

# Shifting Ground in Aotearoa New Zealand: A Psychoanalyst's View

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## Abstract

This paper contains the main points I made in my two keynote presentations to the New Zealand Association of Psychotherapy (NZAP) conference in April 2015. The theme of mourning, and especially facing the aggression involved in this process, runs through it. The first section describes my emotional experience when coming face to face with the devastation left by the Canterbury earthquakes, and I draw attention to the importance of mourning in freeing up the energies required to adapt and to rebuild. I draw attention to the scale of loss to be faced, and raise an anxiety that aggression mobilised by this process may be difficult to bear, and be displaced onto the long-term project of turning a monocultural profession into a bicultural entity that acknowledges explicitly that it exists in a country that is home to both Māori and Pākehā.

The second section has two aims. Firstly, I provide a detailed clinical illustration of my work, which is located within the psychoanalytic tradition, in order to make explicit my conceptualisation of a patient's difficulties and show how these emerged in our work together. Secondly, I endeavour to show how difficult it is to integrate experience within a new cultural milieu alongside representations that stem from our original one — our “native” world of self and others. The patient I describe in my clinical example used her cultural difference as a defence — a deeply ingrained one — to protect herself from the pain of mourning and thus the possibility of moving on. I go on to discuss this material with special reference to its relevance for the development of the profession in a bicultural Aotearoa New Zealand.

## Waitara

Kei tēnei tuhinga ngā aronga matua o ngā kauhau matua e rua i hoatu e au i te Wānanga a NZAP i te marama o Paenga-whāwhā 2015. Ko te tangihanga te kaupapa, inarā te whakarae i te riri i roto i tēnei tikanga. Ka whakaatahia aku wheako whaiaro i te kitenga ā kanohi i te parawhenua i whakarērea iho e ngā rū i Waitaha, ā ka whakaarohia ake te whai tikanga o te tangihanga hai tuku i ngā pūngao hei urutaunga hei whakahou. Ka huria ngā aronga ki te

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titiro ki te whānui o te paekura hai taki, te whakapikinga ake o te mānukanuka tērā pea ka uaua rawa te mau i te riri ka puea ake i tēnei mahi ā, ka waiho ki te taha ki te huring mahi akonga ahurea tūtahi ki tētahi mea kākanorua.

E rua ngā whāinga o te wāhanga tuarua. Tuatahi, ko te whakaatanga whānui o taku mahi haumanu, te ture pū tātarihinengaronga, kia āta mārāma ai taku whakaahuatanga o ngā raruraru o te hāura ka whāki ai i pēhea te putanga ake o ēnei i roto i ēnei mahi. Tuarua, ka nanaioe au ki te whakaatu i te uaua o te whakauru wheako ki roto i tētahi atu nohoanga ahurea i te taha o ngā tūnui o te ao toi waia o te whaiaro me ētahi atu. I whakamahia e te hāura whakaahuahia e au i roto i taku tauira haumanu tōna ahurea hai pākati — toka ana te mau — hei ārai i a ia mai i te mamae o te tangihanga, ā, tērā pea te haere whakamua. Ka tuhia tēnei kōrero me te huri ki tōna hāngaitanga mō te whakapakaritanga o te akonga i roto i te kākanotanga o Aotearoa.

**Keywords:** biculturalism; cultural identity; Muslim/Arab; mourning; aggression; defence; inner tectonic plates; internal racism; *shari'ah* law

I was delighted to be invited to address the NZAP 2015 conference as I have such fond memories of the last time I did so in 2009. That was a very moving experience, on many different levels, and the prospect of returning six years later was very welcome. I assumed the conference organisers must want to reflect on, and perhaps continue, the discussions and dialogue we had begun then, and that the conference theme, “Shifting Ground”, suggested a wish to do so in the light of the devastation wreaked here by the Canterbury earthquakes of 2011. I was also aware of the shifting of inner tectonic plates that the 2009 conference touched on — the coming together of Western and Māori approaches to emotional wellbeing and distress/disturbance, and ways of addressing the latter. Is that project still on course? What progress has been made? Has this project been impacted by the earthquakes? If so, how?

The 2009 conference was, for me, a most memorable one. I remember vividly when I first arrived at the venue to find a throng of conference delegates assembled together on the lawn outside. We were waiting, I was informed, to be summoned inside by the local ancestral spirits, a vital ritual without which the conference could not begin. In the fullness of time we were duly invited in, and, as a foreign visitor, I was fortunate to have the proceedings more or less explained to me as they unfolded. What touched me most was that this was the first psychotherapy conference I had attended where the fact that psychoanalysis and psychotherapy, which emanated in the West and have an unmistakably Western character, were now operating in a non-Western mainstream setting, which was being directly, openly, and concretely acknowledged. This was woven into the setting chosen for the conference — in a *marae* with its rich Māori character, rather than a conference suite that would be the same the world over — as well as the opening and closing events, all of which were most impressive. My sense of admiration grew as I witnessed white New Zealanders — Pākehā — sufficiently fluent in the Māori language and well versed in the opening ceremonial ritual — the *powhiri* — present the formal response to the welcome extended to them, as visiting delegates, rather than relying exclusively on Māori colleagues to do so. This added to my sense of appreciation and respect for what had already been achieved here as far as the

goal of biculturalism is concerned. To me, this sensitivity to Māori culture appropriately counterbalanced the fact that the conference proceedings themselves — except those by Paraire Huata's group — were all in English, and the presentations themselves were largely based in the theory and practice of psychoanalysis and psychotherapy. I looked forward to renewing my acquaintance with this accommodation between the Western and the Māori, and wondered how things had progressed in regard to the issues pertaining to biculturalism that arose in 2009.

As this conference drew near, however, my sense of eager anticipation began to be tempered by altogether different emotions. In May 2014 came news of the passing of Paraire Huata (Manning, 2014), in an email that ended with "*Ka hinga te tōtara o te wao nui a Tāne* (The falling of the tōtara tree in the great forest of Tāne)". Paraire Huata was a giant of a man and this was, indeed, a great tree that had indeed fallen. The other keynote speaker in 2009, he gave very generously of himself. It was at his invitation that we arranged a respectful but robust dialogue — on the second day — on the assumptions underpinning psychoanalytic and Māori approaches to emotional/mental distress and suffering. He was due to speak again at this conference, and I was much looking forward to continuing that dialogue. Now, this was no longer to be — a very great loss indeed. In addition, as the months passed our family was facing the rapid deterioration of my mother-in-law, who suffered from a terminal condition. She died a few days before I travelled to Aotearoa New Zealand. As I prepared myself for the conference, these events brought the shadow of death into the foreground, leaving the experience of loss prominent in my mind.

The conference organisers had generously supplied me with books and DVDs that chronicled the devastation left in the wake of the earthquakes. They brought to life a powerful picture of what I was likely to encounter when I arrived in Christchurch. From aerial pictures of the city before and after the quakes, it was difficult to tell, for instance, where the city-centre hotel that I had stayed in was — was it still standing? — and what landmarks on the walk between the hotel and the conference venue might have been affected by the quakes. This was difficult enough — it is not easy to remember accurately when one has spent only a matter of days in a new city, much of the time taken up by a conference. However, none of this studying prepared me at all for the emotional shock when I arrived, finally, at the brand-new hotel where I was to stay.

On the way, the direction of the old cathedral had been pointed out to me — a short walk away, I was told. I remembered that part of town well, and as I stood in my hotel room the following morning trying to get my bearings I found myself wondering why they had decided to book me into a hotel in what appeared to be a quiet residential suburb seemingly distant from the city centre. It took me quite a while to realise that I was not in fact in a quiet, leafy suburb with plenty of open space all around. Rather, I was right in the middle of what used to be the built-up city centre, but the buildings all around had been destroyed or fatally wounded by the earthquakes and then demolished, rubble had been cleared away, and grass had now taken root. What looked like open, grassy fields were actually spaces in which buildings once stood proud. The leafy square across from the hotel, I was to discover, was in fact the city centre park that had served as an emergency field hospital at the height of the disaster. With this in mind, I ventured out into town and it was then that the realisation of how total the devastation actually was finally hit me. It is hard to take in that practically

every building in the city centre had been damaged, and that most of those still standing were awaiting demolition.

Earlier I spoke of the loss of Paraire as well as my own personal loss, but this is loss on an altogether different scale. Wherever you look you see devastation. It is everywhere. And, it turns out that the earthquake is not entirely in the past either. One evening locals heard and felt a faint rumble, which, I am told, is a regular occurrence — distant aftershocks that are still very much part of the fabric of life in Christchurch. Those of us who fly in for a visit may not feel or recognise them, but for our colleagues who live here it must be a terrifying experience, stirring up again and again the trauma of the earthquake itself. How could one not think, “Is this going to be another big one?” Especially when all took comfort from the fact that after one has had the “big one” one is safe for now, only to have a second quake of similar magnitude follow within a matter of months. That experience in Christchurch forced a rewriting of the textbooks on earthquakes. All of this brought me face to face with how much the experience of the earthquake — “Shifting Ground” from an external world perspective — is part of Christchurch now.

Looking back, the setting we enjoyed six years previously seemed quite idyllic. We are now in a very different world, and the challenge before us is how to orientate ourselves to this changed reality. To do so successfully, psychoanalysis suggests, we have to mourn the world we have lost; if we cannot do so we compromise our attempt to repair it as best we can. However, how does one mourn a loss on this scale? Mostly, our understanding of the work of mourning relates to mourning on a smaller, more personal scale, such as that involved in the loss of a loved one. We may even extend that to the mourning associated with large-scale atrocities, for instance coming to terms with the damage inflicted by the apartheid system in South Africa. In these situations there is usually an object or objects against which the aggression mobilised in the process of mourning can be directed. But how does one do that when there is no object to blame? And when it is not one person or group that has suffered the loss, but when an entire city is in the same boat?

The terrible devastation left by the earthquake draws our attention to the fact that destructive forces can do their work in an instant, destroying and wreaking havoc, but rebuilding takes much longer. Alongside the external resources this demands, inner ones must also be mobilised — systematic planning, resourcefulness, creativity, patience, a willingness to learn from experience, and a general pulling together of such good inner spirits or capacities as we may be able to bring to the task. All of these forces have to come together, and work together, with focus and perseverance over many years if they are to succeed in making good the terrible devastation left behind by the earthquakes.

Alongside all of this there is the specific bicultural project — my term for the profession's on-going attempts to take seriously its obligations under the Treaty of Waitangi. That project involves a proper engagement between Māori and Western conceptions of the practice of psychotherapy — a meeting of two cultures that, I will suggest, involves the shifting of inner tectonic plates. It is, therefore, a challenging task that requires sensitivity, dedication, and skill. Participants at the 2009 conference were deeply engaged with it, and I knew of further developments to advance the cause of biculturalism, such as the change in the title and editorship of this journal. Returning now to the aggression mobilised by the earthquakes, I was anxious that, in the absence of an external object against which to direct this aggression,

it may be displaced instead onto the project of biculturalism itself. It would be easy to undermine this important endeavour — it requires only a dragging of feet and a lack of urgency, aimed at a retreat from the momentous decision of 2009 to move towards accommodating the Māori presence within NZAP at the highest level. I shall return to this.

I would like now to turn to the unconscious shifting of tectonic plates that occurs when two cultures meet, which I am going to discuss through a clinical case. For all of us, change is necessary if we want to move on and enrich our lives, yet this can be emotionally difficult since anything new in the outside world challenges the stability of our inner world, which we have constructed painstakingly from the beginning of life. Our internal world is central to us and contains all that matters to us — as Freud would put it, all the objects we have cathected, positively or negatively — and does not change, in essence, from day to day. It is populated by inner versions of the people who matter — mother, father, partner, friends, foes, etc — as well as the places, sounds, foods, tastes, rituals, and traditions that colour our world. All of these are precious to us, and their existence internally gives us a sense of stability that, in turn, allows us to tolerate small changes in our environment. However, since the inner world originates within a specific context — the world in which we grew up and live — changing that context brings about a fear for the very stability of the inner world. Accommodating to a new context thus threatens the existing inner order; we fear that we will lose everything. This fear exists unconsciously, even as we may reassure ourselves consciously that we will be enriched by exposure to the new. It stems from the fact that our emotional energies are finite, and taking on something new means that something of our old and familiar objects will inevitably fall by the wayside. This idea is hateful because it brings in the pain of mourning.

From a psychoanalytic point of view the pain of mourning, as I have already indicated, always involves aggression and hatred (Freud, 1917/1957). I can give a personal illustration of this. I had never dreamt of living anywhere other than in my native Cape Town, which, despite the prevailing apartheid system, had all I could want in a home: natural beauty — beaches and mountains — a lovely climate, and a close-knit community within a broader, more mixed population. However, when I discovered psychoanalysis and gradually realised that I wanted to deepen my involvement with it, Cape Town could not offer this and I had to travel abroad. I therefore had to endure the pain of losing of my home; I had to mourn it. Psychoanalytically, the work of mourning involves facing aggression — hatred — towards the objects we love. My home town's inability to provide for my training needs turned my beloved Cape Town, unconsciously, into an object of hatred. In order to move on psychically this hatred has to be faced, and the key question is, can our objects survive this hatred, thus leaving us open to being enriched by our new circumstances, or is that hatred so intense that, were it to be openly faced, the object would either be completely destroyed or damaged beyond repair.

I am now going to describe a defence, involving a patient's cultural identity, which protected her from engaging with this aggression and thus prevented her from facing the pain of mourning. The defence involved celebrating the fact of being culturally different; she clung on to this one aspect of her identity, that of being a non-English immigrant, in a way that prevented her from moving on. I am going to outline that defence, describe its significance in her inner life, and show how I tried to address it in the analysis.

## Clinical Material

### Background

The patient, who was in her late 30s when she began, was in her fifth year of analysis. She had been attending three times a week for three years and then four times a week. She was from a devout and traditional Muslim background in a Middle Eastern country where she excelled at school — the first woman from her village to achieve a secular education. She went to university abroad, doing an undergraduate degree in one European country and post-graduate study in a second. She then moved to the UK, where she obtained a law degree. She found work easily and gained rapid promotion, making good use of professional opportunities that would not have been available to women in her own country. Her area of specialisation was work with refugees and asylum seekers. Her own resourcefulness and diligence contrasted with many of the refugees she worked with, who were seen as dependent, lazy, and exploitative — qualities, according to her, also characteristic of Arab men.

The migrations in the patient's adult life, which I have just described, were preceded by a painful one in her childhood. Aged six, she was sent to a convent school several hours' journey away, as a weekly boarder; the only one in her family singled out for this privilege. However, the Catholic ethos there contrasted sharply with that in her Muslim home. The rupture with her family was painful and remained deep.

### Analysis

My patient attended regularly, brought relevant material, understood interpretations, and generally valued the analysis. Separation emerged early on as a significant theme, which I addressed directly in the transference. At one level, she understood the link between the abandoning analyst and parents who, say, sent her to boarding school. However, it became clear that it was very difficult for her to access feelings towards those figures. Work on this settled her in the analysis, and there were signs of progress in her life.

The problem of accessing her feelings, however, remained. I noted a pattern of her missing sessions at the beginning or end of term, and of missing or being late for her first and/or last session of the week. When I addressed these occurrences she withdrew into silence, bringing things to a halt. In addition, she suffered from debilitating pains in her body, such as migraines, which, when observed analytically, suggested a difficulty with accessing or processing emotional experience that belonged to separation and loss. She, too, could observe these patterns, but could make no progress towards accessing affect belonging to that experience, either in the here-and-now or in relation to her past.

### Formulation

Difficulty with accessing aggression is not unusual in an analysis, but in my patient's case it belonged to a wider constellation that only became clear to me after several years, when she considered becoming a second wife, under Islamic (*shari'ah*) law, to a wealthy suitor. My spontaneous countertransference reaction to this idea was, "that is not a real marriage", which I eventually came to see as a comment on the "analytic marriage" that existed between us: *this* analytic marriage was not real. I linked this thought with two further observations I had made. First, the haughty and aloof way in which she carried herself,

looking down her nose at me as she walked over to the couch, her face controlled, expressionless, and impassive. Then, once on the couch she would place her arms at her sides, hands folded together on her bosom, and lie utterly motionless, corpse-like. I had come to think that this lifeless way of being — above emotional contact — was just in her nature, so to speak. On one occasion, however, she painted a very different picture of herself as animated and passionately involved in a lively discussion with colleagues. This was so at odds with the way she was in the analysis that I now considered that the emotional lifelessness was specifically intended for me — that for her the analytic marriage was not real. She was *in* analysis but not *of* it.

Reflecting on her attraction to the idea of a *shari'ah* marriage as a second wife, a politically incorrect thought came to me that it might be easier for her were she not so wedded to her identity as a Muslim. An earlier incident between us now came to mind. Years before, she asked whether she could pray in my waiting room. She explained in some detail, as if I would not know it, that during the winter months three prayer times occur close together (because of the short daylight hours) and by attending an afternoon session with me she would inevitably miss one. I thus understood the religious basis to her request. At that time I was actively trying to access her aggression, so I offered an interpretation, the gist of which was that she wished to turn my waiting room into a mosque and thus, in phantasy, to link me with God. This idealisation was, I thought, an attempt to mask her hatred of me. In time I learned that she heard only that the answer was no, she was not allowed to pray here. This marked me out in a decisive way that gradually became clear.

After several months I noticed that her telephone messages would now begin with “Hello David, this is Huda (her name)...”. My name appears clearly on my monthly bill and is faithfully copied out on her cheques, so this “error” was significant. My first name is recognisably Arabic, and the distortion of my surname into a first name conveyed an accusation that I had sold out my Arab/Muslim identity in order to assimilate seamlessly into the secular West, the world of psychoanalysis. Our conversation about prayer had revealed this to her: I wished to be seen, in the eyes of my colleagues, as a proper, secular, and atheistic analyst who disavows primitive religious rites such as prayer — I was David. Dropping the “Mr” conveyed the contempt she felt towards me for selling-out.

Taken together, these observations now led to a provisional formulation that the patient had in place a defensive structure that shielded her from the experience of loss and the aggression it mobilises. Its central component was a good-bad split between Westerner and Arab/Muslim where, from either one’s perspective, the other is a perpetually excluded and denigrated outsider. The structure repeats the trauma of exclusion, but in a way that prevents it from being processed psychically (Freud, 1914/1950). Sometimes she took up one position in it — for instance, when she projected into me the problem of being an immigrant, who solves it by integrating and selling out. (Such individuals are colloquially referred to as coconuts — brown on the outside, white on the inside. This reprises the title of Frantz Fanon’s celebrated work on the subject, *Black Skin White Masks* [1952/1986]). She thus becomes my moral superior and holds me in utter contempt. Paradoxically, she is then unconsciously identified with the native/white host. At other times, especially in public settings in the UK, her visible identity as Muslim marked her as an outsider. For instance, she insisted on performing her ritual prayers at work and, for her, the possibility of her colleagues consuming

alcohol over a meal was an obstacle to dining with them; these were matters over which I knew other Muslims are willing to compromise. The Muslim her was a current version of the girl who, for all her brilliance as a pupil, would nonetheless be reminded by the nuns of who she really was — brown-skinned, Arab, Muslim; that is to say, primitive and inferior with respect to power relations in our post-colonial world (Treacher, 2005).

This system works as a defence because it exaggerates the distance between the two worlds, Arab-Muslim and Western, and keeps them separate. Such splitting creates a world of either-or — one is either Arab/Muslim or Western. In reality she is, of course, *both* Muslim/Arab and a citizen of the secular West, but linking them together would require her to process the experience of loss, setting in train the work of mourning (Freud, 1917/1957). By keeping the two parts of her separate the defensive system institutionalises separation in her mind and, as long as she operated within its parameters, this psychic retreat (Steiner, 1993) — a phantasy construction — effectively shielded her from engaging fully with reality, including the pain of loss. The price she paid for this compromise was that of being cut off from her feelings. Married to a psychic retreat, she is available only for a second and lesser marriage — to her feeling self or to anyone else, including her analyst.

## Engagement

Once I had come to this formulation of her problem I sought ways to address it. I brought in the idea of two worlds by speaking to her about the fact that she was almost always late for sessions, suggesting that she believed that ordinary expectations — for example, that a patient should come on time or respond to an analyst's comments (I had recently noted that she ignored my interventions and carried on as if I had not spoken at all) — did not apply to her. These were reasonable expectations, but only of my English patients. She, on the other hand, was different. Given her roots in the Arab world, she had already paid a much bigger price than they had, namely the long painful journey from her village that brought her here, and thus she should not be expected to do even more painful work. This interpretation was met by a typical, long silence, which I named as withdrawal in anger — the interpretation itself, from another world, quite simply did not apply to her, so she need not bother with it. She lay impassive and said nothing. The session ended in silence.

The following day she was, however, five minutes early and much more engaged — both of these were unusual for her. She spoke immediately of how numb she felt in yesterday's session (when silent) and for much of the day, and how this troubled her. Usually she would just put it out of her mind and get on with the day. This time, however, she stayed with it and eventually began to feel furious with me, at first because I was not helping her. Later, my words about her being Arab came back to her and she realised she was furious because I was typecasting her as a Muslim/Arab. It is well known they are never on time. She hates being seen like this. She agreed with an interpretation that she felt I had seen her through a racist lens, and it was this that she hated.

The conversation then turned to why she somatised rather than feel her feelings, and the material that followed enabled me to interpret a fear of cancer. This interpretation interested her. I said that this construction — of a deadly process within — suggested that her hatred took the form of murderous impulses. She reiterated that she did not feel this — she just felt numb and there was a complete shutdown. Shutting down, I said, was an attempt to numb



her mind to prevent it from making contact with a level of inner aggression felt to be extremely dangerous. She was interested in this idea and, with the end of the session looming, raised a number of questions in response.

Because she had been so much more engaged I said that at the very moment when she feels involved and interested in my input, I shut the door in her face — today, at the end of a week, and next week for a scheduled end-of-term break. This reinforced the idea that she and I are from different worlds. In her world, when one is involved it is natural to warm to the other and reach out for more; in mine, one inflicts on others the unbearable pain of rejection as a matter of course. Time matters more than people. “I can relate to that”, she said, just as it was time to end.

Although interrupted by the scheduled two-week break that followed, the progress reported here continued once she had settled into the new term. I will end my clinical account with a dream from this period that shows the patient beginning to experience feelings of attachment, and then to bring into the subsequent session a first approach to the aggression associated with it.

*In the dream she woke to find a second bed next to hers. She hears noises in the corridor outside, which, when she investigates, turns out to be a much wider space, where a meeting is about to take place. A child approaches her, asking to stay, as if she (my patient) were her therapist who had just seen her for a session. She tells the child that she needs her mother's permission to do so, and leads her away by the hand — presumably to the mother. The child is very reluctant to go and my patient feels bad about forcing her to.*

I took up two themes from the dream. First, the observation that she has been asleep to what is going on in the analysis (but is now waking up). Second, that in the dream she appears as a therapist, which I thought indicates how hateful it is to her to be in the position of an ill patient — on the hospital bed that had been prepared for her. She disputed elements of this interpretation, which was a positive development given that her usual propensity was to retreat into silence.

She had been late for this session, and towards the end I noted that while she did apologise for that lateness, she said no more about it, thus depriving me of the associations I need in order to do analytic work on the lateness as a possible symptom of her “illness”. This got through, her tone changed and she said she does not think being an analytic patient meant that one is ill. At the same time, she said, she knows that it is a struggle for her to engage fully here.... In the dream the child wants to stay, but the therapist says she cannot.... sometimes, she wonders how do I really see her? There is a difference between finding it hard to stay, but nonetheless wanting to, and not wanting to.

I acknowledged that though it is sometimes difficult to stay in touch with her feelings, she does want to try, and is aware of a wish to stay with me. However, she feels that I do not really want her. This touched a raw nerve, and, very unusually for her, she began to sob, eventually saying that it is true — she always feels that I don't *really* want her here.

## Discussion

For this patient, two worlds coming together is a violent experience akin to the colliding of deep internal tectonic plates — one, the Muslim part of her, raised in an Arab home; the

other the Western part of her, educated in a Catholic convent and in Europe. The depth of her attachment to her Muslim objects, on the one hand, and the corresponding intensity of hatred towards them for failing her (the village school was reserved for boys, forcing her to endure the pain of separation in order to obtain an education) on the other, complicates the psychic task of integrating these two parts of herself. However, on account of its intensity this hatred could not be faced, leaving her unable to mourn the loss of her old, Arab home and thus to remake it internally by incorporating into it elements of her new experience, at school and in the West. There was a further twist: the hatred that could not be faced was, in turn, institutionalised in the form of a Westerner/European who hates Arabs/Muslims. Inner hatred became embodied in an external figure, who is a member of an out-group. This is an instance of a universal defence — I have termed it internal racism (Davids, 2011) — that is readily mobilised in inter-cultural settings.

In time, the dynamics of hatred came alive in the transference. When I was heard as not acceding to a wish that her Muslim identity should be in the ascendant in the analysis, this mobilised hatred towards me. At first it was projected into me, so that I was felt to be identified with the West and thus hostile to my devout Muslim patient. Although in projected form, the hatred was now nonetheless present in the consulting room, and my clinical account shows how its elements gradually emerged in the analysis. This, in turn, brought to the fore her attachment to a parent-me, which then revived directly in the transference the pain of rejection she experienced at the hands of her parents. Gradually the hatred and violence associated with this came into the frame. This development opened up the possibility of mourning; if she can mourn then it is possible that she might inhabit her new identity more fully, alongside the old, and this in turn brings hope that the two might be integrated.

I have brought forward this case because I think it illustrates something of how difficult and painful it is for all of us, in the deepest recesses of the mind, to properly accommodate that a new culture is truly other, that is to say, is different to our own. The length of time it took my patient to gain access to this in the analysis, and the resistance that came to the fore even when she had done so, bear testimony to the inner difficulty involved. It involves what I referred to as a shifting of inner unconscious tectonic plates. Yet, in my view, if we are to achieve a truly bicultural mode of being then this inner struggle, which involves a deep-seated hatred of what is truly different and other, has to be faced. When we met in 2009 Paraire Huata drew attention to the hatefulness that a hidden colonial attitude to native Māori culture contains, with the evocative words, “And don’t tell me, as you burn down my beach hut, that the view will be better”. Those awful, patronising words captured an emotional truth that reverberated around the conference hall for the remainder of that day.

At that time there was considerable anxiety about the momentous step NZAP members were about to take, namely to formalise the link with Waka Oranga — the collective of Māori psychotherapists — by incorporating representatives from that organisation onto the NZAP Council. I suggested at the time that if one thought of this as a mixed marriage, another meaning might be heard in Paraire’s words, namely that in a proper marriage — mixed or otherwise — it was inevitable that each party would lose some aspect of their original world — their “hut” — just as my patient did. The shape of what will be constructed jointly cannot be fully anticipated or known in advance, but we do know that unless we can allow those aspects of our old world that cannot make the journey into the new one to pass, and mourn

them, our ability to construct the new world will be compromised. Just as it did for my patient, this mourning involves a willingness to burn down some of our existing structures, hallowed as they may be. The patient had to accept that she lived in a new world that was not governed primarily by the times for prayer as life in her family's village was. Allowing the passing of the old world always generates anxiety, which manifested at the 2009 NZAP conference as doubt as to whether the step being contemplated was the right thing to do. Would it not lead to a diminution of standards, for example? At times this doubt was experienced as paralysing, but when these things could be talked through it became clearer that this step was intended to address real bicultural obligations flowing from the Treaty of Waitangi, rather than enacting an idealised phantasy that would, at one stroke, bring a multi-cultural perspective into our discipline, so that all that was familiar would be lost. The hut would, it was feared, have to be burned down to afford a better, bicultural view. The passage of six years will have brought some reassurance on that count.

I would like to turn now to the time scale involved in incorporating a proper multi-cultural perspective in psychoanalytic and psychotherapeutic work. Progress in the case I have presented above would not have been possible without my familiarity with Muslim culture — the turning points came when she spoke of a second marriage, which allowed me gradually to appreciate how she was less than fully involved in her analysis, and to connect this in time to her request, several years earlier, to pray on the premises. From this work I have shown how the classical psychoanalytic theory of mourning, which was developed by European psychoanalysts in work with patients native to that milieu, applies to a patient from a Middle Eastern, Muslim background. However, to access that level of the patient's mind I needed an understanding of how racist mechanisms operate in the mind and how these may be accessed in the transference (Davids, 2011); that work, in turn, grew out of the fact that I am a brown-skinned, immigrant analyst working within a mainstream European discipline and setting. In addition, the fact that I am familiar, from the inside, with the world Islam allowed me to appreciate shades of meaning attaching to both the idea of a second marriage and the place of ritual prayer in Islam that would have been very difficult for a native European analyst to perceive. The latter might have responded in a tolerant, liberal way and “given permission” for her to pray in the waiting room, thus precluding the therapeutic developments charted above; or in a prejudiced and intolerant way that might have led to the rejection of her religious side, pushing it outside of the analysis altogether and thus rendering the conflict between the two sides of her — Muslim and Western — inaccessible.

It is very pleasing that a contribution from the analysis of a Muslim patient should contribute to confirming the cross-cultural applicability of a psychoanalytic concept — the psychology of mourning — especially since our concepts necessarily originate within one cultural milieu; and that the work also highlights how we need to augment our traditional theory (and theory of technique) in order to reach a patient from the Middle East — here it was with an understanding of the dynamics of internal racism. These clinical and theoretical developments are now becoming possible as far as the world of Islam and Muslims is concerned (for example, see Akhtar, 2008). However, it has taken a long time — it is at least half a century since professionals from those backgrounds first qualified as psychoanalysts.

This perspective allows me to share a dream with you. Imagine, some years from now, a

Māori psychoanalyst standing in front of you, presenting the treatment of a Māori patient in the way that I have put before you the treatment of my Muslim patient. A treatment in which a deep inner knowledge of Māori culture allowed the analyst to perceive a subtle aspect of the transference, the recognition of which depended utterly on the analyst's immersion in that culture, and upon which therapeutic progress turned. And that the quality and depth of the therapeutic work itself spoke of the distance the analyst had travelled, professionally, from her native roots. I would suggest to you that this is the dream we all share — that the “other” should train in “our” profession, thereby enabling a dialogue between the two that emanates from deep within. Were I a Māori healer the manifest content of my dream would of course be different, namely that a Westerner, fully immersed in that culture, undertakes the journey to becoming a Māori healer, and presents to you the treatment of a Pākehā patient in the way I have just described. I would suggest that it is in this direction that the organisational development of 2009 was a necessary first step.

The time frame is long, but without work at this depth our disciplines will remain limited. We will be unable to test, in the crucible of the clinical encounter, whether our assumptions, theories, and techniques are culture-specific or whether they reflect truly universal psychic truths applicable to all, irrespective of cultural background. Because psychoanalysis arose in the West, propositions that belong to the former category are inappropriately applied in Third World settings (and perhaps in the inner city in the West). Given the nature of power relations in our world today (Treacher, 2005), they may rightly be seen as a colonial imposition, where Western is seen as normative of the human condition. When we accept this we agree implicitly that the native's own constructions should be burned down in order to benefit from what is seen as a better and superior view of the mind — sometimes this is cast as more scientific. The problem is that it is very difficult to know, at clinical depth, which of our psychoanalytic propositions do hold across cultural milieux without the input, based on their clinical work, of colleagues from backgrounds other than the Western one. That is a very long road to be travelled.

If that is the long view, where does it leave us today? Many questions need to be faced, which, though they may not be answered satisfactorily for many a year, must nevertheless be kept alive. Here are two examples of such questions. First, do Māori conceptions of mental suffering and its relief correspond to a Western analyst/therapist's perspective? What are the points of similarity and difference? Are there any meeting points? Are they reconcilable? Second, can one reconcile the emphasis on spirituality in Māori healing with the Western idea that to benefit from psychotherapy a patient should not have to subscribe to our belief system (because we strive to be scientific/professional)?

Questions like these are big, and addressing them will take time. In the meantime, even as we keep our minds open to them, it is vital that a high standard of professional practice should be maintained and strengthened. However, the insistence on high standards can sometimes be a fig-leaf behind which to install a pre-existing prejudice in favour of the white-Western and against the indigenous, thus undermining the profession's attempt to take biculturalism seriously. This issue is bound to stir up strong feelings, and is what I had in mind earlier when I spoke of unconscious tectonic plates that shift as we try to reach towards a new bicultural accommodation. It is necessary that ways be found to contain this conflict — to try and address what is going on by talking about it.

I would like to end with an anxiety of mine, and some reassuring observations that may serve to allay it. Frantz Fanon (1952/1986) spoke of the “black problem”, by which he meant that Western hegemony over the Third World is so complete that it creates immense pressure on non-Western natives to identify with all things white/Western and against their own culture. This creates the problem of a black skin that serves as a mask for a lived essence that is really white and Western. If my patient had followed this route she would have obliterated her Muslim self and allowed her Western self complete dominance. Likewise, if our Māori analyst of tomorrow were to follow this path we would end up with yet another brown-skinned analyst with little interest or capacity to contribute to the question of whether our psychoanalytic formulations have validity across different cultural settings.

We cannot, of course, dictate what identifications each of us should make — that has to be a personal matter that, as always, involves a compromise between many complex internal forces. However, as we embark on this mixed organisational marriage, we can try to set out on the long road in the right spirit, and it is in this context that I found myself so uplifted by the atmosphere of the NZAP conferences, which I spoke of earlier. To begin with rituals that acknowledge concretely that another people lived here before Westerners arrived, and that a treaty enshrined mutual respect as the basis for two people co-existing, is indeed most impressive. Psychoanalytic conferences usually ignore such differences in setting and settle for a formal welcome by the mayor of a city, lending a thoroughly secular, and hence by default Western, flavour to that ritual. Such gatherings avoid an open acknowledgement of spirituality — imagine having an archbishop opening a psychoanalytic conference and blessing its proceedings! I am aware that this makes some of my colleagues uneasy. However, these steps should not be seen as embracing Māori religion or practices uncritically; rather, they should be seen as an open acknowledgement that, unlike in the West, in the Māori tradition healing is firmly embedded in a spiritual context. To exclude that context is to exclude the possibility of engaging with its approach to psychological distress and healing, which would preclude the developments in theory and technique that I have just spoken of.

Even more impressive than the opening and closing rituals were the many ways in which Western-trained Māori psychologists and psychotherapists owned their identity as Māori within the professional setting of the 2009 conference. For instance, some began their presentations in their mother tongue, switching to English shortly after. In addition, they clearly set great store by Paraire’s keynote presentation, which included a series of traditional songs that they joined in with. Equally impressive was the active way in which these colleagues engaged with Paraire throughout the conference, something that was continued with Pele Fa’auli, the second keynote speaker at the 2015 conference. The warmth and genuineness of this involvement with their own cultural heritage suggests that this generation — at this point at least — may be in tune with a powerful inner Māori spirit that may stand them in good stead and help to counter the external pressure that Fanon (1952/1986) warned us about. They may be less prone to burning down their own hut, spurred on by the belief that a Western view is necessarily superior. This not only begins to put right the contempt for native culture prevalent in the colonial attitudes of the past, but also opens up a new way of living and working together biculturally, based on self-respect and mutual respect. This reinforces the forces of hope for the future.

## References

- Akhtar, S. (Ed). (2008). *The couch and the crescent: Cross-currents between Islam and psychoanalysis*. New York, NY: Jason Aronson.
- Dauids, M. F. (2011). *Internal racism: A psychoanalytic approach to race and difference*. Houndmills UK: Palgrave Macmillan.
- Fanon, F. (1986). *Black skin, white masks*. London, UK: Pluto Press. (Original work published 1952).
- Freud, S. (1950). Remembering, repeating and working-through (further recommendations on the technique of psycho-analysis II). In J. Strachey (Ed.), *Standard Edition, Volume XII (1911-1913): The case of Schreber, papers on technique and other works* (pp. 145-156). London, UK: Hogarth Press & Institute of Psychoanalysis. (Original work published 1914).
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed.), *Standard Edition, Volume XIV (1914-1916): On the history of the psycho-analytic movement, papers on metapsychology and other works* (pp. 237-258). London, UK: Hogarth Press & Institute of Psychoanalysis. (Original work published 1917).
- Manning, S. (2014). Paraire Huata (1946-2014): A personal appreciation. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 18(1), 81-86. doi: 10.9791/ajpanz.2014.07
- Steiner, J. (1993). *Psychic retreats: Pathological organisations in psychotic, neurotic and borderline patients*. London, UK: Routledge.
- Treacher, A. (2005). On postcolonial subjectivity. *Group Analysis*, 38(1), 43-57. doi: 10.1177/0533316405049365



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