

# **Imagining the Other: Some hallucinations from a therapy.**

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## **Abstract**

I sit opposite my client, a 25-year-old Māori woman. It is our second session. Just in front of her face, as if projected on a screen, is the face of a middle-aged Māori man. I blink; I rub my eyes. The face of the man remains. Is this a projection of mine, a construction of who I imagine her to be? Or is it a communication from her? Or might it be a deceased relative, who needs to be prayed for and asked to leave, as my cultural advisor suggests?

It is inevitable that Pākehā therapists will translate Māori concepts into a western psychotherapeutic reading; for example, to interpret the last suggestion above as a metaphor for internal object relations. But as with any translation, something is lost, and our apparent understanding masks what we do not know. In fact, our dependence on familiar ways of understanding has many psychotherapeutic, cultural and political implications.

## **The story**

This is not really a paper. It is a story; a story about my relationship with a client; a particular difficulty that arose in my work with her; and where that difficulty led in the direction of change, for me, for her, and for us. I am writing as a Pākehā therapist, and I am expecting to be read by other non-Māori therapists, given the small number of Māori therapists currently in NZAP. And I am writing as a pretty naïve Pākehā therapist, if a little less so than I was at the start of my work with this client. To Māori who may read this, I ask your indulgence as I find my way through this story.

I am sitting with my client, whom I will call Aria. It's our second session. Aria is a 25-year-old Māori woman who is training in social work, a mother with two young boys. She came to therapy because she has been advised to by one of her trainers, to lessen the effect of her own family issues on the work stress she will eventually face. In the session, she has been talking about what it is like coming to therapy. Then silence falls and we sit quietly for a while. Aria is looking down, pensive. As I watch her, something changes. Just in front of her face, as if projected onto a screen, there is another face – the face of a Māori man in his fifties. I blink; the face remains. I look away, look back. I rub my eyes. The face is still there. I realise I can get it to go by keeping my eyes moving round the room and looking back momentarily. But

as soon as my gaze settles on Aria for more than a moment, the face returns. It goes when Aria speaks, but returns for minutes at a time throughout the session.

Once, when I was in my twenties, I went to see a piece of performance art. The artist had taken slides of herself every day for over a decade, standing in the same pose, along with slides of people she was close to. In the performance piece, she wore a white body stocking, stood against a white wall, and had some of these slides projected onto her body and face as she talked about herself and her life. There is something similar in this experience with Aria, something close but unsettlingly different in these faces. I try to imagine whose face the man's might be – her father's? Or perhaps it might be her grandfather's? Her face and the man's are quite different. Aria's is quite triangular, unmistakably Māori to me, not exactly fair, but not dark. Her nose is almost aquiline and her skin is smooth. The man's face is a deep brown, round and lined. To me there is not an obvious family resemblance. Then it strikes me how odd it is to be trying to place this face when it should not be there at all. The face also does not seem to relate to what she's talking about; her family, and her transference dynamics don't figure obviously in what she's saying. I wonder if this face is 'mine' - familiar to me from my life. But it does not call anyone to my mind.

The experience itself is quite neutral; I am not aware of any particular feeling, other than being in a state of reverie fairly normal to me while sitting with a client, waiting for them to speak. But the fact that I am having the experience is in itself unsettling. I know what this is – it is an hallucination. I have read about them in books. An hallucination is the “apparent perception of an external object not actually present”(OED). Freud (1949) says, “The equation ‘perception=reality (external world)’ no longer holds.”

## **Hallucinations**

There are two things I have learned, implicitly or explicitly, about hallucinations. One is that they happen to clients, not therapists. (My search for literature on psychotherapists' hallucinations with clients finds very little; if you know of anything, I would be glad to hear of it. Steve Appel (2000) and Linde Rosenberg (2005) have addressed it in papers they have presented at past conferences.) I know of the ubiquity of negative hallucinations – for instance, on a day when everything goes wrong and I am expecting the worst, I lose keys that magically appear in the pocket I have searched five times; or, there is a chair in my practice room that has unsettled a client with its newness, when it has been there for years. I have also experienced what I

think of as the everyday uncanny; for instance, a few times a client I have not seen or thought of for years has come to mind, and within 24 hours, they have phoned to make an appointment. (I also know the usual explanation for this – that I remember these coincidental occurrences and forget the clients who pop into my mind without then magically appearing. This seems sensible, even if it does not accord with my sense of what actually happens.) But this ‘positive’ kind of visual hallucination is new to me.

The other thing I know about hallucinations is that they are usually evidence of PTSD or something at least as serious. Linde Rosenberg (2005, p. 8) says that

Experiences of seeing ... forms ... create even more worry [than apparent telepathy, or thought transference] within the psychotherapeutic community because they are associated with hallucination and psychosis. Indeed it is a serious question as to whether some of the experiences are hallucinatory or psychotic and, if they are not, how they differ.

I check myself for other symptoms; do not find any; but then, who knows? Donald Winnicott, reminds us “hallucinations are dream phenomena that have come forward into ... waking life”, and that

hallucinating is no more an illness in itself than the corresponding fact that the day’s events have been drawn across the barrier into sleep and into dream-formation” (Winnicott, 1971 p 67).

But this is **my** imagining, not my client’s. What is it trying to tell me?

I have also read that hallucinations are a much more common experience than we realise. A few years ago a Dutch eye specialist sent a follow-up survey to patients who had undergone a particular surgical procedure. The questions were in Dutch, but were compiled by an English assistant. One of the questions was meant to ask if the patients experienced visual distortions, and if so, what they were like. The English assistant slightly mistranslated the word ‘distortion’; it came out sounding like a question about hallucinations. The specialist was astonished by the responses. He received dozens of highly detailed, dramatic ‘phantom sightings’. Mostly these were of people, ordinary people, moving about the world in an ordinary way. Some were strangers, some were known. Some people reported coming across huge buildings in what they knew were empty fields; some saw crowds of people that were invisible to others. The images often persisted for hours. Many of the patients reported that they kept the experiences to themselves for fear of ridicule, and

were relieved to be asked about hallucinations because they assumed that this meant that 'seeing things' was a recognised side-effect of their condition or their surgery. It was neither. The mistake in the questionnaire revealed that hallucinations – at least among middle-aged Dutch people – are far more common than we might expect (Carter 1999).

At the beginning of our next session, as previously, there were long silences. In them, the face returned. I found myself wanting to get Aria to talk, to dispel the face, and my unease about it. But I did not; at least, not immediately. I waited until Aria looked a little restless before I asked her what was going on for her; and then she talked about work and study, the pressures of meeting academic requirements while being absorbed in her children. What she was saying seemed important and we spent the rest of the session on this; although I did have the impression that Aria was 'doing therapy'; in some way doing something that was expected of her, presumably by me. I wondered if there was in this some preservation of 'power distance', a deference to authority supposedly found mostly in indigenous cultures (Jackson 2006), although in my experience found just as much in our own psychotherapeutic one, and not only due to transference. The face, which seemed such a non sequitur in the context of what she was talking about, came and went as she moved between talking and silence. Once again, I had no noticeable feeling associated with the experience, apart from a sense of reverie at the beginning of the phenomenon. But it certainly left me curious.

Aria is the eldest of three children; she has two younger brothers. Her father is Māori and her mother Scottish. Her upbringing was fraught with fights with her mother, although Aria says her brothers caught the worst of it. Her mother was white, and emotionally abusive and demanding. She retreated many years ago back to her native Scotland, where she had died. Aria is in some ways close to her father. They have lived together for most of her life. She currently lived with her partner and children in her father's home. It was unclear if she liked her father, although she loved him. She found him strict and a bit cool. But she identified with him in many ways. All this had left Aria with some ambiguity about her identity. There was something about her face, not androgynous, but both feminine and masculine, both pretty and handsome. And she was staunch. I imagined that she could be formidable in a disagreement. I wondered if I had constructed an image of how I expected her father to look, mixed with some embodying on Aria's part of the father who had been such an important aspect of her identity formation, and projected it onto her.

At the next session, Aria talked about her history in intimate relationships.

She said,

*However it starts, whatever I think or want at the start, I get lost somehow. It's like sinking in a warm bath. I can't tell where I end and the water starts. It's all about the other person. I stop noticing what I feel and think. I just lose it completely. Except it doesn't go away. It just goes under. And it builds up, and I can feel it, but I can't say it. And finally I don't have any choice. I just have to leave.*

This stood in contrast to the staunchness I was aware of last week. The face returned then. Freud's attitude to occult phenomena, according to Ernest Jones (1957),

illustrates better than any other theme the explanation of his genius... an exquisite oscillation between skepticism and credulity so striking that it is possible to quote just as many pieces of evidence in support of his doubt concerning occult beliefs as his adherence to them (p. 375).

This is a little slanted on the part of Jones, who was a profound sceptic – Freud was a Corresponding Member of the London Society for Psychical Research, and an Honorary Fellow of the American Branch of the SPR (Katz 2005). Steve Appel (2000) has talked eloquently about different possible meanings of 'occult' – latent, hidden, and supernatural; he points out that most people are captured by the last of these. He also makes a case for relating uncanny therapeutic events in the language of the occult not because he believes in a supernatural explanation, but to maintain contact with the sense of the numinous we sometimes experience in therapy. He also makes pragmatic use of these experiences without needing to describe the exact mechanism by which they occur; specifically apparent telepathic communication, as “a phantasy projection and identification which produces a visual disturbance in the receiver of this message from beyond” (ibid p. 34). In light of this, I thought to myself during the session that perhaps in the phantom I was seeing the toughness of the father she needed within her in order to be able to face up to a partner. It was a satisfying idea; except that it did nothing dispel the face.

In a later session, during a silence, Aria was looking down and aside, and the face was there, as usual. I said,

*You know, sometimes when I look at you, I see a different face.*

Aria looked up briefly, and the face dissolved. She said,

*Hm*

There was a pause.

*Whose?*

I said,

*I don't know, an older Māori man. I was hoping you might have some idea.*

She gave a tiny shrug, not uninterested, but as if it was not that much to do with her, and dropped her eyes to the floor. As she became impassive, the face returned, eyes averted. I never did see into the eyes; they were always turned away from me when the face was visible.

By now I had a complex response to the hallucination. It was as familiar, predictable and mundane as another client's fixed smile or twitching nostril might be. In fact its familiarity was one of the most unsettling aspects to it. In myself I looked for signs of paranoia, and found no more than usual – the face was a distraction, not something malevolent, nor something being done to me. I also looked for signs of omnipotent or grandiose thinking in relation to Aria, or else something histrionic in me. These are difficult things to discount. All I could say was that, quite opposed to giving me a sense of guidance or mastery, the image left me puzzled and less certain of my own ability to make sense of my experience than usual.

I also wondered if the face was a projection onto Aria of some split-off aspect of myself that Aria represented for me, possibly in her otherness to me as Māori. If so, it seemed to me that it would have to have been a major aspect of myself to manifest in this way. I held it as a possibility, although it seemed an intellectual construct without an affective kick to it.

I must admit that while I did raise it in supervision, I did not make too much of it. I was embarrassed, I think. Nothing in my training, reading, or talking with colleagues had prepared me for it. It was an experience from the margins for me; and as Adam Phillips (1995) says, one of the dilemmas psychotherapy faces is that it tries as a treatment process to address the most marginal of human experiences while wanting as a profession to claim a place in the mainstream. I was worried what my colleagues would make of me.

## Cultural Supervision

It was time for cultural supervision. When I talked over this experience with Haare Williams, he suggested I take it seriously – to imagine that the man whose face I saw was a deceased relative who needed to be prayed for, and to be invited to leave Aria. If ever I could have an experience of how different cultural supervision is from psychotherapeutic supervision, this was it. Haare was suggesting this was not an hallucination at all, but a visitation. I could not act in the way requested of me, but I could not stop thinking about it either. It simply did not fit within my framework. I wanted to make space within me for an indigenous model; I just did not want it to be this one; in part because it was so far removed from my psychotherapeutic models, and from my sense of spirituality. But I respect Haare. When I am offered something by an elder, I do not reject it out of hand.

At first I tried to think about this in the context of psychotherapeutic theory. In a way, this was easy. Psychotherapy is a metaphorical activity, a way of translating apparently concrete objects into symbols unrealised by the speaker. When someone speaks or acts, we think to ourselves, “What he *really* means is...” And we think this constantly; nothing is quite what it seems. So the dead relative was some internal object, the unprocessed remnant of something or someone who haunted Aria. After all, Freud, through his work, tried “to prove that the dead really do live on with us; they haunt us and affect our daily lives” (Katz, p 146).

But had I not in a sense been thinking in this way all along? And what difference had it made, either to my experience, or to Aria’s?

It is also troubling to try and translate an indigenous concept into a western one, or vice versa. There is the likelihood of a subtle colonisation, a taking over of indigenous experience. Are Taranaki and Egmont the same mountain? The associations, histories and meanings to Tangata Whenua of Taranaki and Egmont are very different from each other; Pākehā associations and meanings are different again. Conversely, western models of development and attachment are contentious to indigenous peoples with, for instance, their equations of individuation with maturity and emotional health. (Although this was getting confusing; I was trying to think/feel my way into an indigenous concept given to me by a kaumatua to understand my own (Pākehā) experience with a Māori client.)

I took Haare’s suggestion to heart and decided to act as if the face was ‘real’ – the presence of tupuna with Aria as she sat in the room. In doing this, I was thinking of Alfred Adler and his use of Hans Vaihinger’s fictionalism,

the philosophy of as if (Ansbacher, H. & Ansbacher, R., 1956). Vaihinger said that we live by fictions that, regardless of their truth, are subjectively real; and that when we act as if they are true, things turn out for the best; for instance, the idea that all people are created equal. It is demonstrably untrue in terms of abilities, tastes ... there are a million differences. And yet not treating people as created equal is a sure route, long or slow, to supremacist thinking and behaving. Vaihinger(1925) saw fictionalism as an essential element in ethical and spiritual life; we might think of it as idealism. I needed this kind of frame to allow myself as a Pākehā psychotherapist with a mostly psychodynamic way of working to make space for something that seemed radically different.

Most models of an indigenous worldview hold whanaungatanga as a core principle. For instance, Margaret Morice (2003) holds it as one of six key principles of a Māori psychotherapy. In the model *te whare tapa wha*, *taha whānau* is one of the four walls of the whare which supports and nourishes the person (Durie 2001); and whānau does not simply encompass the living. Rangimarie Rose Pere makes one of the eight arms of *Te wheke*, her model of Māori health, *ha a koro ma a kui ma* – “the breath of life that comes from male and female forbears” (1988). This holds that “good health is closely linked to a positive awareness of ancestors and their role in shaping the family.” Michael Shirres, quoted in Margaret Morice (2003, p.26) says

The persons we stand with are not only the living, but even more so the ancestors, those members of the family who have already gone before us. So basic to being a person, and to being Māori is to be whānau, family, not just with the living, but also with the dead.

Alongside treating the face as tupuna, I kept open other possibilities – that the face was a projection of mine, perhaps an imagined otherness to do with my own racial constructs; that it was a projection of Aria’s of some disowned aspect of herself or her experience; or that it was an analytic third, co-created by us. I tried to find a balance between wonder and doubt, as Sue Joyce talked about at a recent NZAP Northern Branch meeting; too much wonder leading to credulousness, too much doubt leading to cynicism.

The silences in the sessions had been lengthening, especially at the beginnings of sessions. The face was most often visible at these times, when Aria was silent and looking away. 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; almost less present than the face. I was



growing concerned that I was losing Aria. Once the silence had cemented in, it was hard to shift. So I talked about it, and my concern that I was not being inviting enough. Aria agreed. She asked,

*Is this how you are with people usually?*

I said,

*Well, yes,*

and shrugged; and we both laughed a little. I said,

*Perhaps I need to do something a bit different,*

and again she agreed. I talked a bit about my training and my own experience of therapy, and Aria visibly relaxed. She asked about my training, and compared her own experiences in training with mine. There was something different about the session; there had been less of a familiar self-consciousness in Aria. It was not until later that it occurred to me that the face had been largely absent.

This was the start of our work becoming more conversational. In spite of the gender difference, our relationship had something of a tuākana - teina quality. With encouragement from my supervisor and especially from Aria, I gave up some of my supposed neutrality: I mostly answered her questions, sometimes without asking why she was asking them; I allowed myself to feel warmly toward her; I asked after her partner and children. The curious thing was that, the more I did this, the more complex Aria's responses to me became. On one hand, she was more talkative and warmer toward me. On the other, she was tenser at times, seeming to distrust me in my Pākehā-ness.

## **Whakamā**

She told me about going into a café in one of the whiter Auckland suburbs, and of the stares and bristling hostility she felt from the other women there. Then she noticed her T-shirt, a tino rangatiratanga one. She felt angry and defensive, and something else – less than them, at least in their eyes. Then she said,

*But then I don't really know much about you. I don't know what you think about it. Maybe you're no different.*

I said,

*Yeah, it must be hard, finding that fear and hate in most places, and expecting to find it everywhere.*

Aria began to tell me how much I reminded her of her mother, in my whiteness and the shape of my face. In one session she became quite agitated and told me that when she looked at me, all she could see was her mother's face. Waves of feeling crossed her own – fear, anger, distress, need. Her mother existed within her as a complex figure, both hated and wanted. Aria found it difficult not to split off this white, culturally strange 'Other' who was also a part of her.

Stories about her mother's behaviour alternated with stories about the behaviour of Pākehā she came across now. Her mother had made clear her feelings about Aria's darkness. And in the present, Aria talked about taking her boys to the beach. In the water, a Pākehā man had deliberately swam over the boys, knocking them aside. When Aria went in to get them and called out to the man, a Pākehā woman had shouted at her, "You don't own *this* foreshore." Alongside her rage, there was the feeling again of being seen as lesser, the deep sense of Whakamā that results in "not only outward alienation from others but also inward alienation from oneself" (Metge cited in Woodard, 2008, p.77). Farhad Dalal tells us that while the actual practice of subjugation is primary, the interiorisation of it is just as important. The sense of whakamā connected in some way to the self-consciousness I had experienced in Aria from the beginning, a subtle self-objectification.

The pain of this was at times extremely difficult to bear. In part I thought that I could understand in a concordant way what this might feel like; but as large a part was the complementary pain of being one of the 'Others' to Aria. I often wanted to tell her how sorry I was that these things had happened to her; and knew that if I did in that moment, I would be doing it to ease my vicarious guilt and shame. Mostly, the best that I could offer was a sympathetic listening. And once or twice, when I felt able to step aside from my need for absolution, I could say I was sorry that these things had happened to her. She said how guilty she felt about talking about these things to me, a Pākehā who had done her no harm.

The more deeply inside Aria went in her contact with her whakamā, the more outward her experiences of it became (Durie, 2001). I asked her once how it was talking to a Pākehā man, and she said,

*It's such a relief. I know how to be in the Pākehā world better than in the Māori one.*

She had a hui on a marae through her work, and was filled with shame at not being able to karanga at the powhiri. She felt looked down on by the home people at her father's marae for not knowing enough kaupapa Māori, for being a city girl. It was a lost connection that pained her and that she longed to repair.

After she talked about this, as her head dropped, the face returned. I thought that Aria's loss of face was masked by the presence of this other face. I said,

*Perhaps your connection isn't as distant as you think.*

As she looked up, the face slipped away. I thought of the words of Hamiora Pio, in talking of the dead:

We cannot touch them. The living come and go; they meet and greet each other; they weep for dead friends, and sympathise with each other. But the spectres of the dead are silent, and the spectres of the dead are sullen. They greet not those whom they meet; they show neither affection nor yet sympathy, no more than does a stump. They act not as do folk of the world of life (Best 1954, p.35).

Aria's ambiguous sense of me returned in the form of her father, and his father. At times she looked at me and saw her grandfather's face, saw his bitterness; or her father's disappointment and sternness. This, at a time when otherwise she talked of the warmth she felt between us. She also talked about the difficulty of her relationships with her father and grandfather, and as she did, their faces abated.

I have continued to feel challenged and quite out of my depth with Aria. At the last session before a break, she brought a small amount of food for us to eat together. How many of us have eaten with a client? Well, I have, and it was one of the most difficult things I have ever done in a session. I kept thinking of the meaning of our eating together for each of us. Perhaps for Aria it was the lifting of tapu after our kōrero, and before parting; certainly it was an expression of her manākitanga. For me, there was a struggle to overcome a powerful superego injunction against it. In eating with her I must be acting out, I thought, probably my fear of being identified as the disapproving Pākehā man; but surely the knot in my throat that made swallowing difficult was just as much an acting out, of my inhibitedness in front of a client, my fear of being seen by her, or known about by my colleagues. The next few sessions after the break were full of food talk, as we each discussed our reactions to what had happened.

## **Conclusion**

There is no tidy ending to my story. Aria's and my work together is not finished. Some things have changed. I do not expect her experience of whakamā to ever be wholly changed; that would require bigger changes outside her than any imaginable inside her. I do believe her relationship with te ao Māori, the Māori world, to be developing and changing, becoming richer and more supportive. The transferential aspects of our relationship have shifted; I believe she sees me more clearly now, both figuratively and literally. My face is clearer to her; she no longer seems to see her mother, her father or her grandfather.

And her face to me? I have not seen the man's face for a long time now. And what do I make of it? I go back to Winnicott's statement about hallucinations being dream material that has crossed the barrier into wakeful experience. We know what it is like to be presented with the rich, allusive, surreal poetry of a dream, to be puzzled, challenged, intrigued, disturbed by it. We arrive at an interpretation of it, or more than one; and when we speak it out, it is pale and flat beside the aliveness of the dream. We know that we are fooling ourselves if we think we have arrived at a final, complete interpretation of a dream, or indeed with any experience we western-trained therapists might think of as primary process. So it is for me with the face I have experienced with Aria. I do not know what it means, frankly, and I do not see the need to believe I understand it fully. James Ritchie (1992, p 64), in discussing one of his principles of action, says, "For some strange reason Pākehā people seem to think that there is a finite body of knowledge which, once they have worked it over, will provide all they need to know... The task of understanding is never complete."

I do know that the outcome of seeing the face was to cause me to radically change how I relate to Aria and indeed to other clients in a way that is fruitful. It has struck me as odd that Aria's faces were so clearly transferential, where mine were not obviously so. It does not mean that mine were not, of course; but it is tempting to wonder if we had a transcultural exchange – that Aria had a classically western psychodynamic vision, and that mine was not. Who knows? What matters is that I have had to relate to her as a fellow subject, with her need to understand me as much as I have a need to understand her, at least as much as each of us is able. I have found that comparative transparency on my part has not destroyed transference on hers. I have had to make space for her whānau and her tupuna in my room. I have learned that an ounce of warmth and a willingness to relate is worth a pound of cleverness. I have

come to expect the unexpected. And I am grateful to the face; without it, I would not have had a clue what it was I didn't know that I didn't know.

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