy include whanaungatanga or family; taunga tuku iho or cultural heritage; te ao turoa or the physical environment; and turangawaewae or source of identity.

If there is one realisation that I would like to remain fixed in the minds of readers of this paper it is this: the Maori peoples are diverse and ever-changing because they are a complex mix of values, experiences and relationships, both Maori and Tau Iwi, many of which are not positive. So don't fool yourself into

thinking that there is a set pattern of steps to be taken in order to help Maori, because there isn't. Like Tau Iwi, Maori are individuals with their own complex set of experiences that can be unravelled by honest, loving and empathic caregivers.

Fay speaks

I know that the issues that Tania has introduced will be new for some of you, while for others they will be the basis for workshops that you've been attending or running over the past decade. So I wish to acknowledge the diversity of knowledge among our readers—a group no doubt a great deal more conscious of these issues than a similar-sized cross-section of New Zealand society.

In speaking with Maori clients and Maori mental health practitioners, time and again I hear two requests for us of Tau Iwi. One is to educate ourselves. They ask us to do the education we need to around key cultural issues: *karakia*; *wa*; *mauri* and *wairua*; *tohunga* and *kaumatua*; *whanau*; *tapu* and *noa*; *tangi*; Maori pronunciation; finding appropriate language for each individual we meet with (Maori and Tau Iwi); collectivity vs individualism; and local support for Maori. The other request I hear as a challenge to us to be 'real': to be whole, to not hide behind the facade of professionalism, our vulnerability tucked out of sight.

I have come to the conclusion that no healthy relationship—therapeutic or otherwise—can really develop between Maori and Tau Iwi until we of Tau Iwi have done some work to address these two requests. If we have not, the silence maintained around key issues—power and privilege, rank, prejudice, the spiritual, emotional, mental and therefore physical health of Maori now and issues of the Treaty—will all be relegated into the shadow of the relationship and will in time surface to sabotage it.

I would like to tell you a story which illustrates three things: the need for honesty and realness; the impact of strongly verbalised emotional, mental and spiritual inequalities; and one way of working to allow a positive acknowledgement of 'shadow' issues. Some years ago a tertiary institution requested me to tutor a group in counselling skills. I would be working with up to 15 Maori students, all over 30 years old, with varying experience. On walking through the door I met a wall of prejudice against me—all unspoken but absolutely tangible. It fast became obvious that however open some of the students were to me, no training would happen until the unspeakable was named. After the preliminary *karakia* and *mihi*, I said:

I'm feeling really uncomfortable. I truly want to be here and to work with you, but I know a lot of you do not in any way want me to be your tutor. I'm disappointed that there isn't a Maori tutor for you. I'm the best they've got for the job. I'm all they could come up with. How are we going to work together, when some of us want me to be here and some don't?

I was careful to use inclusive language—'us' as opposed to 'them'—and to make it 'our' problem. More importantly I spoke from the heart and refused to pretend that all was well between us. I tried to be as 'real' as I could. This opened the floodgates. The students' fears, experiences, concerns and prejudices came spilling out. I listened, tried not to take it personally but not to close off either. Inevitably we got back to the Treaty, and in that moment I became the representative of collective Pakeha. Once we came to this part of the conversation I wept, for shame and grief at the inequity between the races over the past century and a half. Through my tears I looked up to see stunned faces which almost immediately broke into their own tangi. After some time of crying together in silence someone (as is the way with Maori) came out with a 'smart-arse' comment and all of us fell into hysterical laughter. We were united. Now the training could begin.

If I had chosen at any point not to be me, to conceal my feelings, my truth, behind a professional face, I know that effective training could never have happened. Somehow the shadow reality would have sabotaged it.

Theoretically, this poses a problem for us. We are supposed to be neutral, to allow the transference to emerge and be worked with. This theoretical framework can, however, be used as an excuse in the therapy room to stay in control and not expose our vulnerability, i.e. to maintain the power imbalance. I have found that we of Tau Iwi, whilst working with Maori, often have first to meet negative reactions with honesty, before the other work of the therapy—including the emergence of the transference natural to any therapeutic relationship—can begin.

I have no doubt that we are all familiar with monocultural statements that make us first wince and then challenge: statements that range from blatant racism through to 'blink and you miss them' prejudices, such as 'The new CEO is Maori, but he is doing a fantastic job'. What may be less common in our experience is to walk within a marginalised group, identifying with it so intensely that a prejudicial statement about that group has a strong impact on us. We are less likely, too, to be aware of our own prejudicial statements about minority groups and their impact on the members of that group.

Obviously the more awake we stay to these aspects of our experience, the more aware we will be of meeting openly any individual member of a minority group. This is one of our challenges: staying awake! And how tempting to be sleepy: to go on holiday from power issues, to turn a blind eye and collude.

Maori do not have the choice to go on holiday from these issues. As Tania has stated there is no such thing as the Maori way/reality: we all have, however, some idea of the general inequities that abound between Maori and Tau Iwi. Maori meet them every time they are served last at a shop counter after standing, waiting, for longer than anyone else, or whenever they are not able to write out a cheque in Maori (despite the fact that we have been a bilingual nation since 1987). I believe that to have any sense at all of what it means to be Maori, and of the split-level world that Tania spoke of, requires us to look squarely at our own rank and privilege. Arnold Mindell, founder of Process Oriented Psychotherapy, offers useful criteria by which rank is measured and privilege awarded and rewarded.

Criteria for rank and privilege

Skin colour: In the West, lighter is usually taken to be better.

Economic class: The richer the better; homeless people have the least rank.

Gender: Men generally have more social rank than women.

Sexual orientation: Most people in the mainstream consider heterosexuals worthy of confidence and homosexuals not worthy.

Education: Those with higher learning are seen as superior.

Religion: In every country, there is a pecking order of religions and denominations.

Age: In the United States, youth is admired, while advanced middle age gets the most points for leadership. Children and older people are often neglected.

Expertise: In the West, advanced age is not equated with wisdom or expertise. The points for expertise go to people who have held prominent positions in their field.

Profession: Jobs that require more education and greater left-brain development generally confer higher status.

Health: Athletic bodies without impairment rank highest.

Psychology: In many Western cultures, most points go to the person who is non-emotional, 'well-balanced' and 'doesn't go overboard', as opposed to the 'fanatic' who is less interested in 'security'. You get points for being a psychology teacher, but people who see a psychologist or psychiatrist long-term are suspect. People who have been in a 'mental' institution or take medication have less cultural status than others.

Spirituality: It seems generally acceptable for people who are detached and centred to look down on those who are swept away by the passions of the moment. (Mindell: 1995: 35)

There are a number of questions we might ask ourselves in relation to these criteria:

- Where do I have rank and therefore privilege?
- Where do most Maori I know/ have met have rank and therefore privilege?
- How do I actively support equity of different realities and the rank (or lack of it) that goes with them?
- How do the agencies I work for or alongside rate when it comes to meeting the needs and reality of Maori?
- Is there anything I could do within these agencies to push for greater equity? If so, what?
- How do the local and national newspapers, radio and television support Mindell's concept of rank?
- Is there anything I would like to put energy into internally/externally around the core issues of rank, power and privilege?

Obviously in situations like the training group described earlier it is in many ways easier and less confronting for us Tau Iwi to keep difficult issues and feelings under control, out of sight, in the shadows. It is easier for us to reject them. I'd like to explore this response a little.

It seems to me that an essential word was missed from the title of this year's conference: 'rejection'. Perhaps for reasons of economy, or a love of the triad, 'rejection' was rejected. Let us consider an expanded title and an expanded meaning:

The Mirror: Reflection, Connection, Rejection, Projection

'I look/experience, and if you reflect me, I connect with you' or

'I look/experience, and if you do not reflect, I reject and project'.

I can have preformulated responses of rejection to anything that I do not know, like, experience or understand, and project it out either into my shadow self, or off over there onto 'the great unwashed'. Of course this rejection in time leads to conflict at whatever level the rejection, and then projection, is taking place, be it intrapsychically, interrelationally, nationally or internationally.

If we extend this shadow theory further, we find that the size of the shadow indicates the size of the rejection. For example, in Aotearoa the incidence of

crime, drug abuse, mental health and related problems among Maori represents the level of rejection our indigenous culture suffers in an ongoing way. Maori constitute only 14% of our population and yet fill our prisons and psychiatric units to a degree totally disproportionate to their numbers. I am of the opinion that the more we of Tau Iwi work to become aware of our own methods of rejecting minority groups, of using our rank and privilege inappropriately, and of relegating characteristics and groups to 'the shadows', the more we bring to light these issues, the less Maori (and other minority groups in our society) will be forced to act out the polarities we reject.

Each of these issues could easily be expanded into another paper. Again each issue spills into 10 others which all relate to yet others (much like the formidable numbers of 'cuzzies' that many Maori possess). There are four particular issues in our clinical work that I would like to raise for consideration:

- the essentially kinesthetic nature of the Maori race and what this indicates therapeutically.
- the reality that many Maori today are fourth and fifth generation addicts, and the demands this places on our therapeutic relationship
- the ease with which we of Tau Iwi can confuse Maori culture with urban poverty culture, and the needs that this confusion creates
- the overwhelming scale and nature of the bicultural issue, and of the collective pain that our Maori clients may put us in touch with.

How can we support ourselves and one another in this work?

Finally, I wish to speak a little about tangi. In the counselling training setting I outlined above, the meeting point between us all as a group was in hearing about the split-level world of Maori and what that meant for the individuals in the room. The turning point, though, came with the tangi. In my work with individual Maori clients I have found that always when we come to a point of crying together, a little or a lot, over their split-level world, then the healing begins. Tangi is the one institution in the Maori world that has remained relatively unchanged, although these days many Maori no longer know how to truly grieve. I believe it is one aspect of the therapeutic relationship which needs to happen for the work of healing with Maori clients to begin.

Danielle¹ grew up under the eye of Mt Ruapehu as Hemi, in a whanau quite accepting of her choice to be gay and later to have a transgender operation, with the resulting changes in life this implied.

1. All distinguishing names and characteristics have been altered for reasons of confidentiality.

Her family's love and acceptance meant that when, in the world of Tau Iwi, she encountered the opposite, her sense of identity and self-preservation was completely shattered. After being subjected to a gang rape to teach her 'not to be gay', her despair was total.

Danielle went to three mental health professionals and found a distance that she couldn't trust. By chance she and I met. I cried when she told me her story, then we cried together, and her restoration began.

Marama¹ was brought up very Maori, on the Wanganui River. During her tertiary training as a nurse she decided to investigate Pentecostal Christianity. Here she learned that Maori traditions and spirituality were 'the work of the devil'² and that not only must she pledge allegiance to her new faith exclusively, but must also convert her family to be saved. Marama had a schizophrenic episode (how could she bridge these two worlds?) and landed up in the psychiatric unit. Again the tangi moved her back to a place of reclaiming from the shadow her mana and ake (inherited prestige) and allowed her to start her road back to wholeness.

Toby¹ started life in a Maori family who denied all whakapapa and were determined to live as European. (This decision had been made a generation previously when both parents had been strapped at school for speaking Maori.) They had a strong religious life that was interwoven in a devout way with the day-to-day. When Toby went to the local EIT he found the secular quality of the tech unbearable. In time he fell into a deep depression and was referred to our service. Our work together stuck fast and could not move until I shed tears about the religious/secular split. Again tangi caused a watershed and Toby was able to release his distress about this split enough to complete his training in four years, before embarking on further training in (you guessed it) Te Reo Maori.

Our Vision

We know that this paper asks many more questions than it gives answers; poses more issues than giving useful techniques or interventions. For this we make no apology. To work successfully together Tau Iwi and Maori need to be

2. Many fundamentalist churches believe also that any other culture, religion or philosophy is similarly the domain of evil forces.

vital, open and honest, giving away rules, dogma or preset formula. Courage and aroha help, as does that mysterious, synchronistic force that Tau Iwi know as Grace, Maori as Huanga.

Can we as an association develop a conversation about these issues in our work? There is so much to be gained by sharing what we have learned—the stories, experiences, ways of being with Maori clients that have respectfully allowed the process of unfolding to continue. We would go so far as to say that such a conversation is our responsibility, not a choice, given Aotearoa's unique foundation on a bicultural treaty.

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