



Ata: Journal of Psychotherapy Aotearoa New Zealand
Volume 24, Number 1

February 2020

Ata: Journal of Psychotherapy Aotearoa New Zealand



Ata

Ata is a small word with a magnitude of meaning that encompasses the spiritual and the relational, and reflects what we consider essential to a Māori indigenous therapy. Ata refers both to the actual as well as to the symbolic and thus allows us to explore meaning and possibility. Ata connects us to the natural world, entices us into relationship, caressing and encouraging human potentiality in the most subtle and gentle ways. Ata is used as a connector which invites a variety of meanings:

Ata — referring to early morning; ata pō, before dawn; ata tu, just after sunrise or dawn; as well as ata marama, moonlight.

Ata — referring to form, shape, semblance, shadow, reflection, and reflected image, as in whakaata, to look at one's reflected image; wai whakaata, a reflection to look into.

Ata — used to express accuracy, or to validate.

Āta — (noun) indicating care, thoughtfulness, as in ātawhai, showing kindness and concern; (verb) to consider; (adjective) purposeful, deliberate, transparent; (adverb) slowly, clearly.

Ata also appears as a component in other words such as ātāhua, beautiful, pleasant; and waiata.

We take inspiration from this word ata and embrace the way in which it supports us all to shape, inform and inspire the psychotherapy community in Aotearoa to reflect the essence of and challenges to our people and our landscape. Nga mihi nui ki a koutou katoa.

Ata: Journal of Psychotherapy Aotearoa New Zealand
The Journal of the New Zealand Association of Psychotherapists Inc.

Consulting Editors — Mātanga Kaiwāwāhi

Dr Alayne Hall (Ngāti Whatua, Te Rarawa, Tainui), Auckland University of Technology, Auckland
Professor Keith Tudor, Auckland University of Technology, Auckland

Editors

John O'Connor, Private Practice, Auckland
Wiremu Woodard (Tuhoe), Auckland University of Technology, Auckland

Editorial Advisory Board

Dr Kathie Crocket, University of Waitako, Hamilton
John Farnsworth, Private Practice, Dunedin
Dr Sally Hunter, Psychotherapy & Counselling
Federation of Australia, Armidale, Australia
Dr Del Loewenthal, Roehampton University, London,
United Kingdom
Seonaigh Stevens, Wellington (New Zealand
Association of Child and Adolescent
Psychotherapists)
Jo Stuthridge, Private Practice and Physis Institute,
Dunedin
Dr Mark Thorpe, Auckland University of Technology,
Auckland
Teresa von Sommaruga Howard, Private Practice,
London, United Kingdom

Indigenous Editorial Advisory Board

Haare Williams (Rongo Whakaata, Ngāi Tuhoe),
Auckland
Dr Judy Atkinson (Jiman, Bundjalung), Patro We Al-li
Trust, Australia
Dr Pat Dudgeon (Bardi), Centre for Aboriginal
Studies, Curtin University, Perth, Australia
Dr Lily George (Ngāti Hine, Ngapuhi), Research
Centre for Māori Health & Development, Massey
University, Auckland
Dr Susan (Huhana) Jane Hickey, Auckland University
of Technology, Auckland
Jane Hickey (Ngāti Tahinga, Whakatohea), Auckland
Dr Linda Waimarie Nikora, Māori & Psychology
Research Unit, University of Waikato, Hamilton
Dr Craig San Roque, Alice Springs, Australia

Copyright

© New Zealand Association of Psychotherapists Inc.
All rights reserved. No part of this publication may
be reproduced, stored or transmitted in any form
or by any means without the prior permission in
writing from the copyright holder.

Photocopying

Authorisation to photocopy items for internal and
personal use is granted by the copyright holder for
libraries and other users registered with their local
reproduction rights organisation (RRO).

Disclaimer

The publishers and editors cannot be held
responsible for errors or any consequences
arising from the use of information contained
in this journal; the views and opinions expressed
do not necessarily reflect those of the publisher
and the editors; neither does the publication of
advertisements constitute any endorsement by the
publisher and editors of the products advertised.

Production details

Designed by Katy Yiakmis, Auckland
Typeset in 8.5 point Feijoa

Access to Electronic Copy of this Issue

All contents of this issue of *Ata: Journal of Psychotherapy Aotearoa New Zealand*, will be available online (within
one month of publication of the hard copy of this issue) on the website Tuwhera, which is accessible via the
following link: <https://ojs.aut.ac.nz/ata/index.php/ata>

Ata: Journal of Psychotherapy Aotearoa New Zealand is published by
the New Zealand Association of Psychotherapists Inc.

Ata: Journal of Psychotherapy Aotearoa New Zealand

The Journal of the New Zealand Association
of Psychotherapists Inc.



Volume 24, Number 1

February 2020

ISSN 2253-5845 (Print)
ISSN 2253-5853 (Online)

Contents

Editorial	
<i>John O'Connor and Wiremu Woodard</i>	7
Relational Psychoanalysis and Clinical Practice	
<i>John Farnsworth</i>	11
The Body Responds	
<i>Emma Green and Margot Solomon</i>	29
Meeting the Man We Are Learning from: Interview with Patrick Casement	
<i>Gabriela Mercado and Patrick Casement</i>	43
Psychosynthesis and Culture	
<i>Helen Palmer</i>	57
Standing at the Waharoa	
<i>John O'Connor</i>	67
Staying Upright: Anna Fleming's Commentary on "Standing at the Waharoa" by John O'Connor	
<i>Anna Hinehou Fleming</i>	79

Editorial

John O'Connor, and Wiremu Woodard (Tuhoe)

Korihi te manu	The bird sings
Tākiri mai i te ata	The morning has dawned
Ka ao, ka ao, ka awatea	The day has broken
Tihei Mauri Ora!	Behold, there is life!

E ngā mana, e ngā reo, e ngā manu tioriori, tēnā koutou, tēnā koutou, tēnā koutou katoa!

Jean Knox (2013) noted that in his seminal paper, *The Ailment*, Tom Main (1957) observed that in response to the “special patient” (someone whom many of us would now understand as a person tormented by traumatic early relational experience), the psychotherapist often experiences guilt “accompanied by compulsive reparative efforts and omnipotent attempts to be ideal” (Main, 1957, p. 140). Main noted that when attempts at “super therapy” fail the therapist can switch from omnipotent rescuer to persecuting hater. Jessica Benjamin (2004) similarly noted how frightened the rigidly organised psyche is of feeling like the “bad one”, and emphasises the importance of the co-construction of a symbolic third between therapist and patient, one in which each can hear the other’s voices and their own. Knox (2013) described the centrality of emotional contagion to the experience of empathy, whilst also emphasising the capacity to think as well as feel: to feel for the patient, and to draw on our ability to contain and bear without defensiveness, in order to create new relational experience within the intersubjective third. As Benjamin (2009) suggested, “I can hear both your voice and mine as can you, without one cancelling the other out: I can hear more than one part of yourself, you can hear more than one part of yourself — especially not only the part that is negating me, but also the complementary part that I’ve been carrying as you negate it” (p. 442).

We suggest that there is a parallel between the above ideas, and the clinical and collegial challenges of being a psychotherapist in contemporary Aotearoa New Zealand. There are many different voices requesting, if not demanding, our therapeutic loyalty. We are all challenged to hear the voice of the “other” whilst retaining our own mind, as we seek to develop dialogue together, to understand our theoretical, cultural and multiple other differences, seeking to deepen the inter-psychic and intersubjective field between us, in the service of diverse and creative clinical practice.

We think the contributions to this issue of *Ata: Journal of Psychotherapy Aotearoa New Zealand* reflect the opportunities and tensions of the challenges we all face, both in our

O'Connor, J., and Woodard, W. (2020). Editorial. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 24(1), 7-9.
<https://doi.org/10.9791/ajpanz.2020.01>

collegial relations and in our clinical work. We are delighted therefore to present a diversity of voices reflecting upon psychotherapy in contemporary Aotearoa New Zealand.

We are very pleased to present John Farnsworth's stimulating, insightful and wide-ranging exploration of the nature of contemporary psychoanalytic relationality, including consideration of the historical context out of which this has emerged, the many tensions that result, and the invitation to the reader to navigate these tensions with flexibility within the "hothouse" of the clinical moment.

Emma Green and Margot Solomon provide a sensitive, hermeneutically informed exploration of the first author's use of somatic counter transference when working with anorexic presentations. The authors' observations and considerations, offered through the lens of a hermeneutic sensibility, provide a moving and thoughtful exploration of soma and psyche in relation to this delicate clinical work.

Gabriela Mercado offers us a delightful and illuminating opportunity to listen in on her warm and intelligent conversation with the renowned psychoanalyst and writer Patrick Casement. London-based Casement has influenced many of us here in Aotearoa New Zealand, and to read of his insights in conversation with Gabriela is a pleasure. The experience of reading this interview provides the opportunity to continue learning from this remarkable psychoanalyst.

Helen Palmer provides an evocative, potent and invaluable exploration of how culture shapes identity and the challenges this presents for us all. She utilises a psychosynthesis lens, very much located within the Aotearoa New Zealand context, to explore the challenges and possibilities of recognising our shared humanity whilst engaging deeply across cultural differences. Her paper, which Helen originally delivered as a keynote address to a conference in Oslo, movingly explores the creative tensions that the Aotearoa New Zealand cultural landscape offers. She emphasises the essential need for us all to move beyond the violence of reactive "othering", and by contrast describes the enriching possibilities a psychosynthesis lens, and in particular its practice of disidentification, offers for deep cross-cultural work, both here and overseas.

John O'Connor invites us to stand at the waharoa (gateway) of the marae, and from this standing place, to consider the cultural histories each of us brings to the cross-cultural clinical encounter; the many emotional tensions such encounters might evoke, and the implications these have for cross-cultural clinical work. In particular, John considers potential shame dynamics in the encounter between indigenous Māori and non-Māori within the Aotearoa New Zealand psychotherapeutic clinical context. John includes reflections upon his own cultural histories and difficult clinical experiences to illuminate the tensions and opportunities of emotionally infused cross-cultural clinical work.

Finally, Anna Fleming provides a stimulating discussion of John O'Connor's paper, as she encourages us to find our own place to stand, neither submitting to, nor avoiding the challenges of, cross-cultural clinical work, but grappling for genuine engagement.

We hope the combination of articles in this issue proves enriching for readers.

We thank Hineira Woodard for her generous and expert work providing te reo Māori interpretations of the abstracts; tēnā koe, Hineira. Our deep thanks to our creative, skilful, unfailingly cheerful and always punctual designer Katy Yiakmis; tēnā koe, Katy. We are delighted that Nikky Winchester has joined our team as our editorial assistant. Nikky has

brought a keen eye for detail to this role and we are greatly appreciative of her dedicated contribution to the preparation of this issue: tēnā koe Nikky. Finally, we thank you, the reader (NZAP member or subscriber), for your continuing support of the Journal; we hope you will find this issue an evocative, provocative, enjoyable and engaging read, and we look forward to editing the next issue.

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

References

- Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *Psychoanalytic Quarterly*, 73(1), 5-46.
- Benjamin, J. (2009). A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the shared third). *International Journal of Psycho-Analysis*, 90(3), 441-450.
- Knox, J. (2013). "Feeling for" and "feeling with": Developmental and neuroscientific perspectives on intersubjectivity and empathy. *Journal of Analytical Psychology*, 58(4), 491-509.
- Main, T. (1957). The ailment. *The British Journal of Medical Psychology*, 30(3), 129-145.

Relational Psychoanalysis and Clinical Practice

John Farnsworth

PSYCHOTHERAPIST, DUNEDIN

Abstract

This review essay examines relational psychoanalysis by looking at examples from clinical practice and commenting on its relationship to other forms of therapeutic work. It does this through a discussion of individual and group work and by exploring the complex background out of which the relational paradigm has emerged.

Whakarāpopotonga

E aromatawaihia ana te pānga wetewete hinengaro e tēnei tuhinga arotake mā te titiro ki ngā taurira mahi a ngā mahi haumanu ka whakatau whakaaro ai mō tōna pānga ki ētahi atu momo mahi haumanu. Hai whakatutuki i tēnei, ka matapakihia te takitahi me ngā rōpū mahi me te tūhura haere i te tuarongo matatini te ūnga mai o te taurira whaiaro.

Keywords: relational psychotherapy; psychoanalysis; emergence; intersubjective; group analysis; object relations

Introduction

Relational analysis has become an influential force, particularly in recent years. It has a variety of ancestors and fellow travellers including self psychology, object relations, intersubjective and interpersonal analysis (Harris and Seligman, 2019). Growing from roots primarily in New York, it has rapidly expanded since 2001 through IARPP, the International Association for Relational Psychotherapy and Psychoanalysis. This now encompasses an increasingly global community, with chapters stretching from Greece to Aotearoa New Zealand. One of its key figures, Stephen Mitchell, “found a way”, according to its first newsletter “to bring together the many contemporary schools of psychoanalysis that had heretofore been so isolated and dissociated from each other” (Aron, 2002, p. 2). In that light, this paper takes a specific focus on the question: it examines how relational practitioners describe their work in the room, and how they understand what they do.

In recent decades, the Relational field has been working out exactly what makes it distinctive, continually defining itself against other approaches. This process is far from

Farnsworth, J. (2020). Relational psychoanalysis and clinical practice. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 24(1), 11-27. <https://doi.org/10.9791/ajpanz.2020.02>

complete and it can prove confusing for the typical practitioner in discerning what is, or isn't, considered relational. The same dilemma affects relational theorists themselves. At a key international panel, Chana Ullman introduced Interpersonalist, Relational, Object Relations and Self Psychology perspectives, commenting that relational thinking "celebrates multiplicity" (2018, p. 647). This multiplicity, she noted, was across the board in terms of psychoanalytic affiliations, therapeutic technique and emphases in perspective, all of these "bringing us closer to a truth" (2018, p. 647). Precisely what that truth might be is, of course, the question.

However, she argued (2018), relational thought also holds certain unifying questions as central:

The first axis of relational theory consists of the centrality of the analyst's subjectivity, her own conscious and unconscious embeddedness in the interaction, and the resultant shift to understanding enactments and reenactments in the intersubjective field. The second is our understanding of psychic structure as a fluid organization of multiple self-states and self/other configurations. (p. 647)

Put differently, the therapist's presence, experience and interaction in the room are central, and help make sense of the flux in any therapeutic encounter. Put this way, it becomes possible to see the debt of relational practice to earlier traditions. Pizer, for example, identifies the considerable legacy of Winnicott, Fairbairn, Klein and object relations thought, as "most useful to relational analysts as we find spontaneous, improvisational... ways to engage" (2018, p. 681). Moreover, these perceptions reveal how different relational practice is to a so-called classically analytic approach. As Estelle Shane (2018) puts it:

Intrapsychic conflict is no longer conceptualized as id/ego/superego drives and defenses. Rather, mind is perceived as more fluid, decentered, and multifocal, made up of organizations of multiple self/other configurations stemming from early object relationships. (p. 688)

The corollary is that a relational analyst is less an authority working through "accurate interpretations", and more, someone participating in "a collaborative endeavour that enhances rather than undermines mutual recognition and self-growth" (Shane, 2018, p. 688). At the same time, relationalists also have to struggle "with the problem of offering to patients our own understandings of what might be happening between us" (Shane, 2018, p. 688).

This article explores these subtleties in a number of ways. Its key approach is to draw on specific clinical moments to illustrate relational work in practice; to place these in the complicated contexts in which relational work has emerged, but also to link these to individual and group work. I illustrate this at times through the work of Robert Grossmark who, conveniently, works in both dyadic and group settings. In addition, his writing compactly illustrates the fluidity of relational practice and shows how it moves easily between relational, analytic and other traditions. Like others writers I mention, however, his work typifies the tensions and overlaps between traditions, and how they create the subtleties of relational practice.

Opening positions

When Ullman (2018) introduced this major panel on the state of relational analysis she commented:

The relational approach changed the way we think of our patients; it changed the way they think about us and what they expect from us. It is evident in the clinical material that we have here that we are no longer busy hiding our subjectivity, on one hand, no longer preoccupied with fighting other approaches on the other. The paradigm shift is already here, producing a liberating effect on the entire field of psychoanalysis and psychotherapy, and in turn affecting the relational perspective itself. (p. 649)

In the same issue, Jody Messler Davies (2018) outlines the same developments a little differently: “the relational position did begin as a critique of more traditional positions,” she writes. Its pioneers grappled, she argues, with:

analytic neutrality and abstinence, the “problem” of the analyst’s subjectivity within a purely insight-driven model of therapeutic action, the differences between a drive conflict model and a relational conflict model (p. 652)

She goes on to observe:

I think it is fair to suggest that at least part of the difficulty in proactively defining the relational position can be traced back to the very deep feelings held by Stephen Mitchell, who might easily be identified as something like the “father” of relational psychoanalysis. (p. 652)

This ‘father’ trenchantly opposed anything that stifled “the creative thinking of those who were drawn to relational ideas”, fearing that “10 years from now people will be standing up at meetings and telling each other that their work isn’t relational enough!” (quoted in Messler Davies, 2018, p. 652). Yet Messler Davies also acknowledges that “what unites relational writers who come from different psychoanalytic traditions — Freudian, Kleinian, Object Relations, Self Psychology — has more to do with the kinds of questions asked than with the particular answers offered” (2018, p. 651).

Thinking and working relationally

How does this translate to actual therapeutic practice? Seligman and Harrison (2011) give one description:

Patient and therapist are constantly communicating in facial expressions, physical gestures, vocal rhythms, and pauses and silences as well as even more subtle gestures such as the rustling of their clothes or a change of position. For example, a throat-clearing may communicate stress whereas leaning forward may communicate intensified interest. In a rather ordinary encounter, the therapist greeted her patient,

a divorced middle-aged man, in the waiting room and walked with him into the office. The patient had not yet spoken, and his facial expression was unremarkable, but the therapist detected a change. "Something's up! Something good," she remarked. The patient's face relaxed into a grin. "I've met someone," he said. (p. 504)

Seligman (2012) uses this passage to demonstrate how micro-observation and attachment theory can be employed to tune a therapist into making sense of interactions such as these. Interestingly, this passage is situated at the crossroads between analytic and relational approaches. As Seligman comments, "Relational psychoanalysis has been less explicit about its developmental models, importing the ambivalence toward them of its interpersonalist ancestors" (2012, pp. 499-500).

The moment itself illustrates how the translation of microscopic affect between patient and therapist is noticed and negotiated. In being negotiated, and then immediately articulated, such a casual but explicit comment from the therapist, followed by the client's immediate response, might constitute a significantly relational act. On the other hand, analysts from other traditions might engage in similar ways. The difference, then, may lie in a therapist's theoretical frame of reference and what each frame points up in this exchange. Either way, it emphasizes the ambivalence Seligman (2012) mentions towards earlier approaches and, by extension, what a particular frame tunes a therapist to pick out from this interaction.

As it happens, the vignette quoted goes on to illustrate just how much overlap, or ambivalence, there can be between approaches. Is the observation that follows purely relational? It is hard to think so:

As the patient turned to say goodbye at the session's end, however, he made an almost-unnoticeable flourish with his head and shoulders. The therapist suddenly recognized that he had made the same gesture as he had stood aside for her to enter the office at the beginning of the session. (p. 245)

Immediately, a rapid to-and-fro of transference and counter-transference emerge out of a barely grasped moment. These, themselves, are intertwined with the patient's earlier "good news". The crossroads, here, is that this work is both unobtrusive and also offered in such a way that it could be readily grasped by analytic or relational schools alike.

As clinicians, we might simply admire the acuity of the clinical work taking place here. Why worry, then, about such slight distinctions between approaches?

One answer can be found in the writing of Donnel Stern, a key relational thinker. In reframing interactions such as these in a different way, he points to how language and theory act as a lens that reorders what we apprehend as therapists. For instance, his writing might well recast this incident as the emergence of unformulated experience. Unformulated experience is a "potential meaning that has not, or not yet, come to fruition" (Stern, 2019, p. 93). We might say it is 'pre-verbal', but that is not what Stern has in mind. Rather, formulation, verbally or non-verbally, enables a fully formed meaning within a therapeutic dyad to emerge and, potentially, for therapeutic change to occur at that moment (2019, p. 7). In Seligman's example, it arises at the point the therapist recognises how the cumulative

actions by both parties represents the emergence of a new, complex, implicit interplay between them. I return to Stern's influential and distinctive perspective later in this article, but these remarks illustrate how his different use of language reconfigures thinking within psychodynamic interaction.

Instead, I unpack another instance of relational work through a case described by Robert Grossmark.

Grossmark's Unobtrusive Relational Analyst

Grossmark builds, he says, on "a contemporary relational sensibility" (2012, p. 689). One of his explicit aims is how to engage with the most difficult areas of unarticulated suffering. Here, I draw on a much more complex instance as illustration. As he writes (2018):

For patients who do not experience themselves as existing in time and space in a continuous and coherent way, and who do not regard other human beings as whole, coherent, and separate beings, as subjects; it is too much to expect mutuality. Such patients' reality often involves confusion as to whether they are alive or dead, and whether the world, other people, and the self actually exist and can be expected to continue to exist. These damaged self-states may co-exist simultaneously with verbally adept, intellectual and related self-states. (pp. 14-15)

In passing, the passage signals an attunement that is organized in part through a relational language: mutuality and self states being keys to this. As he continues :

Psychoanalytic healing and psychological growth and differentiation take hold when the psychoanalyst can unobtrusively companion the patient into areas of non-developed, non-related, and non-represented inner life in the register that is organic to the patient at that time. In so doing, the unrepresented and unformulated take spontaneous form and are embellished in enactment between the analytic partners and in the field. (p. 4)

Again, his language draws on a relational perspective ("unrepresented and unformulated") to foreground not only how a patient is presented differently but how a therapist's expectations and attunement may also be organised. He extends this by introducing the new concept of companionship. Companionship, he wants to show, enables the analyst not only to work unobtrusively but, potentially, to reside within these experiences together with the patient. From this, "other states and possibilities emerge spontaneously and can free the patient from the deathly grip of early toxic identifications" (2018, p. 6).

To do this work, Grossmark emphasises that he draws from across "the contemporary psychoanalytic tapestry, including relational, object relations, contemporary Freudian, British independent, self psychology, intersubjective, infant research and more" (2012, p. 630). In some ways, this echoes Seligman's broad integration mentioned earlier. Commenting on his own approach, Grossmark writes that "It seems to me that silence, quietness, patience, and not speaking the countertransference have been conflated with 'neutrality'" (2012, p.

631). He indicates, in other words, an implicitly classical analytic stance. He goes on by referring to Winnicott's "paradoxical approach to transitional phenomena", writing:

that we continually co-construct experience in analysis and recognize that not all patients experience this or are even aware that this might be so, or even that bringing this to the patient's consciousness is always of value. I take from Winnicott (1958/1965) that we are continually situated in the intersubjective matrix and that treatment can be allowed to unfold such that areas of psychological being that we are barely able to sense, let alone describe in words, can emerge and take shape. (p. 631)

Grossmark silently moves here from Winnicott and object relations to make an intersubjective claim about how treatment takes place. In doing so, we can see how the bridge between relational and other traditions is built. The dilemma for the reader with such a passage, is how to find the dividing line between these practices. The same comment could be applied to the Seligman passages cited earlier. How, in practice, do we discern one from the other, especially in the crucible of the therapy room?

To demonstrate his work in practice, Grossmark unpacks his seven-year work with Kyle, a case he describes in an individual paper (2012, pp. 634-641) and his recent book (2018, pp. 22-28). He describes in both how he worked:

Generally, I was unobtrusive while being totally and intimately engaged. I'd silently make connections in my own mind to myself, tracking my reverie and my thought about his psychic process, while engaging in these discussions with sincerity and real interest. My strong feeling in these times is the opposite of what one hears most frequently, across psychoanalytic approaches: it is OK for these kinds of extra-therapy interactions or enactments to occur, as long as they are talked about or analyzed after. My feeling was that it was of the utmost importance that I enter these interactions as me, unadorned; and it was equally important, that they were not talked about after. (2018, p. 26)

However, his thoughtful approach is constantly capsized by Grossmark's actual experience, as he described it in 2012:

I found myself continually confused. At first I panicked and would ask questions in a futile attempt to gain clarity, interrupting his flow of words. Explanations did not help. I learned that I had to settle into this felt world of confusion and near-psychosis, and somehow to find some way to get comfortable, or at least survive and keep my own mind intact. (p. 635)

This appears at odds with his portrayal of Kyle himself:

His speech, very articulate and full of psychological insight, came at me like a pulse, an unstoppable tsunami of word-things. His words continued to come at and into me, sometimes slamming, sometimes penetrating, and sometimes caressing. Always

totally physical. He told me that he was struggling with deep depression for which he had been in therapy since he was a teenager. (2018, p. 21)

Grossmark himself is rapidly plunged into further confusion:

I tried to get a grip on the narrative of his and his family's life, but, as was to become so familiar to me with Kyle, I'd become so flooded and confused that coherence was impossible. I did gather that his biological father had left his mother before he was born, that there had been some unsuccessful attempts at reunion, that he had been brought up primarily by his mother and her second husband [and so on]. (p. 22)

In this recounting, emergence and formulation seem a distant prospect. In addition, Kyle discloses a violent, damaging drug-filled history, takes up online sex and, later, exposes his stomach to show Grossmark the results of his liposuction surgery:

when he showed me his punctured torso I stayed within the register and content that he occupied and talked about liposuction and his doctor, without any insertion of an understanding from outside of his immediate felt experience. I silently contained my intellectual and gut reactions to this moment. (p. 24)

Tolerating this and much more, Grossmark is finally able to report the emergence of a "mutual regression", one he understands through the work of Michael Balint (1968):

Kyle could regress and bring in his deadness and not-yet-aliveness, and I found a way to tolerate the disturbances in the field of the analytic setting and in my own mind, so that this could be a productive experience. (2012, p. 639)

Grossmark emphasises that his unobtrusiveness was key to this, where a "mutual regression required my availability to a mutual regulation", adjusting "to the unusual rhythms and outlines of Kyle's way of being: his nonappearance in sessions, his bouts of incessant and pressured speech, and above all his unique signature and idiom that infused my mind and the total 'field' of our work" (2012, p. 640). Mutual regression and mutual regulation became, referring to Lachmann and Beebe (1996), "the therapeutic action itself, ultimately promoting the growth of Kyle's own sense of aliveness and self" (2012, p. 641).

What is striking in these passages, apart from the intensity of the work, is how reliant they are on a foundation in object relations to sustain Grossmark; this is particularly with the concept of regression, which draws on Balint and object relations. Yet, the passages are also expressed in a relational language (the field, enactment, mutual regulation), sometimes in the same sentence as classic analytic terminology (regression) rooted in a depth psychology (Staude, 1976).

On this compressed account, it would be possible to read Grossmark's thinking as either theoretically conflicted or as integrative. Having engaged myself in a colloquium with Grossmark featuring the 2012 paper, it is clear his intention is integrative. At the same time, the writing demonstrates the tremendous strain in having to draw together such disparate

traditions, formulations and perspectives. In a sense, these are the stakes which confront the relational/intersubjective position: to show that it offers the daily working therapist a reliable toolkit with which to engage the most difficult experiences with patients and clients. Grossmark's emphasis is on unobtrusive relating as the key, along with the notion of close, attentive companionship. The dilemma here is that a wide range of theoretical modalities have long claimed to do the same thing, albeit in a different language.

The Relational Perspective

The dilemma is inherent not just in how relational practice attempts to define what makes it distinctive, but in competing understandings of what it actually is. This is further complicated by the ongoing innovations within the area itself. In some cases, these innovations translate or transform existing analytic understandings. I will return to this issue of transformation below.

In relational thinking, Donnell Stern (1983, 2013a, 2013b, 2013c, 2019), for example, transforms a number of terms, such as the analytic field or unformulated experience; Benjamin (2004) reconsiders the dyad as an analytic third; Ringstrom (2018) rethinks proto emotions and transference in terms of information theory; the notion of drive becomes either subdued or reconfigured (Mills, 2005, 2018); there is an engagement with non-linear systems theory (Seligman, 2012). And so on. Taken together, these amount, as Fosshage (2018) notes, to attempts to develop new models of mind. To do so, relational work draws on new findings in neuroscience, trauma, infant studies and other fields, applying them within dyadic, couple and group work.

Alongside such innovation, there are starkly differing accounts, from inside and outside the field, of what is being undertaken, let alone how successful it is. For example, the German analyst Peter Pothoff (2017, p. 363) comments that “there are many nuances of intersubjective theory”, going on to group these “nuances” together, including Intersubjectivists (Stolorow et al., 1992), interpersonal psychoanalysis (Levenson, 1983), post-Bionian field theory (Ferro, Civitarese and Ogden, 1994) and relational psychoanalysis.

What that means in practice, Pothoff suggests, is that, “in contrast to traditional psychoanalytic ideas”, therapy is “one of mutual influence and regulation” that equally affects both parties. This offers the possibility for the “progressive unfolding of a new, less pathogenic object relation” (2017, p. 364).

Jon Mills (2005, 2018, 2020), in a series of forceful critiques, is far less equable, and insists that relational practice makes claims that are unsustainable. Although he praises relational analysis as “a breath of fresh air” (2018, p. 334) he upends the relational apple cart by asserting that “it was Freud who first explained how relationality was made possible through the transformation of the drives” and that “relational concepts were implicit in Freud's early work all along” (2018, p. 332). In short, a relational perspective is hardly new, and in fact, originated from the very theory of drives that relationists disclaim. As he asserts, there are “invented schisms between classical and relational viewpoints” (2018, p. 333). These, and a range of other criticisms around therapeutic excess, self-disclosure, shortcomings of dyadic mutuality, and much else are disputed by Steve Kuchuk (2018) and others (see Mills, 2020). Kuchuk points out that Mills has conflated small and big ‘R’ relationists, blurred relational and intersubjective

positions, made “a number of assertions that seem not to be mutually exclusive” (2018, p. 346) and so on. This, however, also leaves the impression that relational thinking is increasingly opaque and hard for a lay reader to fathom.

In practice, each commentator is trying to define a complex history, now spanning decades, as relational analysis attempted to distinguish itself from similar, foregoing or competing approaches. This is not the place to rehearse these (see, for example, Mascialino, 2008, for one such account).

Enough to say that ‘Interpersonalist’ is the broad term used to title two large collections, edited by Stern and Hirsch, of interpersonal/relational writing (2017a, 2017b). Like *Core Competencies in Relational Psychoanalysis* (2018), these volumes illustrate the unfolding development of a canon of relational practice alongside the sheer, unfinished complexity of the larger relational project. As Miller writes, “Interpersonalism has always been in conceptual flux, disagreeing, integrating, refining, and forging ahead generationally” (2019, p. 237). Noting its earliest roots in the relationally-attuned Ferenczi against the analytic Freud, he notes several seminal moments: the “scholastic fault-line” emerging through the 1983 publication of Greenberg and Mitchell’s contemporary ‘classic’, *Object Relations in Psychoanalytic Theory*, the influence of the Boston Change Process Study Group and “the evolution of Interpersonalism into Relationism” with the rise of late 1990s’ identity politics (2019, pp. 234-235).

These alternative perspectives and terms suggest we are witnessing not simply complicated theoretical positionings but political struggles, too. As Raymond Aron puts it, “Words and terms quickly take on the role and status of political flags for particular schools of thought” (2019, p. 93). Their usage or absence “identify the speakers as insiders and outsiders” (Aron, 2019, p. 93) to any given tradition.

Yet, there is more here than simply analytic politics. As Donnell Stern’s work illustrates, relational thinking is an ongoing attempt to articulate an alternative analytic language.

Donnel Stern and Unformulated Experience

Donnel Stern describes a moment with Robert, a patient who suddenly reaches an insight: that “Freud’s own psychic life must have been the most important source of inspiration for his ideas” (Stern, 2019, p. 62). This insight relates, of course, to Robert’s own psychic life. This moment has come after much work, silence, inarticulacy and frustration, yet Stern’s following question is unexpected:

Can we say that this thought was somehow already “there” inside Robert, “in” his unconscious, just waiting for him to acknowledge it? Of course not. Robert formulated this thought in the moment he spoke it. It was an unbidden construction, a very particular interpretation created in the context of a very particular time and set of circumstances; and it surprised him. (p. 62)

Stern’s work is central to understanding how important strands of relational thought have developed. As Aron and Mitchell (1999), the editors of Stern’s (1983) article, summed it up:

The implications of the shift from the Freudian unconscious to the relationally unformulated are enormous and still being worked out. Stern's work anticipated and also helped bring about many later developments in relational theorizing: the shift from an emphasis on repression as the prototypical defense to dissociation; the importance of language in the construction of experience; the linkage between an interpersonal understanding of the contextual nature of mind and constructivism in cognitive psychology. (1999, pp. 78-79)

Stern (2015, 2019) acknowledges his orientations are quite different to those typical of psychoanalysis. They reveal considerable debts to Harry Stack Sullivan, but increasingly to what Masler (2014) calls the Interpretative turn: the hermeneutics of Hans-Georg Gadamer, the existential philosophy of Heidegger and, latterly, Merleau-Ponty. Put together, this constitutes an alternative and sometimes strange world for a psychotherapist. As an example, Stern comments that:

Sullivan did not use the term "transference". He preferred "parataxic distortion", by which he meant the attribution of meanings in the here-and-now to another person, meanings that cannot be specified and that are, in fact, not even suspected by the person who creates them. (2019, p. 3)

These re-descriptions quickly become disorienting because of the different frame of reference from which Stern is working. As Masler notes, "For Stern, psychoanalysis is no longer an archaeological project. It no longer involves rebuilding a hidden past, just as in Gadamer's hermeneutics" (2014, p. 75). But what does this mean? For Gadamer, or Buber, the act of conversation or dialogue is fundamental: as it unfolds, the horizon around it constantly changes, shaped by the language in use and by the oscillating influence of each speaker on the other. So, "for Stern", Masler writes, "dialogue is an essential of therapeutic change" (2014, p. 142). Consequently, "psychotherapy is an emergent process" (Stern, 2013c, p. xv) because, in a genuine conversation, we cannot anticipate where it will go nor how we will experience ourselves or the other: spontaneity becomes integral to the relational process (Masler, 2014).

In this context, the concept of the field is critical for Stern: conversation always emerges from an interpersonal field, one that enables unfolding experience to be formulated from the interpersonal exchanges that take place within it (Stern, 2013d). For Stern (2013d, 2019), the field shifts away from a Freudian emphasis on disinterring the past "and toward understandings based on present events as the outcomes of contemporary configurations" (Stern, 2013a, p. 634). The field is a co-creation; it allows: "symbolizing experience in the here and now, experience that had been felt but could not be thought," so that it has "a therapeutic impact by enlarging the domain of the dialogue between patient and analyst" (2013a, p. 635).

Stern's work illustrates how relational thought draws deeply on a different philosophical tradition than Freud's. Consequently, the therapist becomes immersed in, not separate from, the shared experiential world with the patient. Each moment becomes potentially dynamic: a slowly unfolding encounter between two parties through complex verbal and non-verbal communication that reveals glimpsed, or explicit, self-states.

If this is dyadic work, do these precepts still hold in the context of groups? Much relational thought, as with Stern, turns on a two-person interaction, but groups provide a quite different environment in which to consider relational perspectives.

Groupwork and Relational Thinking

A wasp arrives in the middle of an established group, and is promptly killed by the group leader. This provides an unexpected opportunity to examine “the intersection of group analytic thinking and relational psychoanalytic conceptualization” (Raufman, 2019, p. 197). The opportunity is taken in a 2019 edition of *Psychoanalytic Dialogues between the group analyst, Ravit Raufman, and her commentators Grossmark and Haim Weinberg*. Raufman vividly describes the moment:

All of a sudden, the wasp flew extremely close to one participant, who was pregnant. In response, I automatically, and in a determined manner, stood up, stamped on the wasp, and killed it. From that moment on, a drastic change occurred within the group’s process. (p. 187)

The drastic change refers to what had previously been a glutinous group process, as Grossmark summarises it:

she found herself in a painful impasse with a group that she found unwilling to face the aggression, rivalry, and envy that she believed were silently dominating the process of the group and leading to prolonged silences, missed sessions, and a general “[refusal] to cooperate”. (p. 216)

After the wasp, however, both Raufman and the group members could “own their own aggression” and “finally work authentically and productively: the group finally came to life” (Grossmark, 2019, p. 216).

Yet, Raufman, Weinberg and Grossmark each make a different sense of this enactment. For Raufman (2019, p. 234), these “difficult days” point to the limitations of group analytic thinking to understand aggression in this context. For Weinberg (2019, p. 229), it highlights the larger sociocultural matrix in which we comprehend aggression. For Grossmark (2019), it is an opportunity for theory:

I suggest that Raufman’s difficult days are emblematic of being caught between older, more classically based theory that inheres in much group therapy and theory and the recent embrace of relational concepts. (p. 217)

Consequently, in relational thinking:

Aggression is not simply regarded as a force, a drive to be reckoned with, but is a feature of an emergent intersubjective field and the engagements, conscious and unconscious, that compose that field. (p. 218)

At this moment of mutual enactment, Grossmark sees:

the aliveness of the conductor. She was finally able to join the group in the register that they had inhabited all along, of unthought, motoric action, the enactive register. (p. 223)

How, then, is aggression understood by Grossmark in this context? He writes:

a wasp stings only when it is engaged in a particular relational moment, if you will: that is, when it believes it is under attack, which unfortunately often happens when humans wave their arms about in the presence of a wasp. (p. 218)

What do we make of this? Raufman and Weinberg discuss how ‘classical’ group analysis, despite shortcomings, currently offers a much more developed theory of group enactments, including aggression, than relational thought. It can also more persuasively locate aggression, envy and hostility within broad sociocultural contexts than relational thinking. Tubert-Oklander echoes this in his detailed comparison of relational and group analytic work:

The fact that most present-day relational analysts have focused on bipersonal (“individual”) therapy and lack a group-analytic training and experience has made it difficult for them to recognise that many of their relational concepts have been previously introduced and developed by group analysts. (2013, p. xviii)

For instance, what seems to go missing in these group encounters is the question of impulse or reaction: what prompted either wasp or human to act as each did? Grossmark presents it as contiguity: each was close to the other. To suggest they were somehow “in relationship” at this point begs the question. It doesn’t answer the larger question of motive: what motivated each party to act as it did? One answer might be simple fight/flight, but that only returns us to internal or innate responses. Does it suggest instead that aggression, whilst clearly acknowledged, is not fully resolved within a relational framework?

One could understand this as an important moment of translation: Freud’s initial concepts of aggression are translated into the relational language of aliveness; at the same time, the underlying issue of drive, of which aggression is a key component, is elided: it is largely absorbed into the commentary. In this context, the reader is left unclear about what constitutes a relational theory of aggression, whilst the role of drives drops from sight.

Implications

This discussion suggests there are a number of unresolved questions for the relational perspective. For example, if one focuses on the emergent moment and its relational field, how does one incorporate the longitudinal, intergenerational history in which it is situated? In a sense, relational practice constantly confronts both problems. On the clinical front, it develops entirely new set of tools and languages to describe and redescribe areas of

interpersonal experience in the therapeutic setting. At the same time, as Seligman notes, it has to rely on existing non-relational work developed in other areas of psychoanalysis. It also runs the risk of being recaptured by them. Stern (2019), for instance, is very clear about favouring an interpretative over a 'scientific' approach to analysis to confront biomedical assumptions that have long bedevilled psychoanalysis.

The working solution, adopted by Grossmark, Seligman and many other relational writers is to incorporate existing psychoanalytic literature as needed, as I described earlier. This also amounts to a way of recuperating analysts' own intergenerational traditions (Grossman, 1992) rather than totally discarding or reinventing them. Of course, this then runs a different risk: of becoming merely another therapeutic 'flavour', competing with all the other variants in the field.

In every case, we might agree, as William Grossman (1992) observes, that therapeutic work continually involves acts of *translation* or *transformation*. This is what I suggested earlier with the relational tradition. Grossman, formerly influential but now little-read (Wilson, 2009), explores this process in detail. He emphasises (1992) that every moment in the room involves a continuous process of translation, compression and transformation of raw therapeutic material to produce any sense for the therapist of "what is going on here". This is typified in the relational instances cited earlier. Moreover, Grossman demonstrates that the concept of translation was itself one of Freud's key contributions (Grossman, 1992): it was "*Freud's mode of thought*" (Reed, 2009, p. 9) [emphasis in the original].

Reed summarises Grossman's (1992, p. 56) observations this way:

we require a way of moving from the self-observation of the analyst when in the presence of a self-observing patient to an understanding of what our self-observation reveals about the patient and then, more widely, about many patients. This effort then constitutes a translation... (p. 42)

Yet another translation takes place in moving between different systems of thought or registration (Reed, 2009, p. 43), as illustrated in the analytic and relational systems discussed here.

Where relational writers mobilise different therapeutic registers these, from Grossman's perspective, are typical of "thought communities" (Grossman, 2006, p. 87). Such communities unavoidably create a complex internalised authority in therapists, regardless of which system they adhere to (Grossman, 2006). As Wilson (2009, p. 14) comments,

An individual analyst's relationship to authority is subtle and finds powerful expression in conflicts about how he can justify interventions to himself.

It is these communities, including those of relational theorists, which produce, in effect, different therapeutic objects: 'aggression' or 'liveness' typifies this and points to different ways of articulating the intersubjective worlds being generated. But if Grossman is correct, these thought communities are also the justification and the authority for one intervention over another, be it relational or analytic.

All these paradoxes are far from unique to analysis. On the contrary, the social sciences

have long traced *tradere*: the oscillations between tradition and innovation, translation and transformation that have roots in literary, biblical and historical studies (Schmidgen, 2014, pp. 4-14). Like them, the tradition beginning with Freud is constantly reworked, stabilised then transformed again, with all the schisms and loyalties in attendance. It seems hard to imagine that the relational turn can escape these; indeed, the cited examples suggest otherwise.

Does it require us, then, to adjudicate between the claims of the relational over other approaches? In this context, that seems a counterproductive decision. Indeed, this may risk recapitulating the very therapeutic political wars to which Raymond Aron referred. Rather, in the daily therapeutic hothouse, it may be better to follow Grossman, continually investigating and reflecting on how our different registers of experience, therapeutic identifications and clinical engagement are manifested as the work unfolds.

Conclusion

There is a vast range of relational writing untouched by this review. Messler Davies points to “a first generation of relational writers” which, including herself, stretches across Aron, Mitchell, Hoffman, Ghent, Harris, Benjamin, Altman, Dimen, Bromberg, Stern and Ehrenberg (Messler Davies, 2018, p. 652). Consequently, the issue of the analytic third, of gender, sexuality or race, working with couples and many other topics can find little place here, let alone larger sociocultural or intergenerational issues.

More to the point, perhaps, relational thinking is, itself, an emergent enterprise: one attempting to secure a place within the highly competitive, discursive environment of psychotherapy. This may frame Blechner’s (2018) observation:

Is the relational school of psychoanalysis post drive theory? I would say no, or at least I am not. I think drive theory needs revising but not dismissal. It may certainly be argued that the Freudians went too far in focusing on sex and aggression as human motivators and did not pay enough attention to other human needs, such as intimacy, security, prestige, attachment, and relatedness. But if they went too far, the relational world may have gone too far in the opposite direction. (p. 675)

Whether we agree or not, it is clear that relational thinking is both influenced and influencing in wider therapeutic contexts. To recall Messler Davies’ comment, what unites relational writers is “more to do with the kinds of questions asked than with the particular answers offered” (2018, p. 651).

References

- Aron, L., & Mitchell, S. (Eds.). (1999). *Relational psychoanalysis: The emergence of a tradition*. Hillsdale, NJ: The Analytic Press.
- Aron, L. (2002). Launching the IARPP e-Newsletter. *IARPP eNEWS: A Quarterly Electronic Periodical of the International Association for Relational Psychotherapy and Psychoanalysis*, 1(1), 1-3.
- Aron, L. (2019). Discussion of "Bread and roses: Empathy and recognition". *Psychoanalytic Dialogues*, 29(1), 92-102.
- Balint, M. (1968). *The basic fault*. London, England: Tavistock.
- Barsness, R. (Ed.). (2018). *Core competencies of relational psychoanalysis (1st ed.)*. London, England: Routledge.
- Benjamin, J. (2004). Beyond doer and done to: An intersubjective view of thirdness. *Psychoanalytic Quarterly*, 73, 5-46.
- Blechner, M. (2018). Data, dreams, and drives: Interpersonal and relational innovations in perspective. *Psychoanalytic Dialogues*, 28(6), 670-678.
- Fosshage, J. (2018). Discussion of three dimensional field theory. *Psychoanalytic Dialogues*, 28(4), 397-402. <https://doi.org/10.1080/10481885.2018.1482129>
- Greenberg, J., & Mitchell, S. (1983). *Object relations in psychoanalytic theory (1st ed.)*. Cambridge, MA: Harvard University Press.
- Grossman, W. (1992). Hierarchies, boundaries and representation in a Freudian model of mental organization. *Journal of the American Psychoanalytic Association*, 40, 27-62.
- Grossman, W. (2006). Some perspectives on relationships of theory and technique. In P. Fonagy & J. Canestri (Eds.). *Psychoanalysis: From practice to theory* (pp. 87-102). London, England: Whurr.
- Grossmark, R. (2012). The unobtrusive relational analyst. *Psychoanalytic Dialogues*, 22(6), 629-646.
- Grossmark, R. (2018). *The unobtrusive relational analyst*. New York, NY: Routledge.
- Grossmark, R. (2019). Difficult days: The continuing evolution of relational group analysis: Discussion of "Taking the sting out: manifesting aggression and containing difficult states in a relational group psychotherapy". *Psychoanalytic Dialogues*, 29(2), 216-225.
- Harris, A., & Seligman, S. (2019). Historical and political factors in the inception of relational psychoanalysis. *Psychoanalytic Inquiry*, 39(2), 136-137.
- Lachmann, F. M., & Beebe, B. (1996). Three principles of salience in the organization of the patient-analyst interaction. *Psychoanalytic Psychology*, 13, 1-22.
- Mascialino, R. (2008). *Critical appraisal of relational approaches to psychoanalysis*. Ph.D. Dissertation, University of Texas, TX. <https://repositories.lib.utexas.edu/handle/2152/18184>
- Masler, D. (2014). *The self of the field and the work of Donnel Stern*. Ph.D. Dissertation, Antioch University, OH. https://etd.ohiolink.edu/pg_10?::NO:10:P10_ETD_SUBID:100559
- Messler Davies, J. (2018). The "rituals" of the relational perspective: Theoretical shifts and clinical implications. *Psychoanalytic Dialogues*, 28(6), 651-669.
- Miller, I. (2019). Donnel B. Stern and Irwin Hirsch (Eds.): The interpersonal perspective in psychoanalysis, 1960's-1990's: Rethinking transference and countertransference; AND Further developments in interpersonal psychoanalysis, 1980's-2010's; Evolving interest in the analyst's subjectivity. *The American Journal of Psychoanalysis*, 79(2), 234-39.
- Mills, J. (2005). A critique of relational psychoanalysis, *Psychoanalytic Psychology*, 22(2), 155-188.
- Mills, J. (2018). Critique of relational psychoanalysis. In R. E. Barsness (Ed.). *Core competencies of*

- relational psychoanalysis*, (1st ed.), pp. 321-341. New York, NY: Routledge.
- Mills, J. (2020). *Debating relational psychoanalysis: Jon Mills and his critics*. New York, NY: Routledge.
- Pizer, S. (2018). Where all the ladders start: A clinical account of object relations legacies, self-states and analytic process. *Psychoanalytic Dialogues*, 28(6), 679-686.
- Potthoff, P. (2017). Group-analytic practice today: Intersubjective perspectives and the relational paradigm. *Group Analysis* 50(3), 361-75.
- Raufman, R. (2019). Taking the sting out: Manifesting aggression and containing difficult states in a relational group psychotherapy. *Psychoanalytic Dialogues*, 29(2), 197-215.
- Reed, G. S. (2009). "In the same way a poem contains the alphabet": The significance of translation in William I. Grossman's Freud. *Journal of the American Psychoanalytic Association*, 57, 37-60. <https://doi.org/10.1177/0003065108329879>
- Ringstrom, P. (2018). Three dimensional field theory: Dramatization and improvisation in a psychoanalytic theory of change. *Psychoanalytic Dialogues*, 28(4), 379-396.
- Schmidgen, H. (2014). *Bruno Latour in pieces: An intellectual biography* (G. Custance, Trans.; 1st ed.). New York, NY: Fordham University Press.
- Seligman, S. (2012). The baby out of the bathwater: Microseconds, psychic structure, and psychotherapy. *Psychoanalytic Dialogues*, 22(4), 499-509.
- Seligman, S., & Harrison, A. (2011). Infant research and adult psychotherapy. In G. O. Gabbard, B. Litowitz, & E. Williams (Eds.), *American Psychiatric Association textbook of psychoanalysis*, (2nd ed., pp. 239-252). Washington, DC: American Psychiatric Publishing.
- Shane, E. (2018). A relational self psychological approach to the clinical situation. *Psychoanalytic Dialogues*, 28(6), 687-695. <https://doi.org/10.1080/10481885.2018.1538754>
- Staudé, J. (1976). From depth psychology to depth sociology: Freud, Jung, and Lévi-Strauss. *Theory and Society*, 3(3), 303-38.
- Stern, D. (1983). Unformulated experience: From familiar chaos to creative disorder. *Contemporary Psychoanalysis*, 19, 71-99.
- Stern, D. (2013a). Field theory in psychoanalysis, Part 2: Bionian field theory and contemporary interpersonal/relational psychoanalysis. *Psychoanalytic Dialogues*, 23(6), 630-645. <https://doi.org/10.1080/10481885.2013.851548>
- Stern, D. (2013b). Philip, me, and not me: A personal and professional introduction to the special issue celebrating the work of Philip Bromberg. *Contemporary Psychoanalysis*, 49(3), 311-322.
- Stern, D. (2013c). Psychotherapy is an emergent process: In favor of acknowledging hermeneutics and against the privileging of systematic empirical research. *Psychoanalytic Dialogues*, 23(1), 102-15.
- Stern, D. (2013d). Relational freedom and therapeutic action. *Journal of the American Psychoanalytic Association*, 61(2), 227-256. <https://doi.org/10.1177/0003065113484060>
- Stern, D. (2015). *Unformulated experience: From dissociation to imagination in psychoanalysis*. London, England: Routledge.
- Stern, D. (2019). *The infinity of the unsaid: Unformulated experience, language, and the nonverbal*. London, England: Routledge. <https://doi.org/10.4324/9780429468087>
- Stern, D., & Hirsch, I. (Eds.). (2017a). *The interpersonal perspective in psychoanalysis, 1960's-1990's: Rethinking transference and counter transference*. New York, NY: Routledge.
- Stern, D., & Hirsch, I. (Eds.). (2017b). *Further developments in interpersonal psychoanalysis, 1980s-2010s: Evolving interest in the analyst's subjectivity*. London, England: Routledge. <https://doi.org/10.4324/9781351265409>

- Tubert-Oklander, J. (2013). *Theory of psychoanalytical practice: A relational process approach*. London, England: Karnac Books.
- Ullman, C. (2018). Introduction to panel: The rituals of relational psychoanalysis. *Psychoanalytic Dialogues*, 28(6), 647-650.
- Weinberg, H. (2019). Discussion of "Taking the sting out: Manifesting aggression and containing difficult states in a relational group psychotherapy". *Psychoanalytic Dialogues*, 29(2), 226-232.
- Wilson, A. (2009). Theorizing about theorizing: An examination of the contributions of William I. Grossman to psychoanalysis. *Journal of the American Psychoanalytic Association*, 57(9), 9-36.
<https://doi.org/10.1177/0003065108330523>



John Farnsworth is a registered psychotherapist in private practice in Dunedin. He has been a member of NZAP for many years and continues to work as an examiner and moderator for the Advanced Clinical Practice qualification. Having a long background in psychodrama, he has also published extensively in the social sciences, predominantly in the areas of sociology, anthropology and social methods. Contact email: johnf@earthlight.co.nz

The Body Responds

Emma Green and Margot Solomon

DEPARTMENT OF PSYCHOTHERAPY, AUCKLAND UNIVERSITY OF TECHNOLOGY,
AUCKLAND, NEW ZEALAND

Abstract

The first author uses a hermeneutic approach to reflect on her somatic experiences with clients diagnosed with Anorexia Nervosa. Using poetry, imagery, and metaphor, as well as understandings drawn from the psychodynamic literature, she attempts to convey something of the nature of her journey towards making sense of her experiences. The second author was the supervisor of the first author's dissertation, from which this article arose.

Whakarāpopotonga

He whakaaturanga whakamārama te huarahi whāia e te kaituhi hai whakaaroarohanga ake i ōna wheako tangata mai i ngā kiritaki kua whakatauhia he Whakatiki Harukiruki. Ka whakamahia e ia te toi kupu, whakaata, me te kupu whakarite, me ngā mātauranga tangohia mai i ngā tuhinga taipana hinengaro, ka whakamātau ki te whakamōhio i te āhua o tāna hikoi ki te whai mātauranga whakatairongo i ōna wheako. Ko te kaituhi tuarua te kaihautū o te tuhinga a te kaituhi tuatahi, te papa o te aranga mai o tēnei pepa.

Keywords: hermeneutic; anorexia nervosa; psychotherapy; experience; eating disorder; Gadamer

My Starting Point

I (Emma) became interested in this topic whilst working in two different eating disorders treatment settings (one residential, one out-patient) during my clinical training as a psychotherapist. I found that many of my clients had complex, often disturbed relationships with their bodies and with food. The anorexic client is renowned for evoking strong emotional responses in treating clinicians, and family members, ranging from “utter frustration, anger and rejection to admiration and saviour fantasies” (van Furth, 1998, p. 320). These clients have tended to evoke strong responses in me, both physically and emotionally, and these became the starting point for my dissertation, a hermeneutic literature review exploring therapists' experiences with the anorexic client (Green, 2016).

Green, E. and Solomon, M. (2020). The Body Responds. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 24(1), 29-42. <https://doi.org/ajpanz.2020.03>

This paper is inspired by, and draws from, my dissertation but is not a summary. It is perhaps more accurate to say that this paper offers some reflections on learnings from the dissertation process and how my clinical work has been shaped by my growing understanding of hermeneutics. Whilst I draw on some of the literary sources that feature in my dissertation, this paper is not a comprehensive review of that literature; rather, I hope to offer the reader a thoughtful exploration of an aspect of my work with this client group stemming from my somatic countertransference.

Thinking Hermeneutically

Hermeneutics is concerned with interpretation. Gadamerian hermeneutics is concerned with the other, or the voice of the other and inviting the other into conversation (Gespräch). Increasingly I have come to think of this as a hermeneutic sensibility, a way of being in the world, such that we might speak of it as a way of attending, a way of listening, a way of being with the other in order that we might ‘come to an understanding’. Although hermeneutics has its origins in the interpretation of texts as a methodology it has a much broader scope. Hermeneutics can clearly be applied to text but also other material which we might attempt to understand, such as human behavior, or in this case feelings and responses evoked by the other.

Using a hermeneutic approach means working to stay open to possible meanings, rather than rushing to make sense of, to form tidy, possibly premature, conclusions. Gadamer (1975/2013) states that “the hermeneutical task becomes itself a questioning of things” (p. 281). In staying open, in laying ourselves open to the questioning, we must take care not to rely on our own “accidental fore-meanings” (p. 281), that is to say, our own current understandings, or biases, that we necessarily bring to that which we are trying to understand. In staying open and questioning we must be prepared for the that which we are trying to understand to tell us something (p. 282). For Gadamer the hermeneutic task, the hermenutical conversation, is an art, a dialogic art. We enter into a conversation or a dialogue with the text, or the other (p. 376), and that conversation is “a process of coming to an understanding” (p. 403). As we dialogue with that which we are attempting to understand we question, and for Gadamer, “to question means to lay open, to place in the open” (pp. 375-376) for “questions always bring out the undetermined possibilities of a thing” (p. 383). This is a process of “question and answer, giving and taking” (p. 376) that brings change, extending our horizon, our way of seeing the world. In entering the dialogue, in reaching towards understanding, in opening ourselves to the other, we put ourselves at risk, we are “transformed into a communion in which we do not remain what we were” (p. 387). Through this process our own preconceptions, or biases, come to the fore; they come “into play so that the text’s meaning can really be made to speak for us” (p. 415).

An anorexic body is not a written text, nor is what occurs in a clinical session; however, Gadamer states that we can think of all understanding as occurring in this way, so in this case my attempts to interpret and understand what is happening between therapist and client become part of the ‘text’ under consideration. My own thoughts and fore-meanings become part of what awakens, and thereby determines, the meanings found, thus bringing them into play, and putting them at risk, making “one’s own what the text says” (p. 406) which Gadamer refers to as the “fusion of horizons” (p. 406).

Self-as-Crucible

In my work with this client group I often experience more visceral, and more frequent, body countertransference. As I have mentioned this became the impetus for my dissertation research but increasingly a hermeneutic approach felt congruent with my desire to bring myself, in terms of my reflexivity, and my self-understandings or fore-meanings, to my thinking and my clinical practice.

A hermeneutic way of thinking, reading and researching leads the researcher to incline towards “a very attentive attunement to ‘thinking’ and listening to how the texts speak” (Smythe et al, 2008, p. 1389). Correspondingly, a hermeneutic way of thinking might lead us to incline towards our clients in the same way, as a particular way of attending and attuning to our clients. There is an unfolding process, as the researcher, or therapist, moves back and forth between the whole (the object of comprehension) and the parts (that which makes up what is to be understood) in the hermeneutic circle of understanding. Smythe and colleagues (2008) suggest that the process is one of “letting come” rather than working out (p. 1391). This careful listening, attunement and reflexivity towards the texts, or in this case what was unfolding (and unspoken) in my relationship with this client, is well suited to my practice as a psychotherapist. I sit with clients as each session unfolds before us, attempting to attune myself to, and make sense of, what is happening between us in the here and now using my capacity for reverie (Bion, 1962/2014, p. 303). Ogden (1997), referencing Bion, describes using reverie to discern what is “most alive” (p. 719) in the therapeutic milieu with each client. I feel myself attempting to discern that which is most alive in the sessions with my clients, or in terms of Bion’s use of the term reverie, finding the L (love) connection (Bion, 1962/2014, p. 303).

In bringing my reflexivity to the dissertation research and in paying careful attention to my own process with clients, it was necessary to reflect on my changing self-understandings, on how I am changed by what I encounter, and am changed by the process of coming to an understanding (Gadamer, 1975/2013). As Donna Orange suggests, quoting Davey, “as clinicians we place ourselves at risk and allow the other to make an impact on us, to teach us, to challenge our preconceptions and habitual ways of being, to change us for their sake” (2011, p. 23). In reflecting here on my clinical work with a particular client I am engaging in a cycle of thinking, reading, writing and reflection, although the client’s body, my body, and the feelings evoked in me as I sit with her become part of the ‘text’ being questioned, along with my process notes and, over time, poetry that I would write about her. As I have developed in my clinical practice, I often find myself jotting down lines of poetry alongside my clinical notes. I find this helps my thinking and that poetical thinking can open up surprising new way of seeing and thinking about things (Freeman, 2017). I have come to think about this process as one of self-as-crucible, whereby new, emerging thought forms, those most alive, are encountered and can be incorporated into one’s thinking, writing and work. A hermeneutic process does not seek to arrive at what might be ‘known’ or discovered as objective. Rather, the thoughts encountered are a reflection of, or an amplification of, that “which is always/already drawn from all of my experiences and conversations” (Smythe et al, 2008, p. 1391).

Viscerality

During the course of regular twice-weekly psychotherapy with a client diagnosed with anorexia I would sometimes experience a sharp, tingling sensation in my breasts at the end of some of our sessions. This would be accompanied by what I can only describe as a rush of deep warmth and affection towards the client. At the time, as a training psychotherapist, I felt ill-prepared for such physical responses to my clients. I have children who I breastfed, and so my 'knowing' (fore-understanding) about this experience was as a 'let down' reflex. This reflex happens in the breastfeeding mother's body. As mother and infant prepare for a feed the baby draws the breast tissue into its mouth, stimulating nerves in the breast and causing the release of hormones in the mother's system. Prolactin, known as the mothering hormone, stimulates the milk-producing tissues in the mother's breasts. Prolactin is also thought to support maternal behaviour, encouraging the mother to respond to her infant. Oxytocin, known as the hormone of love, calm and connection, triggers the breast to push out, or 'let down' the milk. In the mother-infant pair this typically happens close to the beginning of the breastfeed, although it can happen multiple times in any feed. These hormones reach the infant through the mother's milk, acting to promote feelings of calm and relaxation in the dyad (WHO, 2009).

The 'let down' reflex is typically initiated by the infant through its stimulation of the breast; however, it can also be initiated by the mother's thinking of the infant, her mental act of holding the baby in mind, by her hearing her baby's cries, or seeing, smelling or touching her baby (WHO, 2009). Oxytocin is the hormone of love, attachment and bonding, and so we might theorise that the mother's love and connection with her baby, even as she thinks about her baby, stimulates her body to anticipate and respond to her infant's needs for closeness and food. A fuller exploration of the complex nature of this interaction is beyond the scope of this article; however, I describe it briefly to give the reader some context.

What did this sensation mean? Was I abnormal? It was happening in my body but it hadn't happened with other clients, so it seemed to relate to this client in particular. If I hadn't had a breastfeeding experience how might I have thought about these feelings? Given that a woman's breasts are typically highly sexualised in Western culture, some women are confused when they experience these feelings in a breastfeeding situation with their infant. In deciding whether to raise this experience in supervision I was aware of my sense of shame and awkwardness, to bring my body (such a sexualised part of my body), and such an intimate experience, into what was a fairly new supervisory relationship.

I thought about my physical response to her as perhaps connected with her will to live, part of my body, or my psyche, responding to the part of her that wanted to thrive, despite all the evidence to the contrary, such as her many life-denying behaviours, for example extreme restriction of food, purging anything she did eat, and a brutal exercise regime.

Making Sense

My experience with this client could be thought about as an unconscious communication from the client (Schore & Schore, 2008), manifesting as an embodied countertransference (Field, 1989; Totton, 2010) in my body, perhaps a representation of her 'feeding difficulty' or her 'failure to thrive'.

Samuels describes countertransference as a “physical, actual, material, sensual expression in the [therapist] of something of the patient’s inner world” (1985, p. 199). Wooley goes further, including “all the therapist’s responses to the [client], occurring at various levels of awareness, to all of the [client’s] verbal and nonverbal communications” (1991, p. 255).

Perhaps the experience I have described above represented a pull from the client for me to feed her, her desire for connection, nourishment, and the nurturing I had to offer that could not be taken advantage of during the session, but only too late, at the end of our time. Perhaps this feeling could take hold in my body because it reflected my own desire to feed her, metaphorically speaking, to nourish and strengthen her diminished frame. Certainly I wanted, sometimes painfully, for her to get something from our time, for her to be able to ‘take in’ something. Perhaps the feeling represented my own wish for her to thrive in the therapy, that I might successfully ‘feed’ her, that I would be a good therapist, or a good mother. That I could save her from herself.

Lemma (2016) has suggested that body or somatic countertransference will be a feature of the therapist’s experience when the client has difficulties in symbolising their inner world. Projecting into the therapist’s body becomes a way to express thought. Thus it is possible to consider the feeling in my breasts as a form of projective identification, originating in the client, and projected into me, as the therapist. Projective identification can be thought about as a “very primitive means of communication ... that permeates the core of many psychotherapeutic treatments ... and can produce intense countertransference reactions” (Waska, 1999, n.p.). Schore and Schore outline a neuropsychological mechanism by which this takes place, where “nonverbal affective and thereby mind/body communications are expressions of the right brain” (2008, p. 15). The right brain of the client implicitly communicates with the right brain of the therapist, and vice versa. These “intersubjective transactions lie at the core of the therapeutic relationship” (Schore and Schore, 2008, p. 14), and the infant/caregiver relationship.

Segal (1973) has suggested that just as unwanted or disowned parts of the self might be projected in order to get rid of them, good parts might be projected in order to “keep [them] safe from what is felt to be overwhelming badness inside” (p. 26). Perhaps the client was attempting to protect an endangered part of herself, her own capacity to nourish and nurture. Perhaps this nascent part, as yet without much form, needed to be nurtured and protected in order to come more fully into being. By ‘giving’ it to me for safekeeping she protects this part of herself from the ravages of anorexia. We were able to talk about the ways in which she felt taken over by the ‘anorexic part’ of her and she could acknowledge that the other parts, those that might ‘fight back’ were very small and, at that time, incapable.

Overlooking the Body

Orbach (2004) has written that in privileging language, and the mind, we all too often overlook the body. Clients’ somatic symptoms are considered to emanate from troubled minds, similarly with the therapist’s body countertransferences, the inference is that they have a psychic origin. Orbach warns “we can unintentionally ignore what the body is capable of doing to the mind or what the body discloses about the body per se” (p. 142). She challenges the therapist to consider the physical sensations they experience, not just in terms of

revealing information about the client's psyche, but in terms of "the physical meanings that can be made of them" (p. 143). Orbach cites several examples of visceral bodily sensations (her own and reported to her), in response to being with clients, in order to "extend some of the taken for granted supremacy of the mind" (p. 145). She encourages us to consider how the body is formed in relationship, like the psyche, and how the therapist's body can express the "relational complexities between the two people in the room" (p. 149). One such example is a case reported to her in which a therapist "working with a regressed patient felt the let down reflex in her breasts". This happened repeatedly over an extended period of thrice-weekly psychotherapy, despite the therapist in question not having breastfed for over 15 years. The therapist feels the patient's request or demand for physical provision, and there is "something quite literal and concrete about [the] patient's need for a physical feed that this stimulation of her reflex brought into the therapy" (p. 145). I have thought about the ways my client might have needed physical provision, both for her ravaged body and for the parts of her psyche trying to come into being.

The Whiteout

At other times in our sessions I would experience a peculiar dizzying sensation that was very disorienting. It felt a little like something was being pushed into or onto my head from all sides and it made it very difficult to think. I would occasionally have a sense of 'coming to', finding myself looking out into the garden outside, not completely aware of where I had 'been'. This fuzzy-headed feeling reminded me of Lawrence's (2008) writing about the 'whiteout'. She uses the term as a metaphor for the anorexic's inner space, after a client describes a dream to her where everything is painted white. She theorises the client's need to make the therapist redundant and useless, linking the whiteout to her client's "objectless world" (p. 44). I could relate to experiences of feeling useless and redundant with this client. Lawrence suggests the anorexic client is seeking oneness, or merger, and it is this oneness Lawrence describes as, "featureless ... a barren landscape, a white room, an analyst without qualities" (p. 44). As though difference would be impossible to tolerate.

Winston (2009) writes that the anorexic client "evacuates feeling into the therapist rather than sharing it" (p. 82) so perhaps this dizzying sensation might be thought about as an example of this, possibly to get rid of an unwanted or unbearable feeling, but also potentially as communication, enabling me to understand something of her own experience, that difference (life, vitality or anything running counter to the anorexic script) would not or could not be tolerated. I wondered whether my somatic counter-transference could relate to a pull for merger, as infant and mother become one in the breastfeeding experience. Its arrival at the end of our sessions meant I felt redundant. My nurturing, my care, came too late and I was unable to 'feed' her just as my thinking in our sessions felt compromised.

Along with poetry I find imagery particularly helpful in stirring thinking when thinking has become stuck or difficult. Images resulting from the search term 'whiteout', such as the one above (Figure 1), evoke a palpable sense of the confusion, disorientation and lack of horizon that anyone who has ever experienced a whiteout will attest to. Looking at this image I can feel a sense of defeat, of the futility in trying to proceed. Just as the usual landmarks and visual cues by which we navigate and make sense of our physical world are



FIGURE 1 WHITEOUT. COPYRIGHT MILES HELLER, SOME RIGHTS RESERVED.

obliterated by the whiteout, so too in working with the anorexic client there is difficulty moving forwards, in thinking and navigating the relationship. Images like this came to form a sort of waking, bewildering dreamscape as I was writing my dissertation and in my thinking about this client.

Keeping the Therapist Out

Similar to the feelings of redundancy described above, both Williams (1997) and Willner (2002) describe the anorexic client's 'no entry defences'. This resonated with my own sense of being helpless to do anything, of being 'kept out', and my feelings of powerlessness. Wanting to give her a satisfactory, nourishing experience, but always being too late or not able to be 'used'. My experience of the 'no-entry' would occur during our many protracted silences wherein I frequently had the thought that a part of her hated me and my 'prying'. That my thinking (and my being) was an unwelcome intruder to be kept out at all costs. Several times I had the fantasy that part of her was silently screaming at me to "get out" and at the same time, a sense that I needed to stay present, gently waiting, letting her know I could be an ally, if the part of her that wanted to thrive was able to come forwards.

I have thought a great deal about this smaller part that might be tucked away, the desire to thrive and live, fight even, and how this part needs to be protected from the tyrannical part that threatens to destroy everything, the anorexia. Her survival then is an act of resistance, the part of her that perhaps reaches out to me, that I get to feel in my body, is like

a member of the resistance forces. It is my job to find a way to make contact. We could think about this as smuggling messages back and forth (Lynch, 2018) in order to support the resistance. There is a focus on building an alliance, on engaging and supporting that (however small) part of her that wants to live. I have often reflected that it is impossible to negotiate with anorexia. Much like any tyrant its law is absolute and uncompromising and the best way to 'get through' is to find ways to 'go around'.

Getting Lost in the Blizzard

In a hermeneutic tangent, thinking about the whiteout brought to mind the writing of Parker J. Palmer. Palmer (2004) tells how farmers on the Great Plains, at the first sign of a blizzard, "would run a rope from the back door out to the barn. They all knew stories of people who had wandered off and been frozen to death, having lost sight of home in a whiteout while still in their own backyards" (p. 1). The whiteout had become a powerful metaphor informing how I thought about my own experiences with this client group. For the anorexic client, it is as if no-one has run the rope from the back door out to the barn and so in the therapy we are in danger of wandering off, losing sight of home. I saw my own fears of getting hopelessly and helplessly lost, and the aloneness, panic and desperation that could follow, and also how these might be expressed in my desire to do something, to provide sustenance. To lead her back to herself, to keep us both safe.

I came across this poem by William Stafford (1998):

THE WAY IT IS

There's a thread you follow. It goes among
things that change. But it doesn't change.
People wonder about what you are pursuing.
You have to explain about the thread.
But it is hard for others to see.
While you hold it you can't get lost.
Tragedies happen; people get hurt
or die; and you suffer and get old.
Nothing you do can stop time's unfolding.
You don't ever let go of the thread.

This poem spoke to me on several levels. It made me think about the role of the therapist in helping the anorexic client find her own 'thread that doesn't change'. Her connection to herself, that will allow her to connect with the world, that she can hold on to so that she won't have such an intense fear of becoming lost in the blizzard of the whiteout as she begins to encounter the certainty that things must change in order for her to grow, physically and mentally. The poem also helped me think about the process of searching in the literature to try and make sense of my experience. I was trying to find my own thread, my way of navigating the world as a neophyte psychotherapist working with a challenging client population. I was also trying to find my own thread as researcher. Gadamer said those who express themselves and those who try to understand are

connected by a common human consciousness, a thread that makes understanding possible (in Ray, 1994).

Part of this thread was my felt sense of my experiences with clients. Although things would inevitably change, I could hold onto this thread, learning to trust my intuition, with a secure starting point from which to venture out, and a base to return to.

Finding Hope (When Hope is Lost)

Bromberg suggests that the reason this client group is so difficult to work with is that “they deprive a therapist of what [s]he most counts on in order to sustain hope — a working relationship that will grow in depth and security as the work progresses” (2001, p. 893). The usual give and take in a relationship, a thread of connection perhaps, is absent, or at best minimal, with this client group (Bromberg, 2001). Similarly, Babits writes that the “difficult patient effectively ‘kills off’ all movement or direction, all sense of manifest hope” (2001, p. 342). Although not expressly talking about an experience with an anorexic client, Babits’ writing gave me an appreciation for the need to be able to talk with these clients about the hopelessness that would inevitably pervade our work. He describes these potential moments as the “phoenix juncture ... a moment of symbolic death of hope within the treatment and the acknowledgment of this death by the therapist” (p. 343). Of course, there is “appropriate consideration to timing, dosage and other relevant clinical factors” (p. 343). The therapist’s acknowledgment of the intense difficulty in maintaining hope “becomes a pathway to the possibility of reconnecting with the patient’s embedded (frozen) sense of hopefulness” (p. 343). Babits’ notion that there is a place of hopefulness that can be reached, in need of transformation from its frozen state, reminded me of Palmer’s blizzard and the whiteout.

Wanting to Feed the Client

Since finishing my dissertation in 2016 I have continued to work with this client group. One of the things I have found helpful in bearing the feelings evoked in me is writing my own poetry, often jotting down lines in the margins of my notes. The poet Elizabeth Alexander once said that we are “each unto ourselves, inside of our heads” and that “we need language to reach across the void, to reach another human being” (Tippet, 2011). Reaching across the void is reminiscent of Palmer’s rope tied to the back door. Whilst I agree with Alexander’s words I am aware that many times, sitting with the anorexic client, there are no words and we sit in a weighty, sometimes tortured, silence. I am certain that this torture is, at times, felt by both myself and my clients, and that we are both trying our best to bear it. Alexander’s idea of reaching across the void reminds me of my body’s attempts to reach out, to be of use to my clients, perhaps when I can no longer bear wandering in the whiteout. The poem below was written several years after my dissertation was completed. Whiteout was inspired by a re-reading of my dissertation process journals whilst I found myself struggling with another client who has an eating disorder. The poem helped me reflect on my experiences of wanting to ‘feed’ the client with whom I began this writing and also serves as a way to think about those clients I am currently working with.

THE BODY RESPONDS

WHITEOUT

We carry our empty
bellies
over silent, white
space
Longing to put down
this burden

I do not know which of us is more tired
Cold pressing into our
ears
hard to feel this
distance
The weight of our sitting,
our waiting

I do not know which of us will break first

And the shadow of your
death
across lifeless empty
time
Stretching, a no-man's land
littered with

I do not know how to reach you

Stubborn refusals
a body
wanting to fill you up
needing
to give you something.
Use me.

You do not know how

I include the poem here because as Gaston Bachelard says, “the image has touched the depths before it stirs the surface” (1969/1994 p. xiii), suggesting that the image or metaphor so readily available to us in the poem reaches us deeply, perhaps bypassing ‘rational’ thought, much like my client’s communication to me. Or to put it another way, as researcher Laurel Richardson says, “lived experience is lived in a body, and poetic representations can touch us where we live, in our bodies” (1997, p. 143). So poetry, or poetic representation, provides me with a way to explore, to question, and to lay open my lived experience allowing me new ways of thinking.

Staying Open to The Body

Psychoanalytic thought and psychotherapy have undoubtedly developed from within a patriarchal context. Having their roots in a socio-cultural-historical location when/where science and reason were seen to be the ultimate ends. Freud and his contemporaries were shaped by the cultural environment of their time, not only in terms of ways of thinking, and the increased value placed on freedom and tolerance, but also the increasing demands of the time for scientific rigour, empiricism and reductionism (Shapiro, 1996).

Critics have argued that psychoanalysis, and its progeny psychotherapy, is somewhat removed from the experience of the body (for example, Orbach, 2004; Shapiro, 1996) perhaps because psychoanalysis can fall into the mind/body split that pervades. There is a “tendency to order our experience hierarchically” and as therapists that tendency extends to the ways in which we “deeply privilege linguistic, narrative forms of communication” (Shapiro, 1996, p. 299). Staying open to the body, the client’s body and my body, seemed vitally important to my understanding of my experiences with this, and other client groups, but also to my development as a psychotherapist and a hermeneutic researcher. To negate the body is surely to overlook a vast wealth of information.

I did not want to discount my own bodily experience in favour of an understanding that made sense of the anorexic predicament in a purely intrapsychic way. Nor did I want to rush to put language or meaning to my bodily experience. This is in essence Keats’(1817) concept of negative capability, that we strive to remain open and receptive, to be “capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason” (1817/1970, p. 43). This capacity is of vital importance in both hermeneutic research and psychotherapy practice and is, to my mind, exactly what Gadamer tasks us with in exhorting us to lay ourselves open to the questions asked of us by the other (1975/2013, p. 382-383).

I felt myself stretching to tolerate the “presence of the absence of certainty” (Boris, 1984, p. 441), beyond an understanding of myself-as-receiver and client-as-sender, towards the notion that what was happening between us was dynamic, alive and co-created, and perhaps not possible to fully understand. What happens between me and a particular client would perhaps not happen with that client and a different therapist. This thinking represents something of my ‘discovery’ of a two-person psychology (Mitchell and Aron, 1999). Through my felt-sense (Gendlin, 1981) and my body, rather than theory, I was making space to think about my experience in different ways. The theories of intersubjectivity and right-brain to right-brain psychotherapy became a living, embodied experience (in both my body and the client’s body). This intersubjective field is co-constructed by two individuals, “not just two minds but two bodies” (Schoore and Schoore, 2008, p. 15).

Staying open to the body (the therapist’s and the client’s) and staying open to potential meanings may challenge the tendency in us to irritably reach for fact and reason. Staying open to the body may challenge our privileging of mind over body, perhaps disturbing ideas instilled in us by our training. The openness required of us by a hermeneutic approach may place previous understandings or knowing at risk, potentially causing discomfort, but this is in essence Gadamer’s exhortation that the hermeneut be radically undogmatic (1975/2013). Staying open to the body allows the possibility that we might learn, and be changed by what we learn, in new and surprising ways.

References

- Babits, M. (2001). The phoenix juncture: Exploring the dimension of hope in psychotherapy. *Clinical Social Work Journal*, 29(4), 341-350. <https://doi.org/10.1023/A:1012263129391>
- Bachelard, G. (1969/1994). *The poetics of space: The classic look at how we experience intimate places*. M. Jonas (Trans). Boston, MA: Beacon Press.
- Bion, W. R. (1962/2014). Learning from experience. In C. Mawson (Ed.), *The complete works of W. R. Bion* (Vol. IV, pp. 247-365). London, UK: Karnac.
- Boris, H. N. (1984). On the treatment of Anorexia Nervosa. *International Journal of Psycho-Analysis*, 65, 435-442.
- Bromberg, P. M. (2001). Treating patients with symptoms - and symptoms with patience: Reflections on shame, dissociation, and eating disorders. *Psychoanalytic Dialogues*, 11(6), 891-912. <https://doi.org/10.1080/10481881109348650>
- Field, N. (1989). Listening with the body: An exploration in the countertransference. *British Journal of Psychotherapy*, 5(4), 512-522. <https://doi.org/10.1111/j.1752-0118.1989.tb01110>
- Freeman, M. (2017). *Modes of thinking for qualitative data analysis*. New York, NY: Routledge.
- Gadamer, H.-G. (1975/2013). *Truth and Method*. J. Weinsheimer and D. G. Marshall (Trans). New York, NY: Bloomsbury Academic.
- Gendlin, E. T. (1981). *Focusing*. New York, NY: Bantam Books.
- Green, E. (2016). *The therapist's experience of working with the anorexic client: A hermeneutic literature review*. Master's dissertation, Auckland University of Technology, Auckland, New Zealand. <https://openrepository.aut.ac.nz/handle/10292/9869>
- Green, E. (2019). *Whiteout*. Previously unpublished.
- Heller, M. (2016). *Whiteout* © Some Rights Reserved. https://www.flickr.com/photos/gian_s/23564143793/in/photolist-BUhoZg-5iCPcD-aspocN-vUUGZ-Ns3RAL-4r31s2-BALns3-af8nnj-7bBodk-ap6gws-aF3KeZ-9CTzUF-yinnWY-9QupA-gXZDTX-ooyTUZ-7LwCco-jDQEDq-eba8RY-A2kgS-7L27sm-7CxCLR-3r2Bw-b5hsw-6J2ewA-yegat-qXBVeZ-hYiC6q-5gyw2U-oz15xm-9VdrjX-tPPA9-euVBdo-joN5sW-a3s6xv-dTh9cJ-CRFF5T-jyqpb1-aGg18i-B5DdC-5TkoSQ-R3j5HF-4duBwc-8JXmX4-9CqbFb-9Cqdyu-kmzsg-9jE2Mx-cqb41m-vMpDF
- Lemma, A. (2016). *Introduction to the practice of psychoanalytic psychotherapy*. (2nd Ed.) Chichester, England: Wiley.
- Keats, J. (1817/1970). [Letter to brothers George and Thomas Keats]. In R. Gittings (Ed.). *The Letters of John Keats*. Oxford, England: Oxford University Press.
- Lawrence, M. (2008). *The anorexic mind*. London, England: Karnac Books.
- Lynch, T. (2018). *Radically open dialectical behaviour therapy: Theory and practice for treating disorders of overcontrol*. Oakland, CA: New Harbinger Publications.
- Mitchell, S. A., and Aron, L. (1999). *Relational psychoanalysis: The emergence of a tradition*. Hillsdale, NJ: The Analytic Press.
- Tippet, K. (2011). *Words that Shimmer*. Interview with Elizabeth Alexander. <https://onbeing.org/programs/elizabeth-alexander-words-that-shimmer/>
- Orange, D. (2011). *The suffering stranger*. New York, NY: Taylor & Francis Group.
- Orbach, S. (2004). What can we learn from the therapist's body? *Attachment and Human Development*, 6(2), 141-150. <https://doi.org/10.1080/14616730410001695349>
- Palmer, P. J. (2004). *A hidden wholeness: The journey toward an undivided life*. San Francisco, CA: Jossey-Bass.

- Ray, M. A. (1994). The richness of phenomenology: Philosophic, theoretic, and methodologic concerns. In J. M. Morse (Ed.), *Critical issues in qualitative research methods*. Thousand Oaks, CA: Sage Publications.
- Samuels, A. (1985). Symbolic Dimensions of Eros in transference/countertransference. *International Review of Psychoanalysis*, 12.
- Schore, J. R., and Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, 36, 9-20. <https://doi.org/10.1007/s10615-007-0111-7>
- Segal, H. (1973). *Introduction to the work of Melanie Klein*. London, England: Karnac Books.
- Shapiro, S. A. (1996). The embodied analyst in the Victorian consulting room. *Gender and Psychoanalysis*, 1, 297-232.
- Smythe, E. A., Ironside, P. M., Sims, S. L., Swenson, M. M., and Spence, D. G. (2008). Doing Heideggerian hermeneutic research: A discussion paper. *International Journal of Nursing Studies*, 45, 1389-1397. <https://doi.org/10.1016/j.ijnurstu.2007.09.005>
- Stafford, W. (1998). *The way it is: New and selected poems*. Minneapolis, MN: Graywolf Press.
- Totton, N. (2010). Being, having, and becoming bodies. *Body, Movement and Dance in Psychotherapy*, 5(1), 21-30.
- van Furth, E. F. (1998). The treatment of Anorexia Nervosa. In H. W. Hoek, J. L. Treasure, and M. A. Katzman (Eds.). *Neurobiology in the Treatment of Eating Disorders* (p. 315-330). Chichester, England: John Wiley & Sons.
- Williams, G. (1997). Reflections on some dynamics of eating disorders: 'No Entry' defences and foreign bodies. *International Journal of Psychoanalysis*, 78, 927-941.
- Willner, A. (2002). Imperviousness in anorexia: The no-entry defence. *Psychoanalytic Psychotherapy*, 16, 125-141. <https://doi.org/10.1080/14749730210129392>.
- Winston, A. P. (2009). Anorexia Nervosa and the psychotherapy of absence. *British Journal of Psychotherapy*, 25, 77-90. <https://doi.org/10.1111/j.1752-0118.2008.01102>
- Wooley, S. C. (1991). Uses of countertransference in the treatment of eating disorders: A gender perspective. In C. L. Johnson (Ed.), *Psychodynamic Theory and Treatment for Eating Disorders* (p. 245-294). New York, NY: Guilford Press.
- World Health Organization (2009). *Infant and Young Child Feeding: Model Chapter for Textbooks for Medical Students and Allied Health Professionals*. Geneva: World Health Organization. <https://www.ncbi.nlm.nih.gov/books/NBK148965/>



Emma Green is a registered psychotherapist in private practice and is currently enrolled in a PhD program at the Auckland University of Technology. Contact details: The Psychotherapy Centre, 300 Great South Road, Greenlane, Auckland 1051. Email: emmagreentherapy@gmail.com

THE BODY RESPONDS



Margot Solomon is a senior lecturer and Postgraduate Programme Leader in Advanced Psychotherapy Practice at the Auckland University of Technology. She has a small private practice in psychoanalytic psychotherapy and group analysis. Email: margot.solomon@aut.ac.nz

Meeting the Man We Are Learning from: Interview with Patrick Casement

Gabriela Mercado and Patrick Casement

PSYCHOTHERAPIST, AUCKLAND, PSYCHOANALYST, LONDON

Abstract

Patrick Casement is a psychoanalyst and psychotherapist with over fifty years of clinical experience. For decades, he has run a private practice from the front room of his London home where Gabriela Mercado had the privilege to meet him. In an open conversation Patrick explores his work with patients, his personal journey, and his latest book. The space he always worked from is now changed, but the atmosphere remains filled with lively memories. Patrick's recollection of his patients is vivid because — as Andrew Samuels refers to him — he is a true pioneer of today's relational psychotherapy thinking and as such, he has allowed his work to truly touch his life.

Whakarāpopotonga

Ko Pāteriki Kāhimana, he mātanga kaitātari hinengaro, kaiwhakaora hinengaro, whiwhi wheako haumanu neke atu o te rima tekau tau. E hia tekau tau a ia e whakahaere wāhi mahi motuhake ana mai i te taiwhanga whakamua o tōna whare I Rānana, te wāhi i waimarie ai a Kāpiriera Mēkaro ki te tūtaki i a ia. I roto i tētahi kōrero matawhānui ka tūhurahia e Pāteriki āna mahi i te taha o āna tūrora, tana hikoi whaiaro me tana pukapuka whakamutunga. Kua rerekē taua wāhi mahi i nāianei, engari kai reira tonu te wairua hihira o ngā wā o mua. E koi tonu ana ngā whakaaro o Pāteriki mō ana tūrora — arā ia hoki ki tā Ānaru Hāmuera kōrero mōna — he tangata kaitaki ia i te whakaarohanga pānga whakaora hinengaro o ēnei rā, ā, koia rā ka tukua e ia kia pā ki tōna whaiora.

Keywords: psychoanalyst; learning; experience; patient; analysis

Introduction

Some years ago, a friend of mine moved to London. Soon after, he got to do some work for a man two houses down the road. The person was a psychotherapist who was writing another book. My friend wondered if I had ever heard of him...

Time passed, and I went to visit my friend, who asked me if I wanted to interview his

Mercado, G., and Casement, P. (2020). Meeting the man we are learning from: Interview with Patrick Casement. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 24(1), 43-56. <https://doi.org/10.9791/ajpanz.2020.04>

neighbour. When adventure calls, I tend to say yes first, and think about it later. This is how I found myself sitting in my friend's living room, meeting Patrick Casement on 10 September 2018. We conversed for an hour, and then he left saying he would let me know the time of the interview. In preparation for this encounter, I wrote a mind map of potential topics to talk about. I was more interested in following Patrick's lead than in directing the conversation. The following day I was welcomed into Patrick's home, where he has seen so many clients in his office by the front room. It is changed now, but the atmosphere is still filled with memories of all the people who had once been there with him.

Gabriela: One of the key concepts you developed, practised, and wrote about is trial identification, as part of the therapist's internal supervisor. Would you use trial identification with the patient's past experience and/or with their experience now, in the room?

Patrick: When I talk about trial identification with the patient, although we can think of that in terms of trial identifying with the patient in his situation out there, that's not the main reason I use this. It's more in terms of trial identifying with the patient in the session. This patient, with his experience and sensitivities, may hear me quite differently from how another patient might hear me. I have to try and choose how I speak to this patient to take his life experience into account. A patient may have experienced other people blaming him for his situation or criticising him for it, so we need to be very careful how we approach this, so we don't sound as if we too are criticising the patient or blaming him. And what really doesn't work at all is to try and reassure the patient with negative "I'm not thinking of you critically, I'm not blaming you"; the idea has crossed my mind, but I quickly cross it out, however the patient hears you before it's crossed out... And a lot of people use the negative as their way of trying to say they're not like that.

Gabriela: Yes, but surely a patient can't hear that; they will hear that you *are* like that.

Patrick: Well, they'll hear two things; they'll hear that we want to be seen as not like that and they may play into that... They may respond to us taking into account that we come over as needing to be seen as not like that. Whereas, what about the extent to which they may actually feel we could be like that... and so rather than [saying] "I'm not like that" [I would say] "I think I'm hearing some anxiety that I too might be like that" which is quite different. That's using trial identification with the patient in the session. And it can make a big difference, because we're leaving room for the bad experience, that experience in relation to us as well. We are not eliminating that; we are not coming across as needing to be seen in good terms. So, with my burned patient [refers to Mrs. B, *Learning from Our Mistakes*, 2002] I would never say, "You experienced your mother's collapsing but I'm here and I haven't collapsed," I would say, "You've experienced your mother's collapsing and I keep on sensing that you are afraid I too might collapse." I can bear to be experienced in those terms, small difference but big difference.

Another example of a small difference that can make a big difference to

the patient: the patient is talking about something difficult in the session, and we might get into sensing there is history in this and say “I think you experience me just as you experienced your father — down in memory lane,” so we make a connection from the present to the past, following the direction of an interpretation away from us into out there, rather than, “You experienced your father like this and I think you are afraid I too could be just like that.” It’s picking up the same connection but from his past into the present: small difference but big difference.

Gabriela: You worked for many years in this profession that, in my view, can be lonely, and challenging. What kept you going?

Patrick: I kept working because it was often difficult. There was a challenge, and I think in a lot of my work I was on the edge of my chair rather than sitting back. I expected it to be difficult. If it’s easy then I’m not really listening. I could get into “I’ve heard all this before,” and out would come a few more clichés. I’ve used them before, I’ll use them again, but that means nothing... and I learnt to be slow in making connections. I would like to leave space for the patient to find connections.

Like the patient who came very excited by her work with the previous analyst who went into all her stuff about Oedipal attachment to her father and she expected me to do the same kind of cliché work with her and I didn’t. Then she had these two dreams about Kojak.¹ In one, Kojak was flirting with her and taking her into bed but, unfortunately, she woke up too soon. Mind you, all the best dreams end too soon. And then there’s another dream about Kojak in which there is a bathroom with many baths, and she remembered exactly where the bedroom was when Kojak was trying to get her into bed. It was when she was four years old, they lived in that house for one year. And I just said to her, “There’s something about Kojak, he’s appeared in two dreams.” “I don’t know what it is about Kojak, except I think it’s something to do with his bald head... I really fancy him. I don’t know anybody with a bald head...” — shock — “but I saw my father once when he was asleep, and he had a complete wig, a complete toupee.” So, here was the hidden bald head and the connection with the father. And then a dream in the bathroom where there were many baths, like in a school with lots of baths in the bathroom. And I just thought maybe there is an unconscious metaphor for frequency, many baths... and she shouted “ah” and she remembered that her father used to wash her between her legs in the bathroom, frequently, until her mother caught him doing this and she banished him from her home when she was four. He then went and eventually married a girl when she was a teenager. He married a girl of her age with her name, so she discovered the abuse herself rather than because someone was coming up with clichés.

If we think we understand it can so often get in the way of understanding. It’s a lazy way of understanding, you don’t have to do the work. We have to be

¹ Kojak was an American police detective show in the 1980s in which the lead star, Kojak, solved crime and sucked on lollipops.

patient to find out. It's our impatience to think we understand; "of course this is what this is about"... more clichés.

Gabriela: We stop thinking, and I reckon staying in that place of accepting that we're not understanding, avoiding the clichés, it's a place of uncertainty. It's a place of being open to what sometimes can be quite scary.

Patrick: Yes, but I think there are different ways of speaking of not understanding. A patient could hear us as saying "I don't understand" (laughs) rather than "There's something here we still need to try and understand." I'm not switching off from understanding, we still need to try to understand.

Gabriela: You're leaving something open...

Patrick: Yes...

Gabriela: And also talking about the connection *there*...

Patrick: Now, I mentioned yesterday about the patient I talk about in my first book (*On learning from the patient*, 1985). I had to tolerate having a patient coming to me through her brother in law, who was a doctor. He was trying to be in control of her treatment. He was trying to use medication, which didn't work; he got her jaws wired, which didn't work. And I chose not to try and control any of this although he was making a nonsense of the analysis. All of this was a destructive attack upon the analysis, which the brother in law didn't believe in. I would take the line of: "Well, you have to decide whether you go along with this. Maybe you have to find out for yourself if it works." Letting her have the freedom, until all of these things have failed, and eventually I happened to use the phrase, "I think what you are discovering is that you need to find your own version of yourself, not somebody else's version," and this absolutely fitted for her, and it became her thing, that stayed with her forever. She had to leave after 15 months because her visa ran out, so we had a very brief time, but it completely transformed her life in that short time. She said she had discovered that she didn't need to eat compulsively anymore, except she was going to because she didn't want to start losing weight while she was still under the control of the brother in law, because it might look to them — her mother and the brother in law — that their control of her was working, so she kept her weight on until she left the country and then she let it fall away. "My secret is I don't need to do this any more but I'm not going to let them know."

It's funny because somebody reviewed my book, I don't know if it still happens, but there was a BBC overseas radio station that would have programs for English speaking people around the world, and they reviewed this book and this patient's mother happened to hear the book reviewed. By this time the mother seemed to have learned that the patient seemingly felt there was some value in psychotherapy, so the mother said: "I've heard a book reviewed on the radio, you might be interested, it's by somebody called Casement" (laughs) and the patient then I think said to the mother: "He was my analyst." (laughs)...

Gabriela:

Patrick: But one of the things in common, for most of my work where something truly transformative happened, I think it's true to say, is that in none of them did I

really have a sense of where was it going to go. I had to travel with the patient and see where it went...

Gabriela: Is that because you feel patients often come wanting you to tell them where it is going to go. It's like they're saying, "Okay, fix me, what are you going to do with me?"

Patrick: Well, the patient is often looking for the therapist to have answers. What I think we have to hold onto strongly that any answer that could be found is in the patient. "We somehow have to work towards you finding your own answers, I can't find them for you, but maybe I'll help you find your answers within you." Which I think is something very different... but people do like the idea of a shortcut.

Gabriela: Yes, some people don't like not to know how long it is going to take, and prefer something like CBT.

Patrick: Yes, if you want answers you find people who offer you answers and see if they work for you.

It's very funny, when I had just come out, after five months in hospital with cancer (see Casement, 2018), somebody suggested that I take part in some project where I allowed them to interview me about my cancer experience. I said I'd be very happy to talk about it. Somebody then came to me; he was very pleased that I was going to be in his project. I said: "I'm very happy to talk about my cancer but what's this project?" He said, "Well, first of all you'll be interviewed and then you'll be given six sessions and interviewed again. Then, six more sessions and a final interview assessment." And I said, "What is this about?" and he said, "Well, we think we can help you find answers to your problems." And I said, "But I don't have any problems at all with the cancer, and if I did, I'm not sure as a psychoanalyst I would necessarily come to you lot to find answers." "Oh, you're a psychoanalyst, I better not put you on my project." (laughs) It's true, I actually had no problem with my cancer. It was an absolutely extraordinary experience. I could say that I would prefer not to have been through it but I'm not sure I believe that.

Gabriela: Why?

Patrick: I gained so much from going through it; I can see a lot very differently, and if you want to understand what life could be like for someone who is completely paralysed and can't move anything except the eyes and can't speak, one way of finding out is to be in that situation, which I was...

Gabriela: In your book *Learning from Life* (2006) you talk about purpose in psychotherapy, I wonder if you could say more about that?

Patrick: I suppose what I mean is having a sense of direction, what's it all for?

Gabriela: Who for?

Patrick: Well, it's only going to make sense if it's for you. If you are fulfilling somebody else's purpose you're not fulfilling your own. The purpose of my life, as far as my family was concerned, was that I should become a naval officer, like my grandfather, his three sons, and my brother. The whole purpose of life was to become a naval officer. Their purpose for me was to be something completely

alien to myself. So, could I find my own purpose in life, my own direction? It became really essential for me. For instance, when I applied to the Institute for training, I wasn't going to conceal anything from them. I didn't want them to find out halfway through my training that I had been in a mental hospital for four months, so I told them and said that my interest in psychoanalysis really started there. If they didn't like it, they didn't have to take me. Because if they took me, they needed to take me as me. I was not going to present what they might be looking for, because I would feel they hadn't really accepted me as me, but me as some version that I seemed to think they wanted and I wasn't prepared to play that game. It would be a journey into being unreal, again.

Gabriela: It's taking the risk of not being accepted, not just into a training but not being accepted by your own parents, not being accepted by your own kind...

Patrick: I think sometimes they may have regretted having accepted me, because I continued to insist on being real and speaking my mind, even when it was not convenient for them to have me speaking my mind. I had come across things which I think are seriously wrong. For instance, in my paper about the Emperor's Clothes (2005) I said there are some serious dangers in the training, that people get caught up in the power differential between the trainers and the trainee and so on, and the training analysts being able to hide behind their superior position, they seemed not to look at themselves. I stand and speak for these things which is not what they expect of one of their training elders, standing up, being critical of the training analysis. "Now, if we had known we wouldn't have made him a Training Analyst" (laughs). There are lots of things to criticise and I think it is more effective if it can come from inside the profession rather than from outside. I'm from the inside and I think I do know what I'm talking about, and I would like to be listened to. And some people have listened to me, quite a lot of people actually, but it took my society a long time to begin to look at what I wrote as I was saying in *Learning from Life* (2006). It was at least into the second year after my first book (*On Learning from the Patient*, 1985) came out that one or two training analysts said to me, "What is this book that my patients tell me I should read?" (laughs)

Gabriela: I was also thinking about dependency, and how we become dependent on this work we do...

Patrick: I think we need to be aware of the risk of over-dependence from a patient, and equally our dependence on our patients. Because to some extent we depend on our patients for our own validation; and when patients feel ready to leave, we may not be ready to let them go. In extreme cases there are some people who hold onto their patients because they haven't got an adequate pension, so their patients continue to be their pension. Somebody [a therapist] came to me for consultation, when I was quite junior, so he chose a junior person to come to, and confessed that he had a patient who had been seeing him for years who is dependent on, not only holding his finger through every session, but sucking his finger in every session, and he let it all happen. I said to him, "We have to face the fact that this therapy will never come to its real end until

you get beyond this collusion,” and he said, “I don’t want it to come to an end, she’s my pension.” That’s an abuse of the patient. I was too junior to report him, I felt I wasn’t in a good position to report him, which is, I think, why he came to me and he heard what he expected me to say, and he could ignore it.

Gabriela: When and how did you decide to stop working?

Patrick: You want a real answer?

Gabriela: Yes! (laughs)

Patrick: For years my wife had wanted to move from this house and I absolutely refused, because I had so many moves in my childhood. This is the one place that has stayed the same. I felt it would kill me if I had to move... unbearable. Eventually my wife used to say, “The only reason we’re still here is because of your bloody patients,” so when I was 67, I made a decision. I said, “I’m going to let my patients know that in three years’ time I want to stop working,” and so they got three years to adjust to that or to prepare to move to somebody else. And then if we’re still here and I’m not seeing patients it must be for some other reason than bloody patients (laughs). We are still here 13 years later.

Also, I say this as a joke, but both bits are true, I didn’t want to die on my patients. I also didn’t want to find myself still seeing patients years after I died. That was stimulated by meeting an ex-supervisee in Waitrose. I went up to her and said, “Hello, J.” “Do I know you?” she said, and I said, “Well, you used to know me because you used to come to me for supervision”, “Who are you?”, and I said, “I’m Patrick Casement”. “Ah I’m glad I have met you! I’m 89, and I’m still seeing patients, so please refer,” to someone who couldn’t even remember who I was! She was still seeing patients years after she had died.

Gabriela: It’s a big decision.

Patrick: Yes, it is.

Gabriela: Was it hard?

Patrick: Yes, I would say much of my life was based on it. I had to work hard on myself to let them go. That wasn’t easy.

Gabriela: Did anyone refuse?

Patrick: Refuse to stop?

Gabriela: Yes...

Patrick: I didn’t give them the option to refuse to stop, but I could refer them on to somebody else if they needed to do that. I don’t think I realised, while I was still seeing patients, the burden that we carry. So many lives we carry on our shoulders. I don’t miss that, and I don’t miss the early start every morning. I used to start every day at 7:30 and worked from 7:30 to 10 [minutes] to 8. Somebody said, “You only work 20 minutes a day?” (laughs)

I discovered early on that, when I was a student, the process recording of the sessions was valuable. But also I discovered a problem with it: because I’d be hearing something today from a patient, which I knew linked to something that occurred last week, but I couldn’t remember the detail, so I looked at the notes, and it would come back with my memory refreshed a day late. I began to realise my memory was in the wrong place! It was in my notes, I needed it here in the

room. So, when I stopped my training, I didn't have the requirement to write notes, I thought, the unconscious is an amazing thing and memory is an amazing thing, trust it. I trusted my memory to remember sessions, and when I needed something from a memory, I found in a session several years later, I would remember it. Just like that dream you had when... whatever... I was thinking of the same thing just now... whatever the patient is saying... so my memory would respond to the here and now of our session, with the memories that might belong to this session. Quite often I would think: "I'm seeing Miss X next, but I can't remember anything about it at all." The patient will come in, get on the couch and the session would be there. It would come back to me.

So, I learned to trust my memory and so, with very few exceptions, what I have recorded in my books are remembered sessions. Because doing the work establishes the memory that goes with doing the work, so I just follow the sequence that we've been through, and the memories would come to me. When I put the last book together, I knew I would be quoting from something that I published in one of the other books. I began to think, "Oh, I must get that book out and find the place and copy it out." Why? I'll just write it again, it won't be word for word, but the essence will be there. An earlier version appears in such a book, but I haven't looked it up.

Gabriela: You just remember...

Patrick: Yes and mainly it's a gift. It was very valuable to me.

Gabriela: Did you write notes anyway or you didn't?

Patrick: I wrote down addresses, phone numbers, names, ages of children, or siblings, ha! I had an Irish patient who came early on. She was laying on the couch, and she had about 14 siblings, and I started writing all these on my hand. When she got to the end of the session I said, "See you tomorrow" (laughs) but apart from that I didn't write anything.

I know that I was probably not legal being without a record. But I wasn't going to be dictated to. I wanted to work in a way that made most sense to me. I also resisted joining CPD groups, because I didn't want to have my work influenced by other people's ideas. I was depriving myself of the benefit of other people's ideas but I felt they could be interfering. I really wanted to stay listening and learning from each patient without the listening being distorted by other people's ideas of what I should be hearing. Now, it's probably limited me in lots of ways, but I think it also enriched my work in a different way. It's had its own validity rather than all these American theories, which I haven't read. I could apply all sorts of bits, but I refused to do that. Equally when I wrote my book, the publisher would send it out to reviewers before accepting it. I would only offer a complete manuscript. I would never let them interfere with my writing: "This is what I've written, do you want it?" Sending it out to the readers, it would benefit from a review of the literature, compare and contrast, all that jazz, which would kill my book, making it a book I wouldn't want to read (laughs). I refused all that stuff, and I think it allowed me to remain, truly, more authentic. What I wrote, what I did, and what I said to my

patients which is what my professional life has been about. I protected it from interference as best I could, and I stand by it for all its faults and inadequacies.

I'm dreadfully ignorant of all the theories that I should be reading and should have read. I know there are parallel theories in America, but I can't tell the difference between this kind of object theory and that kind of object theory. You have to be a scholar to see the subtle differences, to hell with the work, I'm not interested. I should be but I'm not, I'm not a scholar, or I'm not that kind of writer.

Gabriela: And it's true, reading your book I felt your presence, you were there with me. I really felt less lonely working... it was nice. You are working on a new book? Would you like to say something about it?

Patrick: It came as a big surprise to me. I had no intention of writing it. I didn't believe it would work as a collection of papers. It was after I'd had a fall, and only because I had the injury and was confined to bed for some weeks, that I sat with my computer and began looking at the possibility that it could work as a collection. I began to discover, to my amazement, that somehow there are threads that follow through from one paper to another paper. I thought, "Well that's what it's all about!" and I became quite excited that it was beginning to fit together in a way I never imagined it would. Then it just took off, but it was also mostly unprepared. I didn't know it was happening.

I wrote a thing called *Ways of Working* (2017) because I noticed that all the significant members of my society were written up on the Internet, and I wasn't included. It didn't surprise me because they had often wanted to sideline me in my society. My wife thinks they're envious that my first book got 45 reviews, which is not what they get (laughs). Anyway, they decided it was an oversight, I was told, but someone was going to write me up. I thought *who* is going to write me up? Someone who has never met me, won't have read my books, won't be in position to pick some ideas out of them, and think these are significant. I thought, which bits do I think are significant? And I just wrote down on some bits of paper what I would like to be remembered for. I put three pages together and offered it. Within weeks it was accepted for the *International Journal*. Then I thought, if I do collect my papers together, I've got something here, a starting point. And things sort of developed around it, this was February, we're now in September and it's coming out the end of next month.

Gabriela: Brilliant!

Patrick: Yeah, and I couldn't believe that anything I wrote could get endorsements like I got for this book. I'm just amazed and hugely grateful to be profoundly validated by all that.

Gabriela: It's the recognition of your work and your life.

Patrick: I think I told you how I came across the title of my first book, that I wasn't writing a book... I didn't want to write a book. Jason Aronson in New York wanted me to present a manuscript, he seemed to think I had a book in me. I didn't want it; he was a publisher and I didn't want to write a book. I didn't

know how to write a book, and I didn't have a title which made it much easier not to write a book. Until 2 o'clock in the morning, "Learning from a patient" came and hit me, and I realised my mind went past the sound barrier, and by 2:30 am I knew that this title would never leave me alone, and it didn't and the title *Learning from* has since been imposed on me by publishers as much as anybody.

Gabriela: It's your brand?

Patrick: Yeah, my second book was going to be *Psychoanalytic space and process*, no, it's got to be *Further Learning from the Patient* (1990). *Learning from Our Mistakes* (2002), my working title was *Getting There*, which I used for the first chapter. "No," says the American publisher, it's got to be *Learning from Our Mistakes* (2002), okay, good title. *Learning from Life* (2006) came naturally. This last one was going to be called *On Being in Touch*. "No", says the Japanese translator who's done four books in Japanese already, we want *Learning from...*, so *Learning Along the Way* (2018). And it all happened...

Gabriela: And it all happened...?

Patrick: And in each case it's as if I've been taken over by something which is me but doesn't feel completely me. Because I hadn't quite chosen to do it; it sort of happened. I could never write unless it flowed. So many times, I was writing a chapter, and then into another chapter, and I get to ten pages into it and I think, "this is rubbish". I tear it up and the muse was not with me, I'd started in the wrong place. It wasn't going anywhere, so scrap it. I had no obligation to write, I had no publisher giving me deadlines, which would be killing me, so I just stopped writing until something sparked me. I never planned a chapter; I would see where it went and I would get quite excited with where it was going. It sort of led me along the line, each chapter wrote itself really with a little bit of help from me.

Gabriela: So you follow... you don't call it intuition (laughs) but it's a bit like that... it's your sense?

Patrick: If I had any talent in writing I think it was being able to recognise when the muse was with me. When it wasn't, and when it was turning out rubbish, I thought, "Well, the waste paper basket is the place for that." Never mind I'd spent hours and hours writing rubbish, I'd start again.

Gabriela: What have you enjoyed the most of your work, and what have you struggled the most with?

Patrick: I think *Learning from Life* (2006) is the book that has meant most to me because it brings a lot of things together. It's where I come from, it's what makes me *me*. The journey of becoming more real than I was. Also discovering what laid behind the defense. I was completely frozen, I had no feelings of any kind really, I had no sense of attachment. I can remember going to a weepy film and I couldn't understand why people were crying, it's only a bit of celluloid. I couldn't tune into other people's feelings; I couldn't tune into my own until I bumped into some feelings which my God! I really thought I was going mad. In one of the first two chapters of *Learning from Life* (2006), when I suddenly

found myself crying... I never cried. Years later, discovering it was in the area of attachment that I'd been so damaged, because each attachment I made ended with that person leaving. It was safer never to be attached again, which for years I wasn't. By being able to get past that need to be shut off from the pain of attachment, and through the fulfillment of attachment, I began to come alive.

That's been one of the most exciting things, to have been able to come alive, and to be able to enable other people to come alive. It's been absolutely thrilling. I'm not going to try and pick out particular cases, because so many have been profoundly affecting me, but none more so than Mrs B which was such a totally extraordinary experience (*sobs, whilst picking up a tapestry cushion from an armchair next to him*). She made this, it has fourteen layers: one, two, three, four, five... she came for fourteen years. That was her gift to me (*cries*). I'm so grateful to have had that experience and so is she. I mean, I think few people have the privilege I had with her to be drawn into such profound and painful experiences, and to be able to make sense of it. And to have, which you read in *Learning from Our Mistakes* (2002), the totally extraordinary validation, that she came across towards the end of the analysis, when her mother explained what lay behind this memory, the not holding her hand... unbelievable (*cries*). Other people had thought, "Why was she making such a meal of that moment when her mother fainted?" Just not holding my hand, why make such a thing about that? And why was I putting her through all that? Couldn't I have made it so much simpler and easier for her, and less painful, by simply holding her hand to bring it all to an end? But something, absolutely all the way through, was cautioning me not to destroy what was in process. It was there for some reason, we didn't understand what it was, but it was there for some reason. I must stay true to that... oh, it was so difficult! It was so well worthwhile! And to have it validated by the mother coming up with this bit of history we didn't know, and yet we'd been living it between her and me. We had been at it all the time and couldn't quite recognise it, until she was ready to hear it from the mother. She lived all her life with her mother who nearly killed her, but through the analysis she found out that her mother had also saved her life. Later on, she was able to nurse her dying mother through that dying, which would never have been possible had she not been through the analysis. So, you can't be that surprised if that's one of the most incredible experiences of my life.

But I do mind that there's something about the quality of that that is too challenging for too many people who dismiss it for all their own reasons. They've written all these critical papers, about it dismissing it, for their own reasons, and missing for themselves the richness of it which could help them to work differently. If only they could bear it... but I don't think they can. Anyway, to have had that opportunity was such a privilege, and I know perfectly well if it hadn't been for that work with her, I would never have dared to believe I had a book that could come together, as worth offering to a publisher. It was my work with her that got that first book going and it's she

who got me on the map, she who introduced me to audiences all around the world and here are some of the books (pointing to the bookshelves). What a gift!

Gabriela: What a gift!

Patrick: I just hope other people can recognise the gifts that they have in the work they are privileged to do with their patients. It is a great gift to be allowed to get to know somebody more intimately than they have been known by anybody else. What would I have done with my life if I had not been an analyst? I couldn't imagine anything more fulfilling... and I got there because I began to realise that I felt a fraud working as a psychotherapist. I was seducing patients into getting better for me, like with my earlier therapist, getting better for her. It was all false, there must be something better than that, and there is.

Gabriela: The therapist needs to be able to tolerate and survive the patient's anxiety of getting fixed...?

Patrick: Yes, I can remember years ago meeting somebody who had had analysis and said, "Oh, I finished my analysis years ago," and I found myself saying, "Finished your analysis?" I believe that if analysis really works it continues indefinitely in us however long we live, if we let it; and if we let it, we can end up somewhere quite different from where we got to in the work we started with our analyst. We end up somewhere quite beyond that, because there's a process that takes us there. I am here, very different from my analyst, as a result of the work I was doing, inwardly as well as outwardly, and the process stays alive if we let it stay alive rather than, "I finished eight years ago," why kill it off?

Gabriela: Yeah...

Patrick: Anyway, have we got there?

Gabriela: Yes, I think we've got somewhere...

Patrick: Getting there... After my first two books, I was never going to write another book, but our daughter gave birth to our first grandchild, whose life was seriously at risk for the first 10 days of his life. He only had a quarter of his lung capacity available to him, it had all filled up with black tar because he went into stress in the womb. There was almost no chance that he was ever going to live, really. The doctors said to our daughter, "We must be honest with you; he's going backwards and there is no backwards to go," but he came through. I can't remember quite exactly what I wrote, but on the way back from seeing him in Australia, I found myself writing something like, "When the future seems most impossible, it's getting there that wins the day." I thought, "For you little boy, I'll write another book" (*Learning from Our Mistakes*, 2002) and I dedicated it to him with those words. The poor lad is in hospital again right now, having broken his arm very badly indeed, so bang! goes all his plans to be swimming and surfing and all the rest of it. He's a lovely boy, he's 17 now, and when we were in Oz last time, he took us to supper, drove us and paid for supper. Life goes on, it's wonderful, wonderful! Thanks for taking your time.

I stopped recording. Patrick then told me how his daughter decided to move back to the UK from Australia, when her (then) two sons were still small. They had sent the children's toys, and then they came to New Zealand for a last holiday. But it was raining almost all the time. Then the little boy asked his mother, "Where has the blue sky gone?" He was used to it being sunny, in Australia. And then he asked, "Will it be like this — all rain — in London?" His mother felt she could not do that to him, moving from a warm and sunny Australia to a less clement climate. My own choices of living away from my parents became present in that moment, as I could feel a father's sadness in his voice. Patrick held my hand whilst I thanked him for this wonderful hour, an experience I will always treasure in my heart.

References

- Burton, E. S. (2017). Patrick Casement. *Institute of Psychoanalysis, British Psychoanalytical Society*. Retrieved from <https://psychoanalysis.org.uk/our-authors-and-theorists/patrick-casement>
- Casement, P. (1985). *On learning from the patient*. London, UK: The Guilford Press.
- Casement, P. (1990). *Further learning from the patient: The analytic space and process*. London, UK: Routledge.
- Casement, P. (2002). *Learning from our mistakes: Beyond dogma in psychoanalysis and psychotherapy*. London, UK: Routledge.
- Casement, P. (2005). The emperor's clothes: Some serious problems in psychoanalytic training. *International Journal of Psycho-analysis*, 86(4), 1143-1160.
- Casement, P. (2006). *Learning from life: Becoming a psychoanalyst*. London, UK: Routledge.
- Casement, P. (2017). Ways of working: A synopsis of contributions to psychoanalytic technique. *International Journal of Psycho-analysis*, 98(6), 1813-1816.
- Casement, P. (2018). *Learning along the way: Further reflections on psychoanalysis and psychotherapy*. London, UK: Routledge.
- Casement, P. (Anticipated publication date: March 2020). *Credo? Religion and psychoanalysis*. London, UK: Aeon Books.



Gabriela Mercado is a psychotherapist, sex therapist, and supervisor. She works in private practice in Auckland. Gabriela has worked at the New Zealand Aids Foundation Burnett Centre, and at Auckland Sexual Health Services (ADHB). She is an active member of the New Zealand Association of Psychotherapists and is a Council member for the organisation. Gabriela has presented her work at the Prostrate Cancer Foundation National Conference and has been a guest lecturer for AUT University Masters of Psychotherapy. Contact email: gabriela@orcon.net.nz



Patrick Casement is a British psychoanalyst and author of multiple books and journal articles on contemporary psychoanalytic technique. He has been described as a pioneer in the relational approaches to psychoanalysis and psychotherapy by Andrew Samuels, Professor of Analytical Psychology. His book *Learning from Our Mistakes* (2002) received a Gradiva award for its contribution to psychoanalysis, and his book *Learning Along the Way: Further Reflections on Psychoanalysis and Psychotherapy* (2018) was listed in the top 100 psychotherapy books of all time by Bookauthority. Patrick Casement is best known for his *Learning from...* series. His works have been translated into 21 languages and utilised by psychoanalysts and professionals from other related disciplines. Burton (2017) highlights how Patrick Casement identified learning from his patients in the analytic encounter as being of central value in his work as it allows for continuous discovery and understanding. His most recent book, *Credo? Religion and Psychoanalysis* is due to be published in March 2020 by Aeon Books.

Psychosynthesis and Culture

Helen Palmer

PSYCHOTHERAPIST, AUCKLAND

Abstract

This paper is a keynote address the author gave in Oslo, Norway, at a psychosynthesis conference in 2015. The conference organiser had heard Helen present at a Conference in Rome in 2012 on the development of psychosynthesis in our bicultural nation and multicultural society. He invited her to speak to 'Sensitivity and Resourcefulness in Multicultural Work'. This paper is how Helen responded to that invitation based on her experience as a psychosynthesis practitioner in Aotearoa. This paper is about how culture shapes identity as people negotiate the developmental tasks of being human. There is a tension between acknowledging that our most fundamental cultural identity is of being human, while not minimising or denying diversity and cultural difference. Shadow dynamics of power and privilege in dominant and minority group positions need to be explored. The author suggests that the psychosynthesis practice of disidentification is the key practice for managing the demands of deep cultural work. She discusses her own cultural formation as a heterosexual white woman of European ancestry raised in the Pākehā dominant culture in a bicultural context of colonialism. She invites people to engage with their own exploration. The paper tracks the development of her thinking — both from interaction with other cultures and in postmodernist thought — to examine the ontological and metaphysical assumptions the Eurocentric version of psychosynthesis makes about identity. The author concludes that disidentification helps us manage our anxious and hostile reactivity to violence and murderous 'othering' behaviour. If we aspire to increasing psychological maturity and awakening our heartfelt responsiveness we can keep finding our way with courageous compassionate action.

Whakarāpopotonga

Ko tēnei pepa te kauhau matua nā te kaituhi i kōrero i tētahi wānanga kōtuhinengaro i Ōhoro, Nōwei, 2015. I rongo te kaikōwhiri i te Wānanga i a Ērena e kōrero ana i tētahi Wānanga i Roma i te tau 2012 mō te whanaketanga o te tuinga hinengaro i roto i tō tātau motu kākanorua, hāpori matatini hoki. Nāna te pōhiri ki a ia kia tū ki te tuku kōrero mo te 'Āta Whakaarohanga me te Auahatanga i rō Mahi Kākanomaha'. Ko te pepa nei te urupare o taua tono te tūāpapa o ōna wheako kaihaumanu kōtuhinengaro i Aotearoa. Ko te kaupapa o te pepa nei ko te auahatanga a te ahurei i te tuakiri i te wā e whiriwhiri ana i ngā

Palmer, H. (2020). Psychosynthesis and Culture. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 24(1), 57-66.
<https://doi.org/10.9791/ajpanz.2020.05>

mahi whanaketanga a te tangata. He whakatetenga kei waenganui i te āheinga ko te take o tō tātau tino tuakiritanga ko tērā o te ira tangata, ā, me te kore e whakaiti e whakakāhore i te rerekētanga o te kanorau me te ahurei. E tika ana kia āta tūhuraia ngā ātarangi hikareia awe me te mana i roto i ngā rōpū whakatuanui me ngā tūranga rōpū itinga. E kī ana te kaituhi ko te ritenga kōtuhinengaro whaikore tuakiri te ritenga matua whakarite i ngā whakahau o ngā mahi ahurei hōhonu. Ka matapaki ia i tōna take ahurei i runga i tōna taeratanga wahine pākeha paiheretanga ki Ioripa i whakapakekehia i te ahurei whakatuanui o te pākehā i roto i te horopaki whakataunga whenua. E tono ana ia ki te tangata kia tū ki ā rātau ake tūhuraia. Ka whāia haerehia e te pepa te whanaketanga o tō tātau whakaarohanga — takarua mai i te mahitahi pāhekoheko ki ētahi atu ahurei, ā, i roto i te momo whaiwhakaaro whakamua — ki te aromatawai i ngā whakatau ahupūngao, te tirohanga Ioripatanga kōtuhinengaro ki te tuakiritanga. E kī ana te kaituhi mā te tuku tuakiri e taea ai e tātau te whakahaere i tō tātau kaha hohenga pōhēhē kaikiri hoki me ngā whanonga kōhuru kē atu. Ki te whaia e tātau kia piki haere tonu ake te whakapakari hinengaro me te whakaoho i tō tātau urupare tarariki, ka kitea haere tonuhia e tātau tō tātau huarahi i roto i te mahi māia, te mahi ngākau aroha.

Keywords: psychosynthesis; identity; disidentification; ontological and epistemological assumptions; complex cultural work

I am honoured to be invited to speak at this Conference.

My great-grandfather Andreas Eng came from Norway, from north of Narvic. He immigrated to Aotearoa New Zealand, my homeland, in 1874. So although this is the first time I have ever been in this land, I have ancestry that connects me to this place of mountains, sky, fjords and forests. I am also connected to this gathering through psychosynthesis. My husband Peter Hubbard and I founded the Institute of Psychosynthesis NZ in 1986. And the specific personal connection that brings me to Oslo, is that Trond invited me to come, having heard me talk in Rome in 2012 about how our cultural experience in Aotearoa has informed our thinking about psychosynthesis.¹

Culture — we are immersed in culture from cradle to grave. Cultural practices shape our experience of pregnancy and birth, dying and death, and the great unfolding adventure of life in between these thresholds. And as more and more people move around the world for work, for better opportunities, or fleeing famine and war, our social world is becoming more culturally diverse. To come to agreements about how we can peacefully co-exist on the same piece of land with all our different cultural practices and ways of life is a huge challenge for us as a species. Assimilation has been a common governmental race relations policy to address this issue — the process whereby migrants are absorbed into a host culture and their cultural difference is disappeared. Integration is a more differentiated cultural policy that declares an intention that migrants from minority cultures retain their distinct identity whilst fulfilling sufficient requirements of the host culture. But the reality of 60 million refugees worldwide — half of which are children — starkly confronts us with the need to

¹ Psychosynthesis is a psychospiritual psychology of Will and of Self that acknowledges the embodied patterns and sacred dimensions of human being (Palmer, 2012; 2013).

affirm that our most essential identity is being compassionate human beings in whatever cultural environment we live.

Identity. What a key concept to bring to any conversation about culture. Cultural worldviews have a powerful yet usually unconscious impact on how we construct and organise our perceptions of belonging, connection, and identity. But whether we have grown up in a settled peaceful place where our ancestors have lived for generations, or grown up in a refugee camp and sought asylum in a foreign country, we all have had to engage in the developmental tasks of being human. Everyone develops some sense of self-identity, and needs some sense of belonging and connection with others. As we become increasingly conscious of the crises facing us and our world, we are being called to evolve our sense of who we are, to affirm that our most fundamental cultural identity is of being human, and that we need to be more conscious and responsible participants in the great web of life.

However, it is crucial that we develop our capacity to encompass different cultural identifications, rather than simplistically minimising (or even denying) cultural difference. Affirming we are all human beings must not be at the expense of acknowledging diversity. If people who belong to a dominant ethnic majority culture minimise cultural difference, how does that impact minority cultures? Also, we know human beings differentiate their sense of identity through the developmental process of distinguishing Self from Other. We need to be mindful of the tragic consequences when there is hatred of other cultures, and toxic ideologies about national identity reinforce prejudice against cultural diversity. Projection of the inferior — or superior — ‘Other’ compromises social justice and equity, and perpetuates social dynamics based on power and control that privilege a few at the expense of many. How do we as practitioners engage these issues? How do we develop our own genuine acceptance of the different cultural worldviews and practices we encounter? How do we distinguish between cultural difference, and oppressive practices and toxic ideologies that may be culturally rationalised?

I think our basic psychosynthesis practice of disidentifying² is the key practice for cultural work. Disidentifying starts with the work of identifying, of understanding ourselves, our own identity. We need to build our capacity and tolerance to think and feel and embody our experience, and learn to hold a point of tension with experiences of conflict, ambivalence, and trauma. Holding a point of tension — of attention — helps us develop a felt sense of internal spaciousness in relation to the contents of our experience. This felt sense of internal spaciousness is disidentifying in action.³ I want to talk about the importance of disidentification for developing a crucial cultural skill — that of accepting there are multiple cultural constructions that organise reality. This is deep cultural work, because it requires us to face into difficult feelings and profound existential challenges.

So what do I mean by “deep cultural work”? It starts with having an informed sense of your primary cultural identity — a knowing of who you are and where you come from, even if that knowledge is of trauma and survival. Then, you find out more about other cultural worldviews, and learn to accept they have as much validity as your own. It doesn’t mean you

2 Assagioli’s (1980) disidentification practice was: I am not my body; I am not my feelings; I am not my mind; I am a centre of pure self-consciousness and will. We say: I am more than my body/feelings/mind; I am a centre of consciousness and will, as we emphasise the inclusion of experience in the practice rather than risking a dissociated disconnection from experience, which can be identified as spiritual bypassing.

3 This assertion is not a European psychosynthesis understanding.

have to like and agree with their values or way of life, and it certainly doesn't mean you accept oppressive power relations and toxic ideologies that may be culturally rationalised. It means you respect that there are multiple constructions and shaping of reality. This requires much more than just cognitive acknowledgement if you really wish to support cultural diversity and integration beyond the rhetoric of inclusiveness. It means becoming able to say: "I know who I am, sufficiently, and I am willing to be more than my attachment to my world view, so when I meet you I am curious and enlivened by the prospect of who you are, and I expect to be changed by the encounter and I welcome that, and I hope that in meeting me, you might also be open to being changed."⁴ To be able to say this — and genuinely have the psychological spaciousness to fully engage in this encounter — means you have done a great deal of work on yourself. I want to talk about how psychologically challenging doing one's own cultural depth work can be in practice and I want to do this with reference to my own experience.

I live in a bicultural nation. Let me give you some brief historical background. Around 800 years ago the first people migrated from Polynesia and settled in these three islands near the bottom of the world.⁵ They became, by right of continued occupation, the indigenous culture of Māori. Then, in the 19th century, increasing waves of British and European migrants arrived in New Zealand. At first, cultural exchanges were amicable, based on trade, but as more and more settlers poured in, grabbing land, felling forests, mining gold, bringing in diseases Māori had no resistance to, Māori were increasingly disempowered, stigmatised as savages, and traumatised. In New Zealand, a Treaty was signed in 1840 between Britain and Māori, in the hope that it would establish how these two cultures of Māori and settlers could peacefully co-exist — but the Māori version comes out of their world view and the British one out of theirs. Two very different cultural ways of organising reality.

You can guess what happened. The more powerful culture, the British Empire, colonised the indigenous culture of Māori and marginalised Māori politically and economically. I have European ancestry. My Norwegian, English, Scottish, and French migrant ancestors were a part of this historical process of colonisation. I am a member of the dominant Pākehā majority culture, as 68% of our population of four and a half million people identify as New Zealand European. (Pākehā is a Māori word meaning a white skinned person of European descent.) Māori are 15% of the population, so they are a minority culture in their homeland. I am assuming many of you belong to the dominant majority culture of where you live. But perhaps you identify as primarily belonging to a minority culture? Whichever identification, do you have an innate sense of belonging, of roots, or do you identify more with a sense of dislocation, of not having roots? Do you identify yourself as indigenous, or is that not a word that resonates? Do you have Sami heritage? Is this an odd question? Perhaps you have mixed cultural heritage — but do similar values underpin that cultural mix?

... Back to me and my story — what am I trying to tell you by saying I live in a bicultural nation, why I introduced myself as coming from Aotearoa New Zealand, and not just as coming from New Zealand?

It's a way of showing I support the idea of bicultural partnership enshrined in the 1840 Treaty. This attitude puts me in a minority subject position in my dominant cultural group.

⁴ This references Robert Kegan's work and the fifth order of consciousness (Kegan, 1982, 1994).

⁵ At this point in the keynote address, the author displayed the world map on a Powerpoint background, with the Pacific in the centre. The Norwegian audience had never seen that visual world perspective.

I grew up in New Zealand under the ideology that “we are all New Zealanders”, which was the governmental race relations policy at the time of integration through assimilation. I had no idea of the consistent marginalisation Māori people experienced in so many ways, until I went to university and met radical Māori activists. I began to understand, because at the same time I was getting into feminism, that how the world is organised is a contestable reality. As a young woman, I was more focused on the identity issues of power, gender, and sexual orientation emerging in Western culture, than the historical trauma analysis being developed by colonised indigenous cultures around the world. I had a sense of injustice as I encountered more and more discrimination against women. It made me angry. These feelings helped me start recognising other forms of injustice and oppressive practices, and to think about what happens when a dominant narrative of assimilation is imposed on everyone, silencing alternative stories, disappearing other realities, banishing minorities to the margins and the ghettos.

And as I am talking, I notice it is still easier to position myself in an empathic alliance with Māori marginalisation and oppression, than be with my internal discomfort about carrying more power and privilege simply by being a member of a white majority culture. I notice an internal commentary along the lines of: “my ancestors were working class, they weren’t wealthy, privileged people. They didn’t do the really bad things ... I’m not racially prejudiced against Māori ... I am supportive of Māori women ... I don’t have as much power as a white man ...” Yes, and ... it is important I don’t let my discomfort take me into defensive denial of the cultural fact that I was brought up within the dominant story of my ethnic group. This lens shaped my view of the world. I didn’t initially learn about life from a marginalised cultural perspective. I needed to develop my empathy for others with a different cultural identity formation and understand there are differences that cannot be denied, disappeared, or assimilated under the rubric of “we are all one”.

So, not denying, nor drowning in white liberal guilt, or romanticising and idealising indigenous and marginalised cultures, because these are other common reactions people in dominant majority subject positions can have. This is doing a difficult piece of cultural work. It’s about identifying how much power and privilege you carry from your cultural heritage in terms of dominant and minority subject positions, in whatever cultural context you live. These positions are complex and nuanced. For example, sexuality and gender inform identity and a sense of self in the world. The different cultural constructions of sexuality and gender have a huge impact on the degree of structural power and privilege you will be accorded and that you will assume. Who you are requires paying attention to gendered power relations playing out within your unique cultural context. Some of my cultural identity story is of being a heterosexual white woman of European ancestry raised in the Pākehā dominant culture in a bicultural context of colonisation: what are your stories?

Peter and I left New Zealand in the 1970s as young adults, and returned home to found the Institute of Psychosynthesis NZ in 1986. An important part of establishing the Institute was to deepen our sense of belonging and connection with our new professional therapeutic community. We joined the New Zealand Association of Psychotherapists in 1991. The Association was beginning to explore what being bicultural, and a Treaty partner, actually meant. We realised this exploration was necessary for the Institute. What could psychosynthesis, with its cultural ancestry of psychoanalysis, Western ‘depth’ psychology,

Eastern 'height' psychology, and North American transpersonal psychology, contribute to bicultural partnership? What was this process, what were the conversations, particularly as Aotearoa was becoming more multicultural?

During our training at the London Institute, Peter and I had been significantly influenced by Father Micael O'Regan's (1984) thinking about disidentification. Micael was the founder of Eckhart House in Dublin, Ireland, and I assisted him to run the first Irish Foundation Year in 1981/1982. He asserted that "I" is distinct from, rather than separate from, body, and suggested using the statement "I am more than my body" rather than "I am not my body". From the stimulation of working with Micael, we made the philosophical commitment to use this version of the disidentification practice: "I am more than my body (and my feelings and my mind)." This way of thinking about human identity resonates with Māori perceptions of the interconnected wholeness of the immanent and transcendent dimensions of life.

So, as we found points of connection and similarity with Māori, such as the emphasis placed on spirituality for a holistic understanding of human beings, we were also learning about how different our experience as Pākehā was from theirs. We learned more about the effects of historical trauma, as Māori challenged the endemic practices and pressures of assimilation, particularly in the areas of education, health, and justice. We became sensitised to the importance of cultural frameworks on the formation of identity, and the need for us as educators to be inclusive of Māori psychological knowledge and the specific cultural needs of our Māori and Pasifika students. If we had ignored these crucial cultural issues we would have been a Pākehā training institute perpetuating the dominant cultural story of identity. Integrity required a more nuanced exploration.

"Who am I?" is a profound existential question, going to the heart of identity. Assagioli⁶ explores identity with the method of starting from within, of beginning with the self of the individual, with his or her presence. He believed this search for self-identity involves experiencing a true, phenomenological inner reality of pure self-consciousness, so he includes the spiritual dimension in his conception of personal identity. Although he states psychosynthesis does not aim nor attempt to give a metaphysical nor a theological explanation of the Mystery, clearly he is aligned with spiritual traditions that teach that the nature of our fundamental identity is an eternal transcendent reality not located in any of the temporary, mutable states of existence, nor in the landscape, the place, the materiality of our earth.

If you construct identity in this way, and have a spiritual practice informed by this ontological view of reality, notice how you feel as I suggest these ideas are culturally determined, and not just "how things are". There are other worldviews that constellate identity differently. For instance, Māori conceive of identity as intrinsically linked with the natural world. Place and person are not separate; identity is ecologically contextualised. A Māori ritual of greeting will begin with a person saying who their mountain is, who their river is (not "what" their mountain or river is, "who") and who their ancestors are, before speaking their own name. There is a Native American phrase that says this beautifully: "All my relations". This construction of identity affirms we are all participating in the act of

⁶ Dr. Roberto Assagioli, the founder of psychosynthesis, submitted his doctoral thesis critiquing psychoanalysis in 1910. He thought that optimal psychological health required an exploration of existential and spiritual dimensions of life as well as a focus on the personal past as in psychoanalysis. (See, for example, Assagioli, 1980; 1984.)

Creation, in the evolution of the Universe, and that we are connected with all life. Identity is located in both immanent and transcendent realms.

Back home in Aotearoa, the years went by for us. We learned more about our similarities and differences with other psychotherapeutic modalities, and we learned more about other cultures, particularly Māori culture. We realised we weren't just learning what these diverse bodies of knowledge said about the world and the nature of reality, we were being called to a deeper paradigm enquiry into what we know and how we know it. The fundamental process of meaning-making itself could be explored. This is a profound disidentification.

I had started training in 1979 with the London Institute when I was 27. I was immersed in psychosynthesis. We had founded the Institute of Psychosynthesis NZ. But we realised we needed to disidentify from psychosynthesis itself as a body of knowledge. It is an extraordinarily inclusive and comprehensive psychology. However, if we didn't have the courage to consciously examine its underpinning assumptions, its cultural worldview, we would be caught in its construction of reality. We had already risked being different by not teaching the orthodox practice of disidentification. But what might happen if we questioned the ontological and epistemological foundations of what we were teaching? It helped us dare to undertake this process by thinking of it as a postmodern enterprise.

I am using the term postmodern as part of an unfolding cultural vision that suggests human knowledge is subjectively and locally determined, cannot be fully objectively known, and that reality is not a solid, self-contained 'given' but rather, is participatory, indeterminate and multidimensional. It challenges the assumptions underpinning the modernist approach to knowledge that reality can be objectively known, because a modernist frame suggests there are sovereign and enduring truths that can be apprehended through reason alone. Postmodernism, as an epistemological stance applicable to any knowledge domain of contemporary culture, supports a view of culture as a dynamic, fluid and contested process. This view acknowledges the nuances and complexities arising from intergenerational change, intermarriage, transnational mobility, and the consequent hybrid multiple identities, belongings and dislocations of contemporary life. This process view makes thinking about culture more flexible. It helps us consider different perspectives, conflicting ideas, and new possibilities.

Psychologically, it requires being willing to be uncertain, and open to reality as change itself. There are multiple views; reality is complex. It's hard to tolerate the visceral anxiety of not knowing everything, of reality itself being in flux, and one common reaction people have to living with uncertainty and anxiety about the future is to look for certainty and rules. Complexity gets simplified and reduced to dualities of defensive splitting: black and white; goodies and baddies, us and them. This is intensified when survival is at issue, when access to resources is compromised, as we can see from the reactions to the current refugee crisis. Disidentifying, stepping back and compassionately making space around defensive dualities; tolerating being confused, uncertain, reactive and scared; are essential skills to be well resourced for cultural work. This is really difficult to do if you haven't practiced letting go of the certainties that your own cultural worldview has given you, nor examined your assumptions about power and privilege.

Cultural sensitivity requires us to be vigilant about how we exercise power, and one of the greatest power practices is how respectful we are about knowledge. If we only pay

attention to the dominant stories of how things are and how we should be, or only to the narratives that reinforce our own worldview, we don't have the necessary cultural humility that paradoxically helps us develop an inclusive and sophisticated cultural confidence that is heart-centred.

I believe psychosynthesis, with its practice of disidentification, its clear focus on will and consciousness, and commitment to a healing vision of interconnected wholeness and synthesis, has much psychospiritual wisdom to offer people from any cultural background. But how we teach psychosynthesis in Aotearoa needed updating for our cultural setting, so it is not constrained and limited by its hidden Eurocentric and metaphysical assumptions about identity and the nature of reality, nor by modernist language that reifies conceptual entities and makes it harder to talk about process.

Another challenge to our practice of disidentifying is dealing with all that gets triggered in us by the growing threat of extremist violence — some of which (not all) is positioned as a religious attack on Western culture. Scott Atran (2010) is an anthropologist who has interviewed many young people who have joined extremist Islamic terrorist movements. He considers Al Qaeda, ISIS and related groups pose the greatest threat as the world's most dynamic global countercultural movement, as they offer young people in the vulnerable transitional stages of life a sense of meaning and purpose. He says that youth need something to make them dream, to engage in a life of significance through struggle and sacrifice in comradeship. Vulnerable young people who don't feel they belong in their host cultures (who look and sound different from the dominant ethnic majority, are often unemployed, and socially powerless) are actively enlisted and financially supported by powerful men willing to use violence to spread a toxic version of the ideology of Wahhabism. The extremism of jihad offers certainties of identity, belief and belonging, and a sense of a sacred cause. How do we counter this threat?

Youth need a positive personal dream, with a concrete chance of realisation. They need a chance to create their own local initiatives. There is another growing countercultural movement that calls everyone to participate in meaningful activities — and this is the ecological awareness that we are profoundly connected with all that there is. Any fighting needs to be as fierce warriors for social justice, for the generations to come in whichever cultural milieu they live, for the Earth and all beings. This countercultural movement holds a worldview of interconnected wholeness, with which psychosynthesis aligns. This worldview is not supported by the dominant positivist capitalist techno-rational worldview of globalisation, but it is a significant activation of spiritual, ecological and political consciousness emerging worldwide. I consider that this is the most dynamic global countercultural movement.⁷

Our work makes a vital contribution to this movement by helping people become more psychologically mature, able to engage complexity, tolerate and manage anxiety and defensive reactions, and to make compassionate wise choices.

The practice of disidentifying helps us align with the vision of interconnected wholeness and to act courageously. This vision can encompass the reality of violence, whereas violence cannot encompass wholeness. This vision can acknowledge the experiences of violence,

⁷ Since presenting this keynote speech, the emergence of Extinction Rebellion and the global work of several young climate activists evidences this as a countercultural movement of huge significance.

despair, hatred, and suffering that overwhelm us from time to time, and, it can keep calling us to be more compassionate, powerful and loving human beings.

I could not end this talk without acknowledging that on 22 July, 2011 here in Oslo, Anders Breivik massacred 77 people. Maybe some of you knew someone, or more than one person, whom he killed or injured. Everyone in this room has been affected by this one man's violence, and I express my deep sympathy to you. I acknowledge their deaths, and your loss, and the continuing traumatic impact of his extremist act of terror. I also acknowledge the shock upon shock experienced not just by Norwegians, but also by the world, that an ethnic Norwegian committed this atrocity, not an ISIS terrorist, and he was killing fellow Norwegians. How could this happen?

He was assessed as being narcissistic. When we look closely at his story, his ancestry, we can hypothesise about how much intergenerational trauma he was carrying from his mother and her history that we might frame as a more borderline aetiology of rage. A narcissistic absent father, a borderline mother. What a toxic heritage, what a tragic story. We need to disidentify from our reactions and think about the aetiologies of traumatic rage and narcissism that fuel those who feel entitled to terrorise and murder other human beings to assert their distorted view of how society should be organised. These powerful energies are part of our human psychology. But we can choose not to act in ways that harm others. At the funeral service in Oslo Cathedral three days after the massacre, Jens Stoltenberg said "Our response is more democracy, more openness, more humanity. But never naïveté" (as cited in Orange, 2012).⁸ Last month, four years on, the AUF Youth Camp returned to Utoya. Emilie Bersaas, a survivor who returned, said: "It's a naïve thing to say, but we want to change the world, and we're young, that's why we become members. It's the values we stand for, and our ideology really needs to be defended: we need to work for it" (in Ridley, 2015).

All these words act as beacons of hope. They point to how we can use the practice of disidentification to activate powerful responses to violence that show a way forward of transformational healing, rather than reactive retaliation. Wherever we are located culturally, we have to resist the urge to demonise those who harm others; otherwise we end up hating the haters. To hold onto our humanity, we have to find a way to hold onto the humanity of oppressors, even as we hate their behaviour. Disidentifying helps us create spaciousness in our beings, so we don't get trapped in the same dehumanising 'Othering' dynamics by which terrorists rationalise their actions. Making space helps us contain our reactions, helps our thinking be clear, and supports us aligning with what we hold highest and best—that process of aligning so central to Assagioli's founding vision of psychosynthesis. This is true psychological maturity, necessary for human beings in any culture. Great courage and commitment are needed to keep opening our hearts. We would be extremely naïve to say this is easy. It is nevertheless essential. Whatever the future holds, if we individually choose to act in accordance with our values, we reveal the heart of humanity, in sacred service for all beings.

⁸ The 2019 massacre in Christchurch demonstrates how relevant a Prime Minister's words can be. However, "This is not us" quickly became "This has been us. And we don't want this to be us."

References

- Assagioli, R. (1980). *Psychosynthesis: A manual of principles and techniques*. Wellingborough, Northamptonshire, UK: Turnstone Books.
- Assagioli, R. (1984). *The act of will*. Wellingborough, Northamptonshire, UK: Turnstone Books.
- Atran, S. (2010). *Talking to the enemy*. London, UK: Penguin.
- Kegan, R. (1982). *The evolving self*. Cambridge, MA: Harvard University Press.
- Kegan, R. (1994). *In over our heads*. Cambridge, MA: Harvard University Press.
- O'Regan, M. (1984). Reflections on the art of disidentification. *Institute of Psychosynthesis Yearbook, IV*, 44-48.
- Orange, R. (2012, April 15). 'Answer hatred with love': How Norway tried to cope with the horror of Anders Breivik. *The Guardian*. <https://www.theguardian.com/world/2012/apr/15/anders-breivik-norway-cope-horror>
- Palmer, H. (2012). Psychosynthesis in the South Pacific: Ontological and epistemological considerations in the context of Aotearoa New Zealand, *Psychosynthesis monograph 10*. London, UK: Institute of Psychosynthesis.
- Palmer, H. (2013). Psychosynthesis in the South Pacific. In S. Simpson & R. Evans, (Eds.), *Essays on the theory and practice of a psychospiritual psychology*. London, UK: Institute of Psychosynthesis.
- Ridley, L. (2015, August 8). Utoya island summer camp returns to the island four years after Anders Breivik massacre. *Huffington Post*. https://www.huffingtonpost.co.uk/2015/08/08/utoya-island-norway-anders-breivik-massacre-killings-emilie-bersaas-auf_n_7954998.html



Helen Palmer has a background in education. After some years in the UK she trained in psychosynthesis, and co-founded the Institute of Psychosynthesis NZ with her husband Peter Hubbard on their return to Aotearoa in 1986. The Institute closed in December 2018, after 32 years of offering psychosynthesis for self-development, as well as professional training for counsellors and psychotherapists. During this time she also completed a law degree, became an ordained Interfaith minister and marriage celebrant, and then wrote a

thesis on Psychosynthesis in the South Pacific (awarded with Distinction) from Middlesex. Helen and Peter's commitment to developing a psychotherapeutic understanding that is respectful of Māori cosmology and identity was deeply supported by their growing relationship with Joe Turner, who became the Institute's kaumatua in 1996 until his death in 2014. Helen has been a member of NZAP since 1991, is a registered psychotherapist, and a Fellow of PANZA. She is a current member of the Health Disciplinary Tribunal. She is a Director of Psychosynthesis Education and Research. She has a private practice as a psychotherapist and as a supervisor. She is interested in the intergenerational transmission of resilience as well as trauma, which began when working with many cultural backgrounds in London. She is also following the emerging conversations about gender, identity and sexuality.

Standing at the Waharoa

John O'Connor

PSYCHOTHERAPIST, AUCKLAND

Abstract

In this paper the author suggests that, when standing at the waharoa (gate) waiting for the karanga which calls us on to the marae, many of us, and particularly those whose ancestral histories originate in countries other than Aotearoa New Zealand, feel the apprehensive anticipation, if not disturbing terror, that comes with stepping into a cultural context so imbued with the painful colonial histories of this country. The paper explores how this history impacts upon us in cross-cultural encounters in Aotearoa New Zealand, and in particular in encounters between Māori and non-Māori, and the challenges and opportunities such encounters offer for the psychotherapeutic clinical encounter.

Whakarāpopotonga

I roto i tēnei pepa e hōmai pēnei ana te kaituhi, inā tū ana ki te waharoa ki te tatari i te karanga whakaēke, ko te maha o tātau, ā, pū tonu ki te hunga nō tāwāhi ngā tīpuna, e rongō ana i te mānukanuka, te matakū rānei i runga i te hou atu ki roto i tētahi horopaki ahurei kiki ana i ngā hitori pēhitanga mamae o tēnei motu. Ko tā te pepa he tūhura i te awe o tēnei hitori tau mai ki a tātau i roto i ngā whakawhitiwhitinga hui ahurei i roto o Aotearoa, pū tonu ki ngā hui tahitanga i waenga i te iwi Māori me iwi-kē, me ngā wero ngā pai puta ake i ēnei tūmomo huihuinga hai koha atu ki te mō ngā huinga whakaronga hinengaro.

Keywords: psychotherapy; shame; cross-cultural; marae; Māori

Introduction

When I was seven my mother took me to see the stage show *Jesus Christ, Super Star*. Judas was played by a white man and Jesus by a man whose skin was blacker than any I had ever seen before. I liked the show and said to Mum afterwards, “That was really good — but they should have had Jesus played by a white man and Judas played by a black man,” to which my mum paused and then piercingly asked me, “... Why?” In that moment shame drenched me as I encountered not only the prejudice of my young mind — but the unknown racism of a country and a world about which I knew so little and yet from which I had taken in so much. In this paper I explore how Aotearoa New Zealand’s colonial history, and the shame it engenders, impacts upon me as a person and a psychotherapist.

O'Connor, J. (2020). Standing at the waharoa. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 24(1), 67-78.
<https://doi.org/10.9791/ajpanz.2020.06>

Shame

In the 1990s, Elizabeth Carr (1999) posed the question, “Is shame the central affect of disorders of the self?” In turn I question, “What if shame is a central affect of a disordered and traumatised country, a country so often depicted as a tranquil escape, peaceful, and at ease with itself, Aotearoa New Zealand?” For New Zealand’s colonial history has, I suggest, left a deep legacy of shame in the psyches of those like me, of British origin, whose ancestors initiated the colonial project in Aotearoa New Zealand, and I suggest this shame infuses cross-cultural relationships, particularly with indigenous Māori.

This shame and the paralysis it invites is potently encountered when I prepare to step onto a marae. Each time I stand at the waharoa (entrance gate) of a marae, waiting for the karanga (call) to step forward on to the marae and to engage across the marae atea (sacred space), to mihi (speak), and waiata (song in support of speech), I am frightened. I stand at the edge of my country’s history, at the margins of my capacity to breathe. I stand on the shoulders of a history that includes the words of Henry Williams, one of my colonial ancestors and a man largely responsible for the translation of the Māori text of Te Tiriti o Waitangi, the Treaty of Waitangi (documents which outline an agreement between indigenous Māori and New Zealand’s British colonists and which are central to New Zealand’s history and contemporary constitutional arrangements). On the fifth of February 1840, Williams stood to address the Māori chiefs who had gathered to contemplate the proposed document. In encouraging them to sign he described the treaty as, “An act of love towards [Māori] on the part of the Queen” (Orange, 1987, p. 45). Psychotherapy has also been conceptualised as an act of love. Of course, as difficult and complex an act as love always is, but love nevertheless. Yet in regard to the Treaty it seems abundantly clear that we have often failed to live up to the potential to which we might hope this act aspires. The love that Williams referred to was at best paternalistic, the offer of the coloniser to the native, and the shadow of this act was inherently hostile and violent (Salmond, 2017).

The profound disturbances of this history are stirred in every bicultural encounter as I meet the dissociated pain of my ancestors’ immigration, and I meet the history of colonisation this immigration initiated, in which my British ancestors came to this whenua (land), stood across from the marae, encountered otherness, and profoundly dehumanised the indigenous that they encountered. Wakefield in the 1800s observed “nothing can remind one more forcibly of a monkey as one who has seen a Maori” (cited in Best, 1925, p. 120). Fanon (1982) described the tragic consequences of the projective dynamics that inevitably infuse colonial history, in which the colonised dark other must find themselves in the white person’s eyes, leading the dark other to be psychically “torn asunder” (Dalal, 2002, p. 97). The shame of this experience disintegrates the soul and psyche of indigenous people who are its recipients. Metge (1986) described whakamā and its post-colonial manifestation within some Māori as a loss of mana that leads to “... inward alienation from oneself” (Marsden, cited in Metge, 1986, p. 77; see also Woodard, 2008).

And I stand with my own disavowed Irish and English history. A history littered in my psyche with absences, gaps, dissociated pain and unremembered losses. A history that drove ancestors in my paternal line five generations back to leave the desperation of their Irish roots, in search of economic and psychological wellbeing that their Irish origins could no longer provide. And of an English lineage, more unremembered than remembered, which

led my ancestors, whose money arose from the god of alcohol and the possession of land, to come to a new place, to extend their largess. Michael O'Loughlin (2012) and Garratt O'Connor (1995) explored the personal meaning and consequences of the Irish famine of 1845-1852, in which over a million people died. They described 150 years of Irish silence intended to avoid facing the enormity of this tragedy, and O'Loughlin quoted Christine Kinealy's note that those who died "remained nameless and unrecorded. Hard to know or to mourn" (2006, p. xvii). He also posed the question, "What if all of us of Irish descent are emotionally orphaned, fleeing an apparently unmourned past that leaves us with a gaping hole, cut off from the narrative strands that would allow us to stride confidently into the future?" (O'Loughlin, 2012, p. 235).

Most in New Zealand were originally immigrants. Indeed, Dowd (2009) suggested these unremembered pasts haunt the psyches of all immigrants, particularly in this part of the world, with profound implications for our engagement with the indigenous other. She wrote of the collective dissociated loss of our "background of meaningful containment" and noted, "...the 'dissociated self-state' of our collective psychic history ... haunts the Australian [and, I suggest, New Zealand] psychic landscape. The unintegratable shock, terror and shame of arriving unknowing and unrecognised into an unknown and unrecognisable place contributes into a specific aspect of cultural anxiety as it is experienced here" (p. 110).

As I pause halfway towards the marae atea I remember my dead, as do we all. As Barlow and Wineti (1991) noted, "the [manuhiri] visitors are welcomed along with the spirits of those who have passed on, ... In this ... a union takes place between the dead of the visitors and the dead of the particular marae they are attending, and with all who have died ..." (p. 15). Thus, in the silent pause that occurs each time I step onto the marae with others, the unmourned ancestors of my Irish and English history are acknowledged as are the ancestors of the mana whenua with whom I am about to engage.

And as I stand at the marae waharoa, I stand about to enter a context in which indigenous wisdom about the nature of the psyche is at the centre, my psychotherapeutic and cultural capital on the margins. A reversal of my usual experience in Aotearoa New Zealand. Thus, I stand not only about to surrender to a cultural perspective about which I know so little, I also stand with the cultural, political and personal history of our country and of my countries of origin.

In my fear how do I not be completely consumed, subsumed, and overwhelmed by the shame and emotional intensity of such history. Is it even possible for the fear, shame, the guilt of this moment, not to propel every action with which I engage?

Indeed, the impulse to project my own disavowed trauma into and onto the indigenous other, to proffer my guilt and shame for the aggression my ancestors perpetrated, whilst denying my own painful ancestral history, risks enacting the very trauma I am attempting to undo. I suggest that psychotherapy in relation to the "racialised" other has often been infused by the politics of melancholy, in which the guilty shame which arises in those of European heritage is enacted in the clinical moment with the racialised other, in which there is an unconscious request for forgiveness, indeed a desire for maternal care from those whom we are attempting to assist.

The losses are profound. Yet most of us decline Akhtar's (1999) poignant invitation to embrace the painful task of ongoing mourning to which our immigrant histories gesture.

Indeed to get even close to mourning this history we have to negotiate the shame of colonisation which for those of us of British origins, our migration enabled, and which profoundly disrupts our capacity to bear the grief of the losses we have all both suffered and, to varying degrees, attempted to disown, in our reactive denial, idealisation or submission to the feeling that something bad has happened so someone must be bad, either the monkeys which Māori were constructed as being during the colonial project, or the white British descendant whose cruelty is perceived as inarguable.

The power of this history has been revealed to me in many cross-cultural clinical moments. Perhaps the most terrifying for me was many years ago when I was facilitating a therapeutic group in a maximum-security prison. I remember entering that prison, to be greeted by a sea of brown faces, the majority Māori, the remainder almost exclusively Pacific peoples, with just one or two white faces in front of me. The cultural wounding of our country's history sat before me in stark horror. I did my best to offer input in helping the men "manage their anger", but who could not be angry in the face of such trauma. Halfway through the group, one man stood abruptly, angrily throwing the desk in front of him to the floor, and shouted at me, "You have an answer for everything, don't you ... you skinny white maggot." In that moment the painful histories of our personal and cultural context collided. I could only guess at the ways in which the relentless white man's voice, with the answer for everything, had subjugated his own voice, telling him who to be, what to be and how to be, whilst taking from him the ground of his being. In my voice, the voice of the liberal, caring, European man, resourced by the layers of privilege behind me, and then subsumed into impotent, silent guilt in response to the black man's aggression which inevitably I constructed as dangerous and violent, there emerged the avoidance of the grief, the impossibility of understanding what took place between us. Indeed, of course grief and the possibility of mourning, so eloquently evoked by Akhtar (1999), is a luxury only possible when one's basic survival is not threatened. A maximum-security prison is no place for grief. And perhaps neither is grief possible in a country gripped by generations of cultural trauma. Immediately another Māori man, the unnamed but clear leader of this group, a participant in it, stood and said, "John, we're gonna take a break." The prisoners left the room for about 10 minutes. When they returned, the man who had become so angry at me for the relentlessness of my voice and the whiteness of my skinny frame stood drenched in whakamā (shame), his eyes to the floor, and mumbled a frightened apology, saying he was sorry, and that this would not happen again. I could only imagine the pressure put on him by his peers in the group to mumble this apology, who did not want to lose the "prison privilege" of a therapeutic group. And for us all to avoid the unending grief that might underpin this exchange, the pain of our combined histories and the inability to begin to approach the vulnerability underpinning those histories.

How do we not be completely consumed, subsumed, by the shame of such history? Benjamin (2018) suggested that to get beyond the doer/done to dynamic we must co-create a symbolic third in which the multiplicity of self-experience can be heard. It is a possibility that is rarely enabled in New Zealand. I suggest that to do so we must negotiate the immense emotional challenge of encountering the others in ourselves, not only intra-psychically formed, but also unconsciously colour coded and formed within a socio-political and cultural force field of external tensions, fears and violence. To accept this emotional

challenge, it is to avoid the temptations of manic restoration that Henri Rey (1994) described, in which we the guilty non-Māori seek absolution for the violent aggression of our ancestors, by manic restoration in the form of submission, guilt or idealisation, or the opposite, reactive denial or impotent bystander avoidance.

In inviting us to meet the grief of our histories it would be easy for you to understand me as inviting us all to submit to our shame, to attack ourselves for the badness of our histories, to decide that something bad has happened so it must be me, the descendant of the perpetrator of colonial horror, or in reactive denial to reverse the shame by blaming the aggrieved, the badness in the cultural other. In the fury of the moment with the man in the prison so many years ago I barely remember my response except that I fell into terrified and paralysed silence, unable to speak, so great was the fury and the projective hatred that flew between us. In my silence I disappeared my own aggression. I could so easily have counter-attacked, "Fuck you, you brown prick, I'm just trying to help, give me a break, I'm one of the good guys ... arsehole"; or more intellectually defensive, "Take responsibility for your own violence, it's yours alone, you need to face it"; or as was more likely back then, I might have submitted to my badness, "I'm sorry, you're right, I have no right to attempt to offer you anything, I'm your oppressor yet again, I will banish myself from your sight and psyche." Almost for certain all of these responses coursed through my internal world as I struggled to find my mind.

But I am suggesting the emotional challenge of engagement is much greater than these tempting escapes. Rey's description of what he referred to as "reparation proper" (1994, p. 222) involves reparation not merely of external reality, but of the inner object; in the cross-cultural context this requires us to engage deeply with our own impulses to projectively hate, or reactively deny, avoid or idealise. To negotiate the shame of the persecutor, and the fear that my own aggression might be toxic, destructive and bad, as I attempt to move beyond the paranoid-schizoid position of attack and defence, and move towards the grief underpinning this, it is this which might lead to a reparation between cultures, rather than a submissive restoration which avoids real change. To find my mind, to be conscious of my own cultural histories littered as they are with violence and dissociated losses, and perhaps to offer to the man in my prison group, "I do not understand. I would like to understand, to whatever degree that is possible. But to do so we have to find a way to reach each other. Neither to kill each other off with our hate, nor submit to the idea that one of us is bad, but rather to find a place to begin to understand our shared and separate histories, including the almost unbearable disparities of privilege and power that exist between us, and the violence this reflects, and from there to find out what is possible. I do not have the answers to everything, or even anything. But we can grapple together for something new between us."

Or more concisely, as I have often said in response to a painful cross-cultural critique, something like, "You're right, I do not understand. But if you abandon ship right now the possibility for us learning together will permanently disappear. We are both going to have to stick around if we are to discover what understanding might be possible between us. I'm up for it ... if you are?" Such a response still requires creative aggression; the potency that facilitates my capacity to stay present, neither to retaliate, nor submit, nor avoid; an aggression not incapacitated by shame and guilt, but at the same time committed to engagement in the service of seeking empathic emotional and spiritual connection. The aggression and care of a repaired inner cultural object, not the manic reparative action of

the damaged inner world, reacting to its apparent damaging effect.

Yet even as I offer the above, as I grapple to find a response which might be creative, I am troubled. Such a stance still enables me to maintain the position as the healing one, the “psychotherapist”, responding to the pain of the “wounded other”, a witness to the other, but with all the cultural capital of the psychotherapist who “knows”. Is a more profound surrender required of me?

Clinical Example

Another one of my patients, whose skin colour is so much darker than mine, brought to me a dream. She reported: “I was me but with a penis. I had dark skin but the penis was white. It was really big, like ridiculously big. I was jerking it off, and this massive amount of sperm just coming out ... really weird. It wasn’t scary, yet I woke up just as if I had woken from a scary dream.” She reflected that the dream felt like her trying to get back control of something she had lost. The layers of potential meaning in this dream seemed multiple. Her attacks on me in the therapy left me feeling the subjugated other, castrating me; perhaps her dream reflected an attempt to regain potency in response to both personal, cultural, and gendered subjugation. I wondered what unknowable cultural resonances reverberated between us. What did I create in my mind in response to the darkness of her skin, of the disavowed history of countries in which dark skin is the receptacle of disavowed European self-hatred, and white skin promoted as an idealised other, and what responses are created in the racialised other in response to my fair complexion?

Many of my patients have revealed that in their cultural difference, as they experience their perceived minority status with me, they feel a mixture of the fear that I will perpetrate an attack on their racialised selves, as has so often happened in the past, mixed with the introjected shame of cross-cultural colonial and/or racialised contact, in which the dark other must see themselves in the white man’s eyes. They feel the impulse on the one hand to aggressively assert their difference and attack me for my privileged otherness, whilst testing whether I can possibly glimpse an understanding of their difference, or on the other hand the temptation to defensively idealise my whiteness, to create me as the saviour, to rescue them from their dark badness. The white superego and the black id. Such dynamics can be powerfully disabling.

I suggest that Rey’s (1994) repaired inner object, capable of both forgiveness and being forgiven, is crucial to the psyche’s capacity for recognition of the harmed other. The deep emotional challenge of repairing the shame-filled culturally constructed inner object is, I suggest, a foundation upon which true recognition of the other might arise. Thus, in contrast to Dalal’s (2013) interpersonal emphasis on an ethical conversation, I emphasise that I believe the cross-cultural task is therefore not merely an interpersonal or intergroup challenge, but also, and perhaps most essentially, a deeply intrapsychic emotional challenge.

Intrapsychic Repair Alone Not Sufficient

However, whilst Rey’s (1994) exploration of intrapsychic repair is very helpful as a foundation from which to encounter the cross-cultural other, intrapsychic exploration is far

from sufficient. True intercultural repair also requires contact, deep, interpersonal and group-to-group intercultural contact, surrender and redress. Indeed Jessica Benjamin (2018), in reflecting on the mixed experiences of participants who engaged with South Africa's Truth and Reconciliation Commission, and on group-to-group encounters between Israelis and Palestinians, noted that it was the encounters in which participants were affectively immersed in the other's subjective emotional experience who reported real movement in their relations with each other. This is much more than the intrapsychic exploration of the well-meaning bystander.

From her intersubjective perspective Benjamin (2018) suggested we need both the political process of redress of harm caused, and processes of meaningful recognition of both the harmer and the harmed. She described the moral third, an engaged witness to social injustice, and noted,

On the one side, political efforts aiming for restoration of rights or reparations to those who have been harmed (slavery, colonisation, persecution, genocide) need to be supported by acknowledgement that tangibly and incontrovertibly affirms that this wrongness happened. However, opposing this process is the intense fear ... of admitting the truth of harming because the loss of goodness is intolerable to the rigidly organised psyche. The fear of losing goodness expresses itself in a sense of being unfairly attacked, rather than being asked to take responsibility. The consequent denial of harming ... The attachment to identity becomes organised by the imaginary battle of "only one can live". (p. 247)

Gerson's (2009) passionate exploration of humanity's response to the Holocaust offers possibility. In his potent evocation of the need for a witnessing third in the face of horrific cultural trauma he commented,

... whenever individuals and nations turn away from historical truths and its legacies of pain.... Our anguish is first for the re-injuries to those who have directly suffered, and then it is for the damage of our own experience that is caused by the denials.... [the] immeasurable harm to [our] own capacity to think about, feel, and to contain responsibly the murderous aggression and wanton indifference that haunt our humanity. (p. 1354)

His invitation to embody the stance of the witnessing third draws me forward. But I think we can and need to offer more than witnessing. We in New Zealand are asked to engage, to become intersubjectively and interculturally immersed, and available present to the centre of indigenous experience: to feel the grief of the indigenous, and my own grief, to surrender but not submit, to be present to the other whom my colour-coded unconscious so quickly dehumanises, to feel the grief of all our combined violent migrant histories, to allow and enable the "shared labour of relational mourning" (Gerson, 2009, p. 1351) and the creative, often forceful, exploration of difference. I am more than a witness, I am participating, and I am engaged.

Gerson (2009) offered us a deeply moving, very challenging, excruciatingly distressing

example of such witnessing. He described Helen Bamber, the founder of the medical foundation for victims of torture in London, who in 1945 entered the newly liberated concentration camp of Bergen-Belsen. Bamber reported, “people were in very difficult situations, sitting on the floor, they would hold onto you and dig their fingers into your flesh and they would rock and they would rock and we would rock together ... I remember saying to one person, who I didn’t think would live very long, that I would hold her story and her story would be told” (p. 1354).

This is the action of a deeply engaged other, not only a witness but a deeply engaged participant in the other’s horror. Whilst the trauma we all face as we stand on the edge of the marae meeting the other across cultural and political difference may not be as viscerally visible to us as the description above, nevertheless I suggest the trauma is just as real. In the call for our active participation is just as equally a call to our humanity to provide a lifeline for both doer and done to from which new relational and cross-cultural understandings might emerge.

A Collision of Cosmologies

In her book *Tears of Rangi: Experiments across worlds* Anne Salmond (2017) skilfully articulates both Indigenous and European constructions of early encounters between Māori and non-Māori in Aotearoa New Zealand. For example, in exploring the death of the Māori Chief Ruatara in 1815, she notes,

Convinced that Ruatara’s hau was being assailed by atua (powerful ancestors), perhaps those of the Europeans, the tohunga (priest) isolated the young chief from all but his closest relatives and tried to prevent the missionaries from visiting the tapu enclosure. The Europeans, on the other hand, understood Ruatara’s affliction to be a “violent cold ... attended with inflammatory symptoms”. Accordingly, they visited him, and tried to assist his recovery with gifts of food, drink and medicines. The scene was set for an ontological collision, with Ruatara’s life in the balance. Competing cosmology swirled around his sick bed. Ideas of ora and life, mate and death, tapu and the Christian God, atua and Satan, hau and the immortal soul battled it out over his wracked, tormented body. (p. 58)

As the above example illustrates, in these earliest of cross-cultural encounters in Aotearoa New Zealand, cosmologies collided, and I would suggest, have collided ever since. Further, European constructions of these encounters have come to dominate the majority of written historical texts exploring such events and their meanings, with the consequence that these “histories” have powerfully influenced the subsequent theory and practice of much that influences the practices of health and healing in the contemporary Aotearoa New Zealand context, including and specifically, psychotherapy. As Woodard (2014) noted, with the passing of the Tohunga Suppression Act 1907 came the driving “underground” of indigenous knowledge and perspectives regarding the interconnected nature of, and practice in relation to, psyche; the “Māori patient” was inevitably positioned as marginalised resisters of this Eurocentric dominance, a theme which runs throughout the life of

psychotherapy in Aotearoa New Zealand subsequently. Indeed Mika and Stewart (2016) suggested that the West has a “primal need ... to control how and when Māori will manifest as this or that, including as a wanting entity... [that the West] has... canonically guessed Māori in advance as either needing or wanting something in particular, or generally being needing and wanting” (p. 305). In this, the colonial gaze on the indigenous other is evident even before contact, constructed as the gaze of the Western Christian colonial power “gazing” on the heathen indigenous other in need of salvation. In my responses to the man in the prison, do I perpetuate this gaze, unable to bear the terror, and the grief, that might come with surrendering to all that I do not know?

In recent decades, within many contexts in Aotearoa New Zealand, and certainly within the psychotherapy context, indigenous Māori have challenged us to recognise indigenous wisdom. This challenge invites all who are engaged in the complex art of healing the psyche to engage in a deeply destabilising, and potentially rich opportunity. Whilst it is tempting to be frightened, and to resort to responses of submission, idealisation, rejection, and bystander denial, the opportunity of the indigenous challenge is to deeply and meaningfully engage with the indigenous wisdom, with Te Ao Māori perspectives on the nature of psyche and of healing. In this we are engaging in a unique and vital experience of psychotherapy, one which many overseas psychotherapy guests have commented on with profound appreciation. Such a stance invites me to do more than meet across the cultural difference; it invites me to surrender to that difference, to leave behind the cultural capital of my psychotherapeutic certainty, and to surrender to the terror of encountering the other from within their cultural world, about which I know so little.

Marae experiences, I suggest, offer the opportunity for such profound processes of recognition and surrender. The indigenous voice in Aotearoa New Zealand is strong and growing stronger. In my experience pōwhiri (ceremony of welcome) is not only a gesture of love and extraordinarily generous hospitality given the violent trauma of our histories; it is also a creative act of aggression, inviting me to consider my intentions. The hongi (pressing of noses) which follows the whaikōrero (speeches) enables the sharing of the breath of life, a gift from the gods to us all, the embrace of the ancestors which come with us and the grief of their presence and absence, the coming together of two groups and the possibility that something creative might emerge. Most of the time in Aotearoa New Zealand I am at the centre. Resourced but also shackled. Standing at the gate about to enter the marae, I glimpse life at the margins. Frightened, yes: but also freer, more creative. As I stand about to enter this place at the centre for the tangata whenua (people) of New Zealand, I am enriched by the possibility of two centres meeting, two taboos touching. Indeed, now when I stand to speak on the marae, I still feel nervous, my heart still beats quicker as I struggle to find my Te Reo Māori words, but shame is no longer so quick to descend, even when fiercely critiqued. For in standing, in showing up, I am offering a counterpoint to my place of dominance at the cultural centre. Beyond witnessing, I am embracing the invitation to surrender to the experience of the one who does not know, and the possibility of a relational and cross-cultural engagement in which I am the receptive learner. Essential to this process for me is an inner object which no longer succumbs to impotent guilt; that can forgive and be forgiven, see and be seen, that can allow aggressive states to exist within me as I encounter aggressive states in the cultural other. To allow our differences to be visible, sometimes

forcefully, with confidence in the possibility of transformation that true contact might allow, without turning on myself or the indigenous other.

Benjamin (2018) helpfully noted that when the kind of acknowledgement and recognition that sometimes occurs in marae encounters is made possible, the humanity of both the harmed and the harmer is restored, and recognition of our humanity and attachment to each other as part of the greater whole is enabled.

As I meet the cultural other in my room, there is so much I do not and cannot understand. There is so much new to potentially be revealed. If I can wait without demand, willing to speak the truth of my emotional experience as I meet the other, might this lead us to something more like transformation? It seems to me that if psychoanalysis is to embrace negative capability in relation to cross-cultural contact, this inherently means not imposing our meta-psychological theories on the other, not being captured by what Snell (2013) described as the “colonising gaze” (p. 33) of psychoanalysis, not holding to our notions of truth about the psyche, but rather being willing to embrace notions of truth about the psyche perhaps profoundly different to our own, whilst still holding on to our own minds. Exploring notions such as that of *wairua* (spirit, soul, essence) resonate with Jung’s transcendent function and notion of the transpersonal Self; *manaakitanga* (hospitality, compassion, generosity) so evocative of Winnicott’s (1965) primary maternal preoccupation; *kaitiakitanga* (guardianship), evocative of Bion’s (1962) container; and *ūkaipō*, the feeding at the breast in the middle of the night, suggestive of the clinical experience of infantile distress and disturbance we so often encounter as we attempt to offer Bion’s “contained” “good food”. This is the possibility of two taboos touching, of a deep emotional engagement, of, as Symington suggested, “a meeting of souls” (2007, p. 58).

Traditionally during *pōwhiri* challenges are uttered, in part to ensure that the *manuhiri* (visitors) come in peace. As I stand at the *waharoa*, the *karanga* (call) from the *kaikaranga* (caller) acknowledges the dead descendants which come with us, both *tangata whenua* and *manuhiri*, the *whai kōrero* speeches pay respect to all that holds us, the divine, the land, the dead and the living, the earth and sky, mountains and rivers, the natural world that enables our spiritual and physical presence on the land. The *hongi* which follows enables the sharing of the breath of life, the embrace of the ancestors which come with us and the grief of their presence and absence, the coming together of two groups as one and the possibility that something creative might emerge between us. For me marae encounters are an invitation to embody Gerson’s (2009) witnessing, and intersubjectively immersed, participating third: they evoke many memories of the marae encounter in which the possibility of our shared and separate griefs might be felt together, witnessed one with the other, with the hope that mourning might allow the emergence of something new between us. The task is demanding, but I have never engaged in any relationship that was even remotely satisfying, including the relationship I have with myself, without the depths of such a struggle.

Kia whakatōmuri te haere whakamua
My past is my present is my future
I walk backwards into the future
with my eyes fixed on my past

References

- Akhtar, S. (1999). *Immigration and identity: Turmoil, treatment and transformation*. Northvale, NJ: Aronson.
- Barlow, C., & Wineti, E. (1991). *Tikanga whakaaro: Key concepts in Māori culture*. Auckland, New Zealand: Oxford University Press.
- Benjamin, J. (2018). *Beyond doer and done to: Recognition theory, intersubjectivity and the third*. London, England: Routledge.
- Best, E. (1925). *Games and pastimes of the Maori*. Wellington, New Zealand: The Board of Maori Ethnological Research for the Dominion Museum.
- Bion, W. R. (1962). *Learning from experience*. London, England: Karnac.
- Carr, E. (Ed). (1999). Is shame the central affect of disorders of the self? *Psychoanalytic Inquiry*, 19(3).
- Dalal, F. (2002). *Race, colour and the processes of racialization*. New York, NY: Routledge.
- Dalal, F. (2013). The struggle to live and let live: The psychology, ethics and politics of tolerance, or, why discrimination is preferable to tolerance. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 17(2), 159-172.
- Dowd, A. (2009) Backgrounds of beauty: Explorations in the subtle geography of identity and the interrelationships between psyche and place. *Australian Journal of Psychotherapy*, 28(1&2), 96-113.
- Fanon, F. (1982). *Black skin, white masks*. New York, NY: Grove Press.
- Gerson, S. (2009). When the third is dead: Memory, mourning and witnessing in the aftermath of the Holocaust. *International Journal of Psychoanalysis*, 90(6), 1341-1357.
- Kinealy, C. (2006). *This great calamity: The Irish famine 1845-53*. Dublin, Ireland: Gill and Macmillan.
- Metge, J. (1986). *In and out of touch: Whakamaa in cross cultural context*. Wellington, New Zealand: Victoria University Press.
- Mika, C., & Stewart, G. (2016). Māori in the kingdom of the gaze: Subjects or critics. *Educational Philosophy and Theory*, 48(3), 300-312.
- O'Connor, G. (1995). *Recognising and healing malignant shame*. Retrieved from <http://v1.zonezero.com/magazine/essays/distant/zreco2.html>
- O'Loughlin, M. (2012). Trauma trails from Ireland's great hunger: A psychoanalytic inquiry. In B. Willock, R. Curtis, & L. Bohm (Eds.), *Loneliness and longing: Psychoanalytic reflections*. New York, NY: Routledge.
- Orange, C. (1987). *The Treaty of Waitangi*. Wellington, New Zealand: Allen & Unwin New Zealand.
- Rey, H. (1994). *Universals of psychoanalysis in the treatment of psychotic and borderline states: Factors of space-time and language*. London, England: Free Association Books.
- Salmond, A. (2017). *Tears of Rangi: Experiments across worlds*. Auckland, New Zealand: Auckland University Press.
- Snell, R. (2013). *Uncertainties, mysteries, doubts: Romanticism and the analytic attitude*. London, England: Routledge.
- Symington, N. (2007). *Becoming a person through psychoanalysis*. London, England: Karnac.
- Woodard, W. (2008). *Entering the void*. Unpublished Master's dissertation, Auckland University of Technology, Auckland, New Zealand.
- Woodard, W. (2014). Politics, psychotherapy, and the 1907 Tohunga Suppression Act. *Psychotherapy and Politics International*, 12(1), 39-48.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. London, England: The Hogarth Press and the Institute of Psycho-Analysis.



John O'Connor has worked as a counsellor and psychotherapist for over 30 years, and has a wide range of clinical experience, particularly in working with clients with severe trauma histories, in providing group psychotherapy, and in working cross-culturally. He is a former Director of Youthline Counselling Service (Auckland) and the Human Development and Training Institute. He also formerly worked at Segar House (which is part of ADHB Mental Health Services) and was a founding member of the therapeutic team at Segar which developed a residential treatment service (currently operating as a day programme) for clients with personality disorder diagnoses. He worked as a lecturer at the Auckland University of Technology within the Psychotherapy Discipline from 1999 until 2019 and was formerly Programme Leader of the Master of Psychotherapy (adult programme) at AUT. He is co-editor of *Ata: Journal of Psychotherapy Aotearoa New Zealand*. John conducts a private practice in Mangere Bridge. John is currently a candidate in training as a Jungian Analyst with the Australia New Zealand Society of Jungian Analysts and is undertaking his PhD exploring the discourses underpinning bicultural clinical encounters in Aotearoa New Zealand. Contact details: johnnygj@xtra.co.nz. Phone 021-899-261.

Staying Upright: Anna Fleming’s Commentary on “Standing at the Waharoa” by John O’Connor

Anna Hinehou Fleming (Ngāpuhi, Ngāi Tūhoe)

PSYCHOTHERAPIST, AUCKLAND

Abstract

In this commentary Anna Fleming reflects upon John O’Connor’s article “Standing at the Waharoa”, and in particular the challenges of “staying upright” as we meet each other across our cultural differences.

Whakarāpopotonga

I tēnei kōrero ka huri a Anna Fleming ki te tuinga “Te Tunga i te Waharoa” a Hoani O’Connor, pūtika ki te wero o te “nohotūtika” katūtakitahi ana tātau i te whakawhitiwhititanga o ō tātau ahurei rerekētanga.

Keywords: waharoa; gateway; standing; histories; grappling; psychotherapy; Māori

Standing at the waharoa. The waharoa is a place of entrance. It is a gateway to the marae ātea, the domain of Tūmatauenga. A gateway to the wharenuī, the domain of Rongo. It is a place to gather with the people who we are with, and who we bring. A point to contemplate what may happen next.

In this written piece, John speaks of feeling frightened standing at this margin, and acknowledges all that this brings up for him. The pōwhiri process and subsequent meeting in the wharenuī also acknowledges a breadth and depth of different connections and histories. During pōwhiri, we think of our ancestors. We think of those people who have passed on, and we also think of ourselves, those who are present on the day. On marae, we share our intentions of meeting, and sometimes historical stories which bring us to that place and time. Tears are often shed. Rage or anger may be displayed. Historical questions or hurts may be acknowledged. And this is encouraged. First and foremost, the wharenuī is our ancestor and a kaitiaki. It is also a container; the place where we can gather, where we can express all of the above, and where we can do this with each other.

Fleming, A. H. (2020). Staying upright: Anna Fleming’s commentary on “Standing at the waharoa” by John O’Connor. *Ata: Journal of Psychotherapy Aotearoa New Zealand*, 24(1), 79-80. <https://doi.org/10.9791/ajpanz.2020.07>

Either at the waharoa or inside the wharenuī, acknowledging loss and shame is extremely difficult. I acknowledge John's grappling throughout this piece with his own losses and histories and how this impacts his perspectives of living in New Zealand. As an indigenous woman with Māori and English ancestry, I feel that I can relate to that grappling. I have stood both inside and outside of wharenuī and have felt less than enough in both spaces. Sometimes it has felt safer and easier to turn away, and not have to engage in the struggle. But for me, the turning away doesn't help me either, and I feel mostly stuck. The grappling, while at times often painful and difficult, at least feels like movement. What I have realised for myself recently is that stuck-ness and paralysis feels far more frightening.

In a New Zealand context, I wonder if we are beginning to grapple. Last year in particular gave us several different scenarios to grapple with. The shocking and tragic loss of Muslim lives in Christchurch in March. The high numbers of Māori babies uplifted from their whānau. The land protectors/protestors occupying the whenua at Ihumātao. These are examples from this year, and doesn't even begin to think about what we are grappling with historically. But what I do see and hear, is *kōrero*. On radio, on social media, on news websites. People are engaging. Sometimes the *kōrero* is barbed, oftentimes it's misattuned. Sometimes it's supportive. People still do turn away. But not always.

Standing at the waharoa. The name of this article is significant, particularly the word "standing". I feel as though this is something which John is encouraging us to do throughout his writing — that we stand in our own selves, our own histories, our own responses and feelings particularly as we approach Te Ao Māori, as we approach our own bicultural histories as a country. That we acknowledge as best we can, all these different facets of ourselves which come to the fore, as difficult as they may be, and stand up amongst them. That our role is to try to stay upright as best we can, rather than collapse beneath them.



Anna Hinehou Fleming (Ngāpuhi, Ngāi Tūhoe) is a registered psychotherapist, serves on Te Rūnanga o Waka Oranga, National Collective of Māori Psychotherapy Practitioners and is a provisional member of the New Zealand Association of Psychotherapists. Anna has worked in various social and health services with individuals and whānau for over 14 years. In 2017, she graduated with a Masters of Psychotherapy with first class honours. Her therapeutic approach combines her working and personal experiences with a focus on attachment and developmental theory particularly from a Māori perspective. This focus on indigenous health informs Anna's current role as Counsellor for Māori at Auckland University of Technology, and her growing community practice in Tāmaki Makaurau. Contact details: fleming.anna@gmail.com.

Ata: Journal of Psychotherapy Aotearoa New Zealand

Instructions to Authors

Initial Submission of Manuscripts

Please submit your initial manuscript by e-mail attachment to the Editors: John O'Connor (email to johnnygj@xtra.co.nz), or Wiremu Woodard (wwoodard@aut.ac.nz). Submitted manuscripts should not have been previously published, and should not be submitted for publication elsewhere while they are under consideration and peer review process by *Ata*.

Manuscripts and Manuscript Style

The language of the journal is English. Abstracts are published in English and te reo Māori. Manuscripts may be submitted in te reo Māori. Manuscripts should be printed on one side of A4 paper with numbered pages, double-line spaced in Times New Roman 12pt font. Any illustrations or pictures should be submitted in separate files with a resolution of not less than 300dpi. Line artwork must be high quality laser output (not photocopies). Manuscripts should be anonymised i.e. not have any information that identifies the author. In the accompanying e-mail, authors should provide:

- Their name/s and affiliations, full postal address, e-mail address, and telephone number/s.
- Where applicable, the name(s) of any sponsor(s) of the research contained in the paper, along with grant number(s).
- An abstract of no more than 250 words.
- 6 to 8 key words or phrases for indexing purposes.
- A biography of no more than 250 words.
- Where applicable, permissions. It is the author's responsibility to obtain written permission to reproduce material (in all media, including electronic) which has appeared in another publication.
- Where applicable, signed client consent form.

Reference Style

The reference style of the journal follows the *Publication Manual of the American Psychological Association* (APA), 7th edition. For useful information about this style see the APA Manual itself, the APA's own website <http://www.apastyle.org>, and also the Auckland University of Technology Library guide: <http://aut.ac.nz.libguides.com/APA7th>.

Review Process

All submissions will be acknowledged. All articles will be sent to two reviewers for peer review without any identifying details. The editor/s will pass on the reviewers' evaluation and feedback, and ask the author to respond to it promptly.

Copyright

The publisher is the New Zealand Association of Psychotherapists Inc. To enable the publisher to disseminate the author's work to the fullest extent, the author must sign a Copyright Transfer Agreement, transferring copyright of the article from the author to the publisher, and submit the original signed agreement with the article presented for publication. A copy of the agreement can be obtained from the journal editors or publisher. Authors will be given a final pdf offprint of their article for their personal use.

Further Information

Once the manuscript is accepted and prepared for publication, the proofs will be sent to the author for checking. This stage is to be used only to correct errors that may have been introduced during the production process. Authors are asked to return the corrected proofs promptly.

All manuscripts will be given a Digital Object Identifier (DOI), which is an identification system for intellectual property in the digital environment. Developed by the International DOI Foundation on behalf of the publishing industry, its goals are to provide a framework for managing intellectual content, link customers with publishers, facilitate electronic commerce, and enable automated copyright management.

Information for Subscribers

Ata: Journal of Psychotherapy Aotearoa New Zealand is published twice a year by the New Zealand Association of Psychotherapists (NZAP), Inc.

Ata is included in the membership fee for members of NZAP.

Ata is published in print, and online on the Tuwhera website which is accessible via the following link: <https://ojs.aut.ac.nz/ata/index.php/ata>. For further details about subscription see www.nzap.org.nz.

Information for Advertisers

Ata accepts adverts: full page \$75; half page \$50. Adverts should be supplied as a print resolution (300 dpi) tif or PDF file.

