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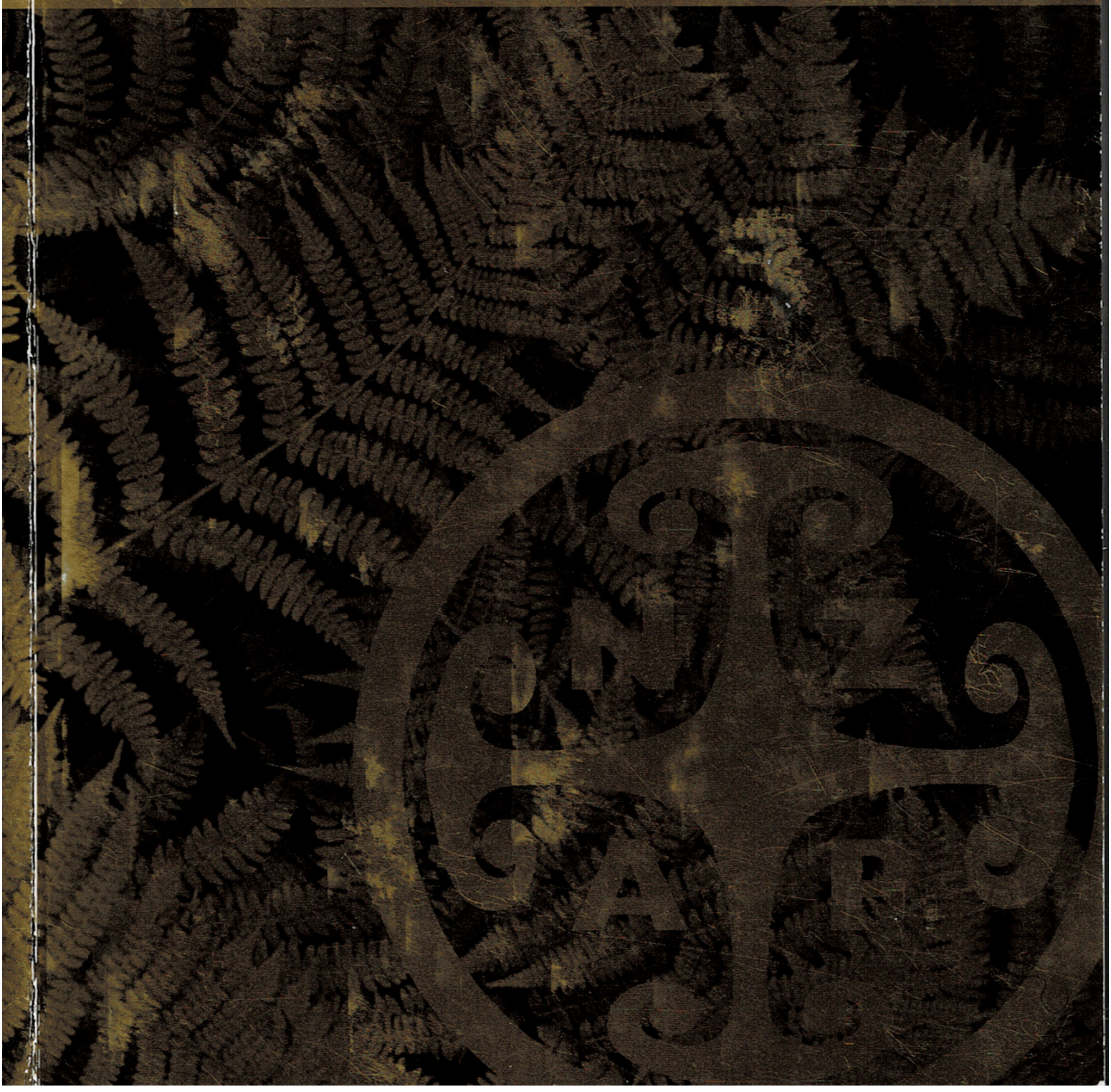

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Editorial

From its origins in medicine, neurology and psychiatry, psychotherapy has expanded to include a large number of psychotherapeutic schools and disciplines. In New Zealand our Association has taken on the task of attempting to embrace all we can, and hold our diverse company together without coming apart at the seams.

A consistent thread, a legacy that reflects our medical origins, is our tendency to see our clients in medical terms by conferring pathology on them in order to explain their problems, issues and concerns. The issues and concerns of our clients are seen to be the expression of pathology, something was done that ought not to have been done. The client is seen as injured, damaged, traumatized or wounded. Or their issues and concerns are the expression of some deficit. Basic trust, attachment, bonding, or attunement failed to occur leaving that person deficient, incomplete or partial as a human being. In the words of the old general confession of the Anglican Church, "We have done those things which we ought not to have done and we have left undone those things which we ought to have done and there is no *health* in us miserable offenders." Whatever the veracity of a trauma/deficit model, there are two unfortunate consequences that arise as a result of embracing a pathological explanatory path for the concerns our clients present.

Firstly, such explanations are an open invitation to consider the lived life of the clients and the clients themselves as being flawed, traumatized, damaged, incomplete or lacking in some fashion. The earlier in life the trauma, wound or deficit is construed to occur, the greater the span of the flaw in the life of the client. The greater the trauma and the greater the deficit that is said to be present, the greater is the promise and seduction that 'treatment' offers.

Secondly, and more seriously, is the implied notion that there is a complete state of psychological health or wholeness of which such pathological states are an incomplete diseased or disordered expression. Being damaged, injured or deficient stands in relation to being undamaged, whole and complete, as the front and the back of the hand. You can't have one without the other. Who of us as therapist is prepared to stand for, or represent such a complete state of wholeness? We all tend to construe ourselves as wounded healers in some fashion.

If such a state of psychological health cannot be found and carries so little practical meaning, what does this say about the notion of wounding, trauma and deficit? When the front of the hand ceases to be relevant so does the back. Pathology and treatment in relation to human conduct carries no meaning and in my view, like notions of original sin and salvation, should be abandoned by psychotherapy. I have heard it said, "One shouldn't pathologise people, especially severely traumatized clients!" Well you can't have it both ways.

What is left?

What is left is what we do. 'Therapy' can still exist without pathologising viewpoints. Here, long term work with clients will cease to be a treatment for a wound or deficit and rather become a manner of living where a whole person regularly discusses his or her concerns in a particular conversation with another to elucidate and expand that person's wellbeing and to relieve suffering.

Here 'therapy' is not a medical issue carrying consequent ideas of treatment or cure but an ethical issue, concerned with the way we live and conduct our lives with others in the community in the extraordinary and changing world in which we live.

Dr Tony Coates

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On Being a Psychotherapist: From Authority to Subjectivity

Susie Orbach

Keynote address at the NZAP Conference, Tauranga, February 2000

It wasn't the first time I willed myself to sit still, keep my mouth zipped and remember that I was the therapist whose job it was to understand and hear behind the viciousness emanating from my patient. Every fifth one or so of Helena's sessions had that effect on me. We'd hit extreme turbulence and as if from someplace else, I'd hear a voice telling me to buckle up, hold steady, breathe normally and think hard. Momentarily, I became the passenger who needed to be calmed, rather than the analyst at least half in charge of the session.

Not that the turbulence was directed at me. On the face of it, Helena was simply giving an account of how life was for her. But as she told of the apparently trivial row she had had with her husband Tony earlier that day over domestic arrangements, she'd unleashed an attack on his failings so vicious, so venomous and so mean that I was stunned. I had to pause inside of myself to absorb it and not reject it and her.

Her cruel words and facial features flushed with hate repulsed me. Momentarily, I identified with the husband who seemed to be arousing this hatred. I felt an empathy for him. How could he live with this unreasonable harridan? How could he bear, no, why could he bear to be with such a rejecting woman?

My diversion into thinking about his psychology sent me back to Helena's hatred. What transgression, what deceit, what hurt had he perpetrated on her? What had he done, what had pulled her into this avalanche of hateful feelings?

Her hatred was ugly to be sure. It emanated from a personal history of disappointment, of being callously dropped in childhood and adolescence, which then made her susceptible to be with a man who was emotionally and physically volatile. The defence structure that had developed which held her together through the pain of a bruising and often brutal marriage was one which I could well understand. Hate can feel strengthening when one feels

powerless. For Helena it made a border between her and the awful behaviours of her husband, even though, in its apparent rejection of him, it simultaneously bound her to him, revealing and reinforcing an attachment which was damaging and self destructive.

Hatred such as this presents a substantial challenge in the consulting room. The sine qua non of the psychotherapist's work is to be able to register, absorb and think about whatever comes at us emotionally. While part of us feels repulsed and inclined to reject the hatred that a Helena pumps into the room, our training tells us precisely not do that, to refrain from acting out against the patient whose defence structure offends, alarms or repels us. The question is how do we do that? How do we, as individuals, working with people often in a great deal of difficulty, whose defence structures are often unappealing, manage this? What is required of us? How can we protect ourselves against what can feel like the most awful taint? How could I emotionally position myself so that I felt neither polluted by Helena's hatred nor complicit with her emotional world view?

As we enter our second century, our profession has begun to be surer of itself. As a result we are more open to what we don't know, what we have yet to learn, what we have to offer. We have begun to be less frightened of our patients. We have come to see those who consult us as partners in the therapeutic enterprise. We have moved away from the therapist being the one who knows and who treats, towards a view of the therapeutic relationship as one which is seen as an asymmetrical but nevertheless mutual endeavour. This has created change in the therapy relationship, for we now regard the subjectivity, the person of the therapist rather than the authority of the therapist, as central to the therapeutic enterprise.

This shift from authority to subjectivity has wide-reaching consequences for the conduct of therapy, for our understanding of what makes for psychic structural change in the patient, and for the demands on the therapist. In reassessing the presumed power of the analyst's mutative interpretations, in the move away from the idea of the therapist as a blank screen, we as therapists must rely on and scrutinise our own responses to our patients' utterances, feelings and physicality. We must examine the interpersonal ambience that is created between us and our patients not simply for its transferential meanings, nor for how it affects our understanding of countertransference and our contribution to transference-countertransference dynamics, but in terms of how we cope with what we experience in the consulting room, now unshielded,

no longer able to subsume everything as being part of the transference-countertransference. The job of a contemporary therapist, the experience of being a therapist, is an extremely emotionally demanding one. Previous generations of therapists could rely on interpretation as a way of distancing themselves from the often repugnant, awkward, seductive, irritating, boring or terrifying patient. When I am momentarily repulsed by a Helena, when I find her words and her stance arousing powerful reactions inside of myself, it is my job to understand my response, rather than simply interpret it as something about Helena or what she is doing to me or how she has cast me in the transference.

At one level of course it feels as if she is doing it to me. It feels as if she is dumping her hatred out into the room and turning me off, or away from her as the transference object. But the task for me as the therapist is to absorb that hatred, not to interpret it back, which feels like some kind of unconscious retaliatory stance, not to reject it or her, but to work towards a way of assimilating it inside of myself. I need to find a way to let enter, to find a home for those feelings in me as they are, rather than my transforming them in the first instance into something that is easier, more comprehensible, less repulsive for me.

The therapist can do these things, we are beginning to understand, not solely through analysing her countertransference at a cognitive level but by allowing inside of herself a surrender to the feelings that are coming at her, that her patient arouses in her. With Helena, in order to be of any use, I had to find a way to register and then tolerate my own feelings of rejection and revulsion towards her. I hated what she was saying or the ways in which she was saying what she was saying. Sure a partner can be awful, irritating, can let you down in ways you expect as well as ways you hadn't anticipated. But the level of murderous hate Helena expressed entered me viscerally. I felt besmirched, corroded, as though an acid had been spilt on my insides. Much as I wanted to bat these horrid feelings away from myself I knew that it would only be in the process of embodying what was coming at me that I could be of any use to her. I knew that if I could embrace rather than be frightened by what was being aroused in me I might reach a psychological approximation of what she was feeling. I might be able to get both a sense of the compelling nature of her hatred as well as the impulse she has to expel it and then — for this is where the therapy comes in — to do what Helena is unable to do, which is to be able to go behind the hate to see what more problematic feelings may reside there for her.

While Helena's hate posed one set of problems in the therapy, it was actually another of her behaviours that caused much greater challenges at both a technical and an emotional level. For side by side with her hate went an intimidation of me. Periodically in her sessions, Helena would threaten to sue me when it looked as though I didn't take seriously enough her view that her husband was a psychopath. For her, that diagnosis was the only thing at issue. But I wasn't in a position to share such a diagnosis for I did not have direct knowledge of him and her reports of his behaviour did not incline me towards her assessment, so much so that I kept thinking I was missing the subtlety with which he persecuted her. But even if I did share her diagnosis it would not exempt me from trying to help her to develop the capacity to find other ways of breaking her attachment to him outside her habitual haranguing and hating.

To try and redescribe a situation she had drawn for me as I saw it would invite a barrage of rejection couched in legal language which left me in no doubt as to both the folly and the danger of my trying to act in a way consonant with my views. I felt stopped and while it was possible for me to explain this to myself as a possible communication from her about the ways in which she felt paralysed and powerless, and I could even tender my sense of her dilemma back to her, this nevertheless did not relieve my feelings of both being intimidated and worried by her. Even if I could see the difficulty which she was having in experiencing me as a separate mind just as her husband most irritatingly was to her, it didn't really relieve things either. I think it is all too easy in our work to believe that if we only analyse our feelings sufficiently, if we understand the ways in which certain feelings have a particular salience for us, if we see our feelings as a refraction of our patient's feelings, then they will be less of a trouble to us, as though in the doing of that we can bleach out our fear and our worry. And this is undoubtedly true and helpful, the capacity to conceptualise, to think, to make personal historical sense of issues to which we are especially vulnerable. The truth of the matter, however, is that there are feelings that we have to contend with in the course of our work as psychotherapists which if we cannot allow ourselves to recognise are almost impossible to bear from time to time. Then we will slowly and perhaps without realising it, be seduced into theoretical stances, ways of thinking, ways of theorising about what occurs between therapist and therapee which render the patient once again as an object that we treat rather than seeing ourselves as part of a dynamic therapeutic enterprise. We will then run the risk of being jaded, of being cynical, of having heard it all before because we have not risked feeling what

has been aroused in us in the particular idiosyncratic way it has, with the notes and register that are personal to the individual and the therapist. Without an authentic surrender to the emotional demand of the session, of the patient, we become technicians rather than providers of a potential relationship in which conflictual and shameful pain can be accepted and transformation can occur.

In saying this, I am not in any sense suggesting that the emotional territory we are required to bear is something that makes technical sense to share with the people we are working with. The feelings I am naming are feelings which are difficult in part precisely because we have to abide them on our own in the silence and aloneness of our bodies, hearts and minds while trying to concentrate on the manifest and unconscious utterances of our patients. What I am suggesting is that the thrust of our training and supervision needs to pay special attention in this area, for just as we believe it is not possible for our patients to think without our getting to the feelings that they are so frightened of, nor is it possible for us to think without our doing so either.

We could say that bearing intense feelings of helplessness or hatred or paranoia, reminds us of the extreme difficulty our patients are in. It insists that we experience some modified version of the way in which they are troubled and it therefore has clinical usefulness. This is undoubtedly the case. As we grapple to cope with feeling x or y, we feel its force and the ways in which it can become a source of self condemnation, a block on action, a brake on thinking. And as we live within that feeling, however temporary or short lived it is, we usually discover that the feeling is problematic not because it is an inherently more difficult feeling to countenance than any other, but for reasons of our patient's or our own personal history, the feelings in question are somewhat muddy. We can get a hold of them, but they don't fit quite properly. As with Helena, the hate produced no relief for her, no emotional settling, no psychic 'aha' for there was something off about it. It wasn't quite the right feeling.

When feelings get accurately named they can sit within us even if they are extremely painful and disagreeable. Feelings which are muddy by contrast are especially hard to bear, because they contain within them defences. They are in fact the expression of a defence structure — an emotional construction that the individual has found to use because they have little experience with holding, naming, knowing the feelings that are behind them. In other words these are feelings being used as a shield and a weapon, that offer neither the individual expressing them nor the therapist receiving them any relief or clarity. They can't be digested, they have to be repeatedly expressed because

part of their function is to bind up the individual who, without them, would be beset by other kinds of feelings — of vulnerability, of weakness, of terror, of dependency, of desire, of disintegrative rage, feelings which may have been insufficiently acknowledged and recognised in childhood and thus never been able to be assimilated because they do not form part of the individual's emotional repertoire.

Helena can feel hate but she has a very hard time stretching the psychological space enough to feel her vulnerability and her fear. She can threaten, menace and intimidate me because the idea of acting seriously on her desire to be out of her marriage is beyond her emotional capacity. Her desire has failed her. Either it has become eroded or it was undeveloped initially or, as we find with many women, it is so embedded in conflict that even when she has a sense of a want, she simultaneously has a stronger sense of punishment. She can't feel the desire but only experience the prohibition against it. Her hate then is part of her defence structure helping her to off-load her conflict by seeing the other as the one who stops her.

We can make many mistakes in therapy by taking the surface of our patients' feelings for the depth. We can take a strong forceful feeling such as anger or hate as the feeling that needs to be addressed when what is really required of us is to be sufficiently unfrightened of the anger and hatred to be able to allow it to enter us. If we find when it saturates us that it feels hard to assimilate or to take on, that it is in some way not quite right, that muddiness can be one kind of guide to its inauthenticity or defensive functions, a way of letting us know we might not have got it quite right. Often anger that doesn't sit quite right is a shield against disappointment, anxiety about failing is a defence against the multiple fears of success, pathological jealousy is a defence against taking in available love.

This is not to say that all misplaced or ugly feelings we encounter in the course of our work are defensive. Far from it. One of the challenges of being a therapist is to find a way to tolerate the appalling accounts of torture, cruelty and neglect that visit our consulting rooms. We have to develop the capacity to be robust in relation to such accounts, to hear the stories and the responses without wanting to reject what we know about people's cruelty to one another. To call such acts inhumane, which they are, is to cordon them off, to say that they are outside of what we consider reasonable human behaviour, and while that is evidently true it avoids what we have to be able to take on board as therapists, which is the perversity that exists in our relations to one another both

interpersonally and between groups, classes, genders and ethnic groups. Therapy is not about sanitising feelings but being sufficiently released from living in the past to have a fresh response to experience rather than a preformulated response. As we allow ourselves such feelings how do we manage inside of ourselves an account of a three-year-old child being tied to a radiator with a dog bowl of water at her feet, left alone for hours, with no stimulation and intermittent food and company? How do we take on stories of sexual torture? How do we take on what it is like to be on the receiving end of this confusing and hateful experience? How do we take on the psychic sequelae of the individual who, introduced to this form of relationship, then confuses brutality with love and feels adrift in a relationship that is designed to meet their intimate needs if it doesn't involve coercion? How do we manage this?

How can we take on the experience of a perpetrator of violence? We can't reject them. It is our clinical responsibility to understand what makes their offending behaviour compulsive. We have no short cuts like the rest of the population who can construct an 'us and them' to protect themselves from the terror that is invoked in them.

We can't invoke a vigilante either in our heads or in our communities to keep out what offends or scares us, because we work with these people and see the humanity that lives side by side with their acts of cruelty. More than that, we come to understand, through working with them, the roots of the distress which in effect they are in the process of trying to expel as they enlist others into their hurtful acts. We understand, all too often, how their viciousness is an enactment, an attempt to be active in relation to an abuse that was consistently perpetrated on them and so we see them in a context which makes it impossible for us to only censure them or see them as banishable from the human family. We hear on a daily basis about the gross and subtle acts of discrimination, of racism or sexism, that individuals we are seeing are either victims of or partake in. Such witnessing also exacts a cost and a challenge.

And what of the other side? I remember when I was starting out, I saw a young poor Jewish woman, Ellie, whose mother had tried to suffocate her at birth and told her so frequently. Her life had been very difficult, birth being a prelude for the shape of relationship from then on. Ellie had a damaging psychiatric history from early adolescence and when I saw her in her early 20s she very much supported those people taking on the psychiatric establishment through organisations such as Mental Patients' Liberation. Ellie, sadly, was unable to

participate in their activities because she found joining in with others very hard. Her isolation was part of her response to what had happened to her. About a year into seeing me, Ellie expressed racist sentiments towards the people living in the flats where she was housed. Her words and delivery were foul. In them was an invitation to spar with her. Sensing my surprise she became indignant that I should expect her to be less racist than the next person just because she herself had suffered. She resented any assumption that her victim status as a very poor Jew who had faced discrimination as a child, and been on the receiving end of poor psychiatry as an adult, disqualified her from her 'right' to be racist.

I remembered this incident for 25 years because it was the first of many kinds of tests that the therapist encounters in the course of their work. These are tests which challenge our belief systems and moral values and help us to understand how frequently the moral positions we hold are a way of managing the complexity of issues thrown up in life which the therapeutic discourse dismantles and deconstructs. I did have unworked out moral issues which Ellie challenged. I don't like racism and I was surprised by hers. I had made assumptions whereas something more was required of me.

Our work demands a kind of neutrality which means not a non-feeling about the things we find difficult or things we find pleasurable in our patients, but rather having the capacity to be curious towards those things we find challenging. We may have a transient judgement but our training and professional stance bids us to take a look at our judgement privately inside of ourselves — precisely what I failed to do with Ellie — and then to wonder about the patient's words or actions and what it means to them rather than to reject it.

As therapists, we often work with people whose symptoms or whose ideas about how to live are at first glance repugnant and morally startling to us. The vampirising Casanova who scoops out and marauds woman after woman in his quest to quell his dependency need; the banker who keeps his sense of self going by asset stripping companies and laying waste to productive enough enterprises which provided a context for many people's lives; the faithless woman who stays with the rich husband she despises in a reckless abandon of either of their needs. Of course there is humanity in these people's stories. It is not hard to understand the responses they have found for themselves. Indeed, it is our clinical responsibility to do so, for if we can't do that we are of little use in helping them. We understand how the fornicator has felt ripped off himself

and so on, but, confronted with a fornicator, a thief and a cheat, we are forced to interrogate our own ethics and the bases from which they spring. We enter the profession with certainties but if we stay open and alert to what comes at us in the clinical situation, these so-called certainties inevitably come up for reconsideration. This is both one of the more pleasing by-products of our work as we learn as individuals to tolerate greater levels of complexity and ambiguity in our views, as well as one of the curses. From where we sit things no longer look so cut and dried. In a way it is easier to deal with the feelings of the clear-cut victim. Feelings of pain, of anger, of horror, of disgust, of rage, of helplessness are the expectable, dare I say sane, counterpoint to acts of emotional barbarity. We have no moral dilemma with such feelings. We face no tests about our own moral stance. But there are other issues. As we endeavour to help our patients reverse their experience of victimisation in their own lives, we are left seeing the detritus that our social arrangements create. We have our own sensitivities. And precisely because we are trained to see and feel, not to cut off, not to repress, we may be swelled up with feelings that can have no expression in a clinical context. We are over exposed to the emotional damage that our society creates. How might we handle such feelings?

Our discipline has spent a century learning about the private costs of our social arrangements. Psychotherapy and psychoanalysis in all its manifestations is an attempt to understand the subjective experience of being human. In the work, we have come to understand a good deal about what happens when things go dreadfully wrong, about the difficulties of change, and the positive consequence of things going well enough. Our observations and research place us in a position to have a great deal to say to the outside world about the damaging consequences of our social arrangements. One way in which the pain we are required to hold and process on a daily basis could be managed is if we could come together more successfully as a profession to say what we know where it matters about the roots of that pain. While there has always been a part of psychoanalysis that has seen its insights as necessarily challenging to the status quo, we are not always confident or capable about returning the implications of those insights back to society, where they could be thought about and acted upon in ways that might make it possible for future generations to grow up in ways that decrease rather than increase the pool of psychological pain.

Our psychic pain is stimulated by the amount of distress we witness and engage in and we are often made to feel helpless by it. But just as we need to be able to identify for our patients the feelings that are allied to, protected by, or

beneath their defences, so we need to do that for ourselves. We need to ask ourselves whether there are feelings that we are defending against, actions we are defending against, behaviours we are defending against. If we ask ourselves those kinds of questions, I think we'll find that some of the answers to the difficulties we bear in caring for our patients may lie in our reticence to take the implications of our work outside of its normal boundaries into the public sphere, where what we've come to understand can begin to contribute to a different kind of public conversation about what makes change possible in society. At present, we are for ever involved in a mop-up operation for the social relations that capitalism creates. We know from our daily work the enormous pain it exacts. We know that it shapes our relation to self and to one another in particular ways. We know the psychology of market-based societies creates a problematic notion of the individual, which in elevating the idea of individual accomplishment and individual freedom in order to fit the ideology of the market, paradoxically makes it difficult for the individual to thrive.

I'm not so naive as to believe that therapists' views would overturn capitalism. Indeed psychotherapy as a discipline is one that arises in the late 19th century at the apex of the development of the idea of the individual bourgeois man and woman. We wouldn't understand what we understand about the psyche outside of capitalism's social relations. So I'm not suggesting that therapy sees itself as an anti-capitalism crusade. But I do think that in the fight that is going on to do with what global capitalism is going to look like, and what values we want to emphasise and the means by which to do so, we as therapists have a not inconsiderable contribution to make.

We have things to say in various arenas. There are those that are obviously our sort of agendas such as parenting, health, schooling, social exclusion, delinquency, drug dependency, marital relations, sexuality, and there are those that are less obvious. Some of the less immediately obvious ones have to do with how our discipline's understanding can help transform internalised psychologies of despair and oppression which arise out of damaging social economic conditions, into positive social capital. Others have to do with reconceiving the idea of citizenship and reflecting on what we know about what makes it possible for people to participate in the decisions that shape their own lives and what makes it hard for them to do so. We have knowledge about how to enable people to work well together, how and what constitutes good kinds of leadership, mechanisms for decision-making when conflict is rife, and so on. We have the conceptual tools to contribute imaginative ideas to debates in the

public realm about the dire social and economic problems that beset us. This is not to suggest that our ideas should supplant other forms of analyses, economic, sociological or anthropological. But it is to insist that we have a role to play with those other disciplines which can reframe and revitalise some of the rather stale public discourse about what is wrong and what approaches might yield some use in trying to right them. Here, then, is a place where the feelings which are provoked in the clinical situation, but which have no place for expressing within it, can find a thoughtful and useful arena. We see the damage society creates and we can then act responsibly by offering our understanding back to society.

To do so usefully, however, we need to find a way that our contribution can be heard. We need to be wary of psychologising social problems, because that is not what is required. What is required is understanding and conveying the bit of the problem, or the solution to the problem that we have understood, so that we can join with the other disciplines that make social policy their area. Psychological understandings can enhance the conceptual tools that are presently used in both the formulation and solution to social problems. I think we have a responsibility to do this, to do the hard work of working out what it is we do have to offer and how we might do that. In doing so we will have a sane vehicle for the creative use of the distress we encounter as a result of our work. We will also be working towards solutions which are preventative rather than inevitable.

The Use of Symbol and Metaphor in South Pacific Counselling

Cabrini Makasiale

Abstract

Western counselling theories and therapies have been the norm for viewing human nature. In the 1990s, there has been a movement to include the validity of cultural perspectives that are other than Western. There is also a challenge, I believe, to uphold both the Western and non-Western models of human development as of equal significance.

The intrapsychic organisations that influence how we process and experience the world are culture specific. There is an inner attitude and dynamic which I believe to be essential in any cross-cultural interaction. This is 'interpathy', (Augsburger: 1986). The use of symbol and metaphor in counselling Pacific Island clients is made effective by the context and attitude of interpathy that the therapist can maintain.

Introduction

I am a Pacific Islander, a Tongan who has received much from being brought up amongst Fijians, Indians, part-Europeans, Europeans and Chinese, and later nourished at the tables of formal Western educational schools. I have never felt anyone articulate my internal cross-cultural experiences as well as Augsburger has done. He considers the experience of 'interpathy', calling it the ability to:

> enter a second culture cognitively and effectively, to perceive and conceptualise the internal workings of that culture into a dynamic interrelatedness, and to respect that culture with its strengths and weaknesses as equally valid as one's own. This interpathic respect, understanding and appreciation makes possible the transcendence of cultural limitation (1986: 14).

He goes on to make the important comparative distinction:

Sympathy	*Empathy*	*Interpathy*
In sympathy, I know you are in pain and I sympathise with you. I use my own feelings as the barometer; hence I feel my sympathy and my pain, not yours. You are judged by my perception of my own feelings. You are understood by extension of my self-understanding. My experience is both frame and picture.	In empathy, I make an effort to understand your perceptions, thoughts, feelings, muscular tensions, even temporary states. In choosing to feel your pain with you, I do not own it, I share it. My experience is the frame, your pain the picture.	In interpathy, I seek to learn a foreign belief, take a foreign perspective, base my thought on a foreign assumption and feel the resultant feelings and their consequences in a foreign context. Your experience becomes both frame and picture. (Augsburger: 1986: 31)

What follows is some of my learning in the interpathic dynamic of to-ing and fro-ing between my Pacific Island world and the Western world, with specific focus on the psychotherapeutic context.

The psycho-spiritual world of the Pacific Island client

> We are not human beings having a spiritual experience, we are spiritual beings having a human experience. (Teilhard de Chardin)

For the Pacific Islander, the psyche and the spirit are inseparable. Hence, a spiritual perspective has a profound impact on the personality development of such a client. The two aspects are interwoven and if there is to be a hierarchy, then the spirit element, in theory, takes precedence.

The spirit is the 'someone' out there, namely God, who will tell us when we are wrong, when we are right. The Spirit/God guides our thinking, our behaviour, our feelings and can act independently of us. This theistic perspective relates to those intangibles, those thoughts and feelings of enlightenment, harmony, inspiration, conscience and understanding (Richards and Bergin: 1997: 77). The Pacific Islander believes in the transcendent, and includes in this belief an understanding of the role of good and evil in daily living and universal happenings (Augsburger: 1986: 55).

Whilst it is true that critical theologising has been happening over a couple of hundred years and that religious belief is humanly generated, most Pacific Island people hold the traditional view that truths come from 'above'. These truths are often seen as unchangeable and beyond criticism. These spiritual maxims are similar to those contained in the other major monotheistic traditions, with a significant leaning towards the Christian tradition. They cover the themes of:

- Transcendence / deity
- Human nature
- Meaning / purpose of life
- Mortality - life and death
- Morality - values
- Organisation of the universe (Cornett: 1998).

Most believe in God the Father, God the Son and God the Holy Spirit — the Holy Trinity. God is male (generally), and can be personal too. He is the creator of all things. He is omniscient, omnipresent, all-powerful and all loving and also punitive. He has revealed himself in the person of Jesus Christ.

Human beings are 'made' by God, and we have a body and a soul/spirit. Many believe that there is something basically flawed in human nature because of Adam and Eve. This flaw can only be corrected by God's grace and the individual's personal efforts cannot free them from this bind.

God wishes that we grow physically and spiritually. The latter takes precedence. This life is to be enjoyed with other human beings only insofar as it relates to doing the will of God, being forgiven and being welcomed into God's presence in heaven. Good and evil exist in the world and we are to choose good over evil. The path to morality and righteousness is to be found in the teachings of Jesus Christ, so these include behaviours of love and service, honesty and family devotion. All the do's and don'ts of the Ten Commandments are paramount.

The spirit/soul of the human being exists after death. Those who have been faithful to the teachings of Jesus Christ will be accepted into the presence of God forever. A summary of the general notions of the Christian tradition that form a base for the Pacific Island spirituality would include:

(a) Harmony with someone beyond this known reality (God) is possible.
(b) The human person can choose to relate or not to relate, to act or not to act, i.e. has free will.

(c) There are laws which we should seek out in order to live in peace.
(d) There are paths that lead to personal and social peace, growth and happiness.
(e) Material prosperity is a sign of God's approval.
(f) Physical death is not the end, only a transition into life with or without God.
(g) Through grace God holds an unfailing and steadfast love towards each human person and faithfully upholds the uniqueness and well-being of each one to the end. (Richards and Bergin: 1997)

By extension then, one can see how a theistic spiritual perspective may have a profound impact on how the Pacific Island client views growth, development and healing. However, it is more the scientific, subjective and objective world views that have a strong hold in the Western world of psychotherapy and counselling. In my psychotherapy training, spirituality was left outside the door. For me, as a Pacific Islander, it was like being asked to leave an essential part of me out in the corridor. It is this experience that strongly motivated me to complete my psychotherapy studies and to experiment out of a conviction that the Pacific Islander's view of life and the world is well suited to counselling and psychotherapy.

The Christian spiritual belief that God affirms the personal worth and being of each human person is grounded in an understanding of grace. Grace is the thorough assurance that our worth comes from the all-inclusive love of God. With grace, God can relate with us, as vulnerable, or fragile, or ambivalent, or narcissistic, or however we are. God's love is never withdrawn and abandonment is no threat. The solidarity that grace guarantees is secured by God and in that guarantee one's confidence and worth are held and contained. Where this grace and unconditional love exist, there God is present. The therapist is called to make real, to incarnate this unconditional, unending display of love. It is this dynamic that is to be experienced between the therapist and the client.

To a large extent, the Pacific Island client truly believes in the motherly/fatherly love of God. We believe that it is God's presence, God's being that makes all the difference in anything human. In the human development process of the Pacific Islander, the same child-like and sometimes infantile attitude exists. God as father, as the force guiding the universe, is unavoidably equated with the parents. The baby's total dependence on the parents, and in particularly the mother, facilitates the baby to see mother as God-like. For the

baby, mother is interchangeable with God. The baby is, of course, totally dependent on the parents for food, shelter, protection and emotional sustenance (Cornett: 1998). It is true to say too, that parents facilitate the child's imagery of God and the child's developing spirituality. In the early life of the child, Pacific Island parents are generally very affectionate and attuned to the child's all-round needs. Later, though, close to school age onwards, punishment and denigration are often acted out. There is rarely a word of praise and the child has to work very hard (Morton: 1996).

In terms of Western models of development, what is important to remember is that there is a markedly different matrix or milieu in which the stages of growth take place. From the cultural context, the Pacific Island child is trained by a large number of people — mother, father, aunts, uncles, grandparents, older siblings. The parenting figures discipline the child predominantly by threats of rejection or punishment. These may be verbal or physical (see especially Capps: 1995).

A consequence of this context is that an externally referenced personality emerges. This aspect becomes significant in the client/therapist relationship. The child is, then, unlikely to introject internal super-ego functions since control is directed by the expectation of others (Augsburger: 1986). When there is misbehaviour, shame begins to form and where there is misbehaviour and ensuing shame, the feeling of belonging and identity is threatened. Identity is threatened because the Pacific Island child is reared by many significant others, an extended family system. In the Western context, the child is usually reared by one or two parental figures.

In the Pacific Island context, the child, young adult, and adult are under constant observation by the older ranking members. External authority is always present in every sphere of life, with God being the authority par excellence. 'Hierarchy is the cultural model for communication' (Krause: 1998). A cultural understanding of the development of the self of the Pacific Islander in relation to the concept of external authority, group belonging and hierarchy is crucial to the therapeutic relationship. It is crucial because the therapist needs to have some understanding of the power they hold in the relationship and how much impact their words have, because the images of God, parents, elders, 'other' authority figures are transferred to the therapist.

Pacific Islanders identify with the collective, and when they individuate they incorporate a collective identity. With this collective self, a Pacific Islander

experiences a sense of solidarity. This is in contrast to the Western emphasis on individualising a distinct, individual identity. Because self is based on family and community, the Pacific Islander embraces the group ideal ego as a guiding principle, and conformity and co-operative affiliations are held in high regard. With conformity and co-operation, acceptance and belonging are undoubted rewards. Values are relational and not objective and intrinsic (Augsburger: 1986). The positive continuum of this self development based on communal solidarity generally brings about harmonious and unified relationships. The negative continuum can escalate rapidly to uncontrollable violence.

As God is the external and highest authority figure in the spirituality of the Pacific Islander, that same concept is transferred and applied to the parents and communal, significant caregivers. As God is viewed to be unconditional and spontaneous in his love for—his graced relationship with—Pacific Islanders, so too do the latter view their extended family system. As there is a sense of unconditional belonging and acceptance between the individual and God, so too is there a sense of the same between the individual and the collective. Deviation from these dimensions brings social judgement, distress, violence and cultural excommunication.

When Pacific Island clients walk into the consulting room, they walk in carrying the wisdom and groundedness of a theistic believer. They believe in and trust that the therapist will be benevolent, God-like, parent-like and unconditionally giving. The Pacific Island client is childlike, hurting and believing that the therapist will listen, care and guide them to a place of peace, healing and forgiveness. From the outset, the Pacific Island client offers trust, simplicity and a daughter or son-like affiliation. This attitudinal stance is potentially gold in the hands of the therapist. It can also be abused, manipulated, and the vulnerable inner world of the client be invaded. From day one the Pacific Island client welcomes the therapist to their inner world. Even though many Pacific Islanders still seek direction instead of counselling or psychotherapy, these are the kind of change processes that are in fact suitable to the mentality of Pacific Islanders and will aid their adjustment into a new country (Foliaki: 1981). The rapport is enhanced when the therapist is gracious and displays a humility that values the childlike simplicity of the Pacific Island client.

It is the trusting and childlike stance of the Pacific Island client, combined with the gracious love of the therapist, that makes therapy so disturbing, warm, human and healing. Right in the therapy room, the gratuitous love that God offers the human being is incarnated in a limited way. This is the wisdom gift

that the Pacific Island client brings, a warm simplicity that makes the counselling or psychotherapy relationship both humanly tender and demandingly responsible on the part of the therapist. In my years of experience in counselling cross-culturally in South Auckland, it is the Pacific Island client who comes with the big heart, the warm heart and the wounded heart. This is not to discount the inner stance of other clients. But the Pacific Island client's heart is easily visible, trustingly bared. With other clientele, generally speaking, I experience much more work is needed to defrost or melt down the protective covers, so the relationship is built up more slowly. I believe that this is a special edge that the Pacific Island client brings to the therapy room, the innate quality and gift of being warm and humane. In the Western therapy tradition, Kahn (1997) says that in recent years there has been a significant coming together between therapists who work with the relationship as a science and those who understand the need for the relationship to be loving, respectful and 'interpathic'. The emphasis on being in the presence of God and in the presence of the other with love and attunement is the spiritual centre of Pacific Island psychotherapy. With one or two notable exceptions, Western therapy schools are still struggling to include spirituality in their models of learning.

So the Christian belief that God loves us unconditionally and invites us to engage in whatever promotes life is to be 'made flesh', incarnated so to speak, in the therapeutic relationship. The type of conversation developed in this relationship then has to be interpathic with the client's cultural milieu. For the Pacific Island client this means using language in a particular way—one that uses metaphor, simile and story in the same way that the Pacific Islander uses them in the protocols of conversation and oratory.

Metaphorical conversation and story-telling

In the Pacific Island culture, there is a protocol to the way we language reality. In special, meaningful events the protocol used by the Pacific Island person is a manner of speaking in metaphor and simile, and in the use of story. This may be conversational as in the psychotherapeutic dynamic, or more formally oratorical. Conversation would also include reciprocity—sharing of thoughts and feelings, which does not happen in the field of oratory.

The use of simile, metaphor and stories in dialogue is inbred in the Pacific Island person. We hear them from birth to death. Think of Shakespearean language in daily mainstream life. The Pacific Island person learns this protocol primarily through experience, by attending formal and informal

ceremonies and participating in the rituals of significant life-events, births, baptisms, rites of initiation from childhood to adulthood. I find this manner of languaging reality a marked contrast to the Western way which I feel is set in a more scientific and clinical question-and-answer format. The use of metaphorical conversation and, more precisely, the symbolic language used in the conversation, meets the Pacific Island client where they are 'at home'. In being 'at home', the client is doubly at ease and they can describe their inner and outer world with openness and confidence. When the client experiences that the therapist is also in attunement with this symbolic manner of speaking, then mutual understanding is naturally deepened and expanded.

The Pacific Island person is born into a world (first family) that communicates in a 'talking picture' manner, not a 'pen picture', as tends to be the case in the Western context. Engaged through metaphoric form, the Pacific Island client experiences what Augsburger (1986) terms 'interpathy'. In much the same way, I interpathise with someone who comes with a Western background with a different languaging style, more linear, less circular, sometimes direct and less symbolic.

In the Pacific Island context, direct expression of feelings and thoughts about another is considered rude. It is not protocol. For example, when a person walks into a room and I hold that person in high regard, I would not say 'I really like you'. I would not give such a direct message particularly in the presence of others. Rather I would couch the message in a simile that says 'When you walk into the room it is like the sunrise, warm and bright'. To ask a Pacific Islander a question like 'can you tell me what happened?' may not be as culturally inviting as 'I wonder what it is like for you today? Is there rain or sun in your world? Which part?' and so forth. So when the therapist engages in metaphoric conversation, the client feels 'met'.

Case One

A young Tongan woman has been referred to me from a South Auckland medical clinic. She is 18 years old and a recent migrant to Auckland. I shall call her Kita. According to the doctor, Kita needed counselling as there was no physical data to show that her migraines were medically based.

In our first session, Kita and I exchange stories about where we come from, which island group, parents and kinship. This is the Pacific Island way. I offer some relevant information on the working parameters of our agency, what we offer and how I would work.

Then there is a pause, a silence and Kita's head is lowered markedly. So rather than directly mentioning her presenting medical issue of migraines, I tentatively approach her apparent world of pain.

Therapist: I feel as if there is rain in your soul, heavy rain.

Kita: Yes, there is, heavy rain like in the islands. (Voice is almost inaudible.)

Therapist: Is it raining everywhere, inside of you or only in some places?

Kita: Only in some. (Silence.)

Therapist: Tell me some more, only what you want.

Kita: In other places, there is only cloud and no rain. In another place there is a little sun. Another part, there is only hard rock and no water. And in another part there are rocks and the waves are hitting the rocks over and over again.

Therapist: (Feeling as if it's heavily raining in me too.) Where, which place do you want us to go to today?

Kita: Where it is raining, heavy rain.

Therapist: (Glancing at Kita, I notice tears dropping onto her lap. In the Pacific way, we look up and away to lessen the anxiety or intensity that may be present in the interaction. Then the encounter is not so direct, not so linear and more circular so to speak.) Is there a story to the heavy rain?

Kita: Yes. (Tears rolling down her face.)

Therapist: Tell me about the rain, the heavy rain.

Kita: My story is so long, so full, so heavy in my head.

Therapist: I'm ready. I'm listening. We'll be together there and we'll get wet together. That may not matter because you won't be alone.

Kita: (Sobbing profusely, Kita tells of how her mother left the family in Tonga four years previously. Kita was 14 years old. She is the only girl in the family of seven. Her mother had cancer and was to seek help in Australia. Her mother was to return after four weeks. Kita took on the role of mother in the family. But her mother never returned. She stayed away for two years. She died in Australia, and had no intention of returning as Kita's father was busy having love affairs with other women. Kita's sobbing intensifies as she tells of her unmet longings to see her mother,

her feelings of betrayal and anger with her mother for not returning and with her father for his love affairs.)

Therapist: I see the rain, so much rain. I feel the rain with you... so much rain, so much pain. (Silence.)

Kita: (Raising her head slowly.) My head is not so heavy. I feel light.

Therapist: We might do what we usually do back home, dry ourselves (offering her paper tissues). How will you take care of yourself during the week if more heavy rain falls on you?

Kita: I will see you beside me and then I know I won't be alone and I will come back and tell you my story.

Therapist: (When a Pacific Islander participates in a meaningful event, she usually leaves with something, some object, some memento.) What then, will you take away with you from our time together, something that will keep you dry and safe?

Kita: I will take you in my heart and your voice in my head. That will keep me dry and safe.

In this case, the use of language in metaphor and story is the key to 'opening the heavens' within Kita. Taking up the cue of my metaphorical questioning, Kita opens up and responds with her tears and poignant story. In the sessions that follow, Kita does lead me to the other places, in particular to the 'place where there are rocks and no water'. This is the place where she vents her anger and despair towards her parents. I assume that if I had taken the tack of directly asking Kita about the frequency of her migraines and when and where the headaches take place, I may have gone down a long, distracting route far from the place of 'heavy rain'. Knowing the protocol of another can facilitate an effortless, meaning-filled, cost effective encounter. Knowing another's protocol can be a point of contact, a point of entry into and alongside the world of the other.

Case Two

This involves a Samoan man in his early 40s. I shall call him Tia. Tia was referred from the courts because he had struck his wife violently. Tia is reluctant to see a counsellor but the thought of going to jail propels him to see one. This is not easy work for me. I'm also a woman. Culturally, the help is meant to be the other way around. Tia is resistant, proud and highly defended. After the usual Pacific Island protocol and acknowledging how difficult it is to receive assistance from a woman, I continue:

Therapist: I have the feeling that your anger is like a covering, like a blanket (*'uni'ufi'* in Samoan), protecting something very tender. I wonder what might be there under this protecting cover.

Tia: (Sits silent, tapping his fingers on his lap, looking out the window.) Maybe.

Therapist: If we were to lift up the cover, what might we see underneath?

Tia: (Whispering.) A little boy.

Therapist: What does this little boy need right now?

Tia: (Gulping back the tears.) The little boy needs his mother and father.

Therapist: What will we do to make this happen.

Tia: The little boy is running and running through the plantation. It's me. (Sobbing.) I am running and my parents are getting into a truck to go back to Savai'i. I have to go to school in Apia—stay with my grandparents. I turn and run and run and I fall to the ground and cry and the truck is gone. (There are no more words, only sobs.)

Period of silence and connection.

Therapist: Tia, there is a story in the Palagi culture that says that when something really, really happy or sad happens in the past I can relive this happening in the present. How is the little boy's story, your story, connected to your anger?

Tia: That is the only time I hit my wife. This is my first time. I love my wife but when she is late coming home — like she will say that she will come home at 6 o'clock and something happens in the factory and she only comes home at 8 o'clock, I feel worried. I feel she will not come back. I will watch the clock and watch the clock and walk up and down. But this time she wanted to go to a factory do and I ask her 'please come back early'. But she can't because it will be rude. So I ask her 'please don't go'. And still she wanted to go. I feel so silly but I am going out of my mind. I feel like my little son. I want to hang on to her.

Therapist: Going out of your mind like...

Tia: Like I am a little boy running and running in the plantation or a little boy hanging onto his mother's dress. (More tears and shaking of the head then silence.) That is why I hit her that night.

All these years I didn't know I have this little boy inside me. Today I find my little boy. Today I find myself.

Therapist: So your anger is like a protecting cover for your fear of being left behind.

Tia: Yes. All this time I never know.

Therapist: I'm happy with you. I'm sad with you too. Such a sad thing and a frightening thing to happen to you when you are little. The Palagi story is true.

Tia: So true. So good to know.

Therapist: What is our next step?

Tia: I will go to Court and tell my story. I will go home and talk to my wife and tell her my story and say sorry. I think a lot of our men feel the same as me.

Therapist: How will you take care of the frightened part of you when your wife has to stay out late?

Tia: I will look after my little boy inside the same way I look after my own son. I will sing to myself. I will watch a happy video or I will read a nice story or listen to my Island songs. I will not blame my wife any more.

The session ends with our putting in place some educational courses for anger management. But Tia leaves with a deep-seated relief in expressing his fear-filled feelings and story that he had so successfully protected outside of awareness over the years.

In this example the Pacific Island protocol of the use of simile and story-telling prove to be effective tools in facilitating Tia to trust and further explore the power that the past has in his present. With Tia, they seem to have enabled him to bring to the surface very directly some of the buried principles that have been governing his expressions of anger. Time and time again in my working experience, the use of these languaging tools has been effective.

Conclusion

What might a cross-cultural psychotherapist be like?

They will have a clear and sound understanding of their own values and basic assumptions. They will validate, and not necessarily agree with, different values and assumptions that the client holds. This understanding has been

transmuted into insight (cognition) and awareness (affect) so that the therapist does not unconsciously impose values that are not authentic to the client.

They will go beyond empathy, and engage interpathically. They take on a cultural stance that feels at home on the edge of two world views. They can enter the client's world, taste it and treasure it without losing themselves and their uniqueness.

They have some understanding of the impact history, religion, politics, economics and ethnicity have on the client. The client's cultural environment is respected, welcomed and dynamically woven into the therapeutic work.

They are open to interacting and working in formal and informal settings, they engage in bilingual and bicultural supervision, and are willing to present their work in cross-cultural settings. They are able to take the risk of being creative with mainstream therapeutic theory, orientation or techniques and remaining authentically human and loving. They recognise that no one school of therapy is perfect and are open to new learnings and dialogue.

They see themselves as connected to all humans as well as remaining distinct from them. They refuse to allow what is mainstream to be valued as 'fitting' all peoples, nor do they trivialise the wisdom that may be present in the mainstream. They are at home with differences and similarities, with uniqueness and commonality.

As it has been the process of my life to move from a very young age between the worlds of the Fijian, Tongan and European (mainly), I have come to normalise this development of a cross-cultural stance. Yet it is a very complex process which I observe often proving very difficult for those belonging to a monocultural environment. Even so, any tools can be effective in the hands of the genuine, humble practitioner who weaves between the two worlds of the client and the therapist. They are mute and blunted, ineffective, where the therapist has not developed a cross-cultural ground or soul, because it is this that facilitates the client to discover their own sacred ground and then look into their own chaos and find some life-giving form emerging.

It is also worth considering:

> Any tool used beyond its point of effectiveness and out of its context loses its potency. Where the Pacific Island client is highly trusting of the therapist or elder and shows little defensiveness, an unhealthy dependence can develop on the part of the client. This can diminish the client's

initiative and sense of confidence. The parent/child cultural dynamic is compounded and enmeshment can follow.

In using metaphor, story telling and simile the Pacific way, the therapist can become stilted and too preoccupied with the tools. The relationship then becomes more artificial, more of a performance and less genuine.

Where the Pacific Island client can access her affect readily and easily, she can also be prone to losing herself in her feelings and get stuck in the 'mire'.

The protocol of using metaphor, simile and story telling can lead the Pacific Island client to deflect her hidden, real feelings and/or use the oratorical protocol to cover over or defend against her pain, fear, rage or any other associated affect. Culture is then used as a mask or camouflage (Culbertson: 1999).

To know only one culture can mean that I know no culture. In knowing a second and third culture I discover the enriching wisdom of paradox: things assumed universal are also specific, things absolute are relative, things simple are also complex (Augsburger: 1986).

The Pacific Islander believes that all healing is grounded in grace and the therapist or the elder is the healing touch of God in human form. The Pacific Island clients who have graced me with their trust and poetical language in the therapeutic relationship will never know how transformational their presence has been and still is for me. I honour them here.

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Visual Disturbance as Occult Communication

Stephen Appel

Abstract

This article is an elaboration of an idea of Nina Coltart to do with using one's first impressions of a patient. I consider this a form of phantasy communication and link it to a classic, but neglected, text which considered such matters, *Psychoanalysis and the Occult* (Devereux: 1953). Next I provide clinical and other examples of such visual disturbance. My thinking is that transference/countertransference often involves fleeting, visual eruptions of primary process which can be thought of as occult communications.

Introduction

> The thought of that sour apple [occultism] makes me shudder, but there is no way to avoid biting into it. Freud, letter to Eitingon (Cited in Jones: 1957: 419)

Attempting to deal with the phantoms of the id is a little like entering a vast hall swarming with a milling crowd comprising the mad, the bad, and the holy. All criteria dissolve. When in the hall, the rational seems but a small annex. Psychotherapy moves sometimes imperceptibly between these rooms, making it difficult to think about the enigmatic. But there is rich booty in these infinitudes.

I make three assertions in this article. First, phantasy can be a form of communication: both expression and perception. It is my suspicion that this type of communication occurs to us far more often than we realise. By *phantasy* I follow Julia Segal's description:

> Our heads are full of phantasies. Not just *fantasies*—by which I mean stories we make up to amuse ourselves—but 'stories' we are deeply involved in and convinced by and which go on independently of our conscious awareness or intention. *Phantasies* make up the background to everything we do, think or feel: they determine our perceptions and in a sense *are* our perceptions (1985: 22).

Second, phantasy communication is what our psychoanalytic ancestors called occult. In this article I will not accept or deny the reality of the supernatural. Rather, I will use some of its language in order to maintain the sense of deep mystery which suffuses therapeutic work. This is in order not to lose what can easily be lost when one moves from the enigmatic (telepathy) to the phenomenological (intuition) to the technical (transference).

Third, I describe a particular variety of this telepathic communication—a phantasy projection and identification which produces a visual disturbance in the receiver of this message from beyond.

I

> The extent to which a given superstitious belief is accepted by the mind is usually one of degree, and it is often very hard to ascertain to what extent a person 'really' gives credence to it. It is a common experience to get the reply when someone is questioned on the point: 'No, I don't really believe it, but all the same it is very odd' (Jones: 1957: 406).

Sometimes it seems that psychoanalysis and psychoanalytic psychotherapy are collectively wearing a dark three-piece suit, such is its restrained and serious front. It is as though we have a collective motto: 'Because we deal with the irrational, we must epitomise rationality'.[1] From the outside, psychoanalysis finds itself regarded as both a poor stepchild of psychiatry and mean stepmother of other psychotherapies. There continues to be debate over whether it is (Wax: 1995) or is not (Grünbaum: 1984; 1993) a science. See also the bun-fight over the U.S. Library of Congress exhibition *Sigmund Freud: Conflict and Culture* (Merkin: 1998). Small wonder that those of us affiliated with psychoanalysis continue to affirm our sobriety and respectability. Nevertheless, if one browses through any selection of psychoanalytic books, one finds a Gothic world of psychotic bits, nameless dread, autistic encapsulation, and hysteria; as well as defences—the return of the repressed, the compulsion to repeat, splitting, dissociation, regression, and obsessional rituals. Despite the rigour and level-headedness of the psychoanalytic persona, somehow an 'other side' makes itself felt in our technical words. This other side is of course understood principally in terms of the primary process of the unconscious mind. The unconscious is a seething cauldron. But there has always been a fringe psychoanalytic interest in *another* other side, the supernatural.

1. "Where id was, there ego shall be" (Freud: 1933[1932]: 80).

It is almost half a century since George Devereux (1953) published his collection *Psychoanalysis and the Occult.* Recently several mainstream psychoanalysts and psychoanalytic psychotherapists have published books on otherworldly experiences.[2] Perhaps we are becoming ready for consideration of 'these lands of darkness'. The words are Freud's in a letter to Jung:

> Occultism is another field we shall have to conquer ... There are strange and wondrous things in these lands of darkness. Please don't worry about my wanderings in these infinitudes. I shall return laden with rich booty for our knowledge of the human psyche (Cited in McGuire: 1974).

Psychoanalysis and the Occult is not a book about devil worship, calling up spirits, or casting spells. It may be that the book's title is an unfortunate misnomer. It is and it isn't. *The Concise Oxford Dictionary* tells us that the word *occult* has its roots in the Latin for 'to hide' and means 'kept secret, esoteric, mysterious, beyond the range of ordinary knowledge'. This is of a piece with the stated objective of Devereux's edited volume . Three 'correspondences' are considered (1953: ix):

- between the thought of the analyst and that of the patient (telepathy?)
- between the thoughts of the patient and events outside the actual therapeutic situation (telepathy and/or clairvoyance?)
- between the thoughts of the analyst and events outside the actual therapeutic situation (telepathy and/or clairvoyance?)

However, *occult* has much wider associations than telepathy and clairvoyance. Its dictionary definition includes 'involving the supernatural, mystical, magical'. *Roget's Thesaurus* is useful here. It has three distinct entries: latent, hidden, and supernatural. It is to the third of these—the occult arts—that readers might be (mis)led by this word occult: sorcery, mediumship, vampirism, voodooism, poltergeists, exorcism, telekinesis, spells, second sight, divination, and so on. One can infer that the fact that the book has been rather neglected may in part have to do with reluctance in our sober field to be linked to the weird and wonderful suggested by its title. The book had a far more limited aim.

> The essays published in this anthology are not, in their essence, contributions by *psychoanalysts* to problems of parapsychology. They are, quite specifically,

2. Recent psychoanalytic books on the immaterial include Barford (Ed.) (2000) on the paranormal. On mysticism see Michael Eigen (1998), Sudhir Kakar (1992), and Charles Spezzano and Gerald J. Gargiulo (Eds.) (1998). And on religion see Mark Epstein (1998), James W. Jones (1993), W. W. Meissner (1992), and Mortimer Ostow (1998).

> *psychoanalytic* studies of so-called 'psi-phenomena,' and must therefore be viewed primarily as contributions to the theory and practice of clinical psychoanalysis (Devereux: 1953: ix).

The book is mainly a contribution to one aspect of psychoanalytic technique: 'The problem of transference and countertransference, in so far as it influences the analyst's "intuition"' (xi).[3]

The chapter by Jule Eisenbud (first published in 1949) summarised the psychoanalytic interest in parapsychology. Very few had attempted to theorise such phenomena, although many had described them. This resistance is still true of both the reluctant 'goats' and the believing 'sheep'.

> A hit-and-run attitude has characterised a good deal of the work done generally in parapsychology, and with very few exceptions psychiatrists who have touched so-called paranormal phenomena have made single contributions and have then retired from the field. (Eisenbud: 1949/1953: 6)

Having said that, 'there is every reason to be suspicious of a field of study which takes seriously a group of alleged phenomena and a set of propositions which correspond closely to delusions that have always characterised the mentally ill' (1949/1953: 3).

Freud's follower Wilhelm Stekel believed that most people possess telepathic powers, but that these remain undetected except occasionally when emerging in dreams or between people with strong emotional ties. While he took such matters seriously, Stekel did not go so far as to apply psychoanalytic concepts. Rather, he merely asserted the existence of psi-phenomena:

> Every individual emanates energy which charges the environment, impregnates it, so to speak. All of life's events are expressed in vibrations and rays which communicate themselves to the environment, 'charge' it. People emanate good and evil, love and discord. (Cited in Eisenbud: 1949/1953: 7)

It took a Freud to make the advance into theory. (Six articles by him on the occult are reproduced in *Psychoanalysis and the Occult.)* When he was still unconvinced about the existence of telepathy, he argued in 'Dreams and Telepathy' (1922) that *if one assumes* that telepathic dreams exist, then the psychoanalytic principles of dynamic, deterministic dream work—

3. Devereux makes the important point that this is 'also a contribution to the sociological problem of human relations in general, and of the social dyad' (1953: xi). For one elaboration of psychoanalysis and the social see Appel (1997).

condensation, displacement, etc.—could be used to explain the distortions of such dreams. For example, his patient dreamed that his wife had twins, only to discover that that very night his daughter by his first wife had given birth to twins. The dream work had altered the latent content of the dream—the wish that the daughter take the place of the wife—to its manifest form. Freud's idea, then, was as Eisenbud put it: 'If telepathy was a fact . . . then the laws of unconscious mental life could be taken for granted as applying to data telepathically perceived' (1949/1953: 9).

Though very sceptical about spiritualistic performances, Freud, now more sympathetic to telepathy as a reality, thought that mediums might well possess telepathic gifts. In 'The Occult Significance of Dreams' (1925b) Freud described a prophecy once given by a fortune-teller to one of his patients, namely that the patient would have two children by the time she was 32 years old. (At 43 the woman was still childless.) Freud suggested that the prophecy was not a glimpse into the future. Rather a telepathic intuition by the fortune-teller of the patient's strongest unconscious wish—to be like her mother who, after a long period of childlessness, had two children by the time she was thirty-two—was then handed back to the patient as a prophecy. So, powerful emotional recollections can be easily transferred. He was inclined to conclude that thought transference occurs particularly easily when an idea emerges from the unconscious, i.e. as it passes from the primary to secondary process. In his *New Introductory Lectures on Psychoanalysis* (1933[1932]) Freud returned to the topic of thought transference. By now he was thoroughly convinced of unconscious, telepathically detected material.

István Hollós placed this in the therapeutic room when he argued that the telepathic phenomenon told as much about the patient's repressed unconscious as it did about that of the analyst. The event represents, he said, 'a dynamic, unconscious interplay between the two and not simply an isolated act of perception on the part of one or the other' (Cited in Eisenbud: 1949/1953: 12).

II

The English psychoanalyst Nina Coltart (1993) said that sometimes her first encounter with a patient would produce spontaneously in her mind something like a nickname.[4] Before the self-censorship of the good therapist comes into play, a primitive metaphor may suggest itself. Coltart's advice is to struggle against the moralistic inner voice which tells us, for example, to approach each

4. She gave as an example a female patient, 'Little Hedgehog'.

patient as a human being, and to allow that image's first impression to develop as far as possible. The first impression, she argues is a product—albeit momentary—of the transference/countertransference dynamic and as such contains much valuable material.

When I stepped into the waiting room to greet F. on the day of our first meeting, I got the impression which grew in detail and solidity of the patient as a cherub.[5]

A man of 35 and above average in height, F. is clean-shaven and wears his blond hair in a mop of loose curls. Clearly this was not enough to create the angelic look which struck me as I listened to him. But over the weeks I began to notice some features of his presence being repeated in characteristic ways. His voice, for example, sometimes took on a soft, gentle tone and his words would denote hurt innocence. 'She doesn't have to worry, I have dinner made by the time she gets home. But still *I'm* the one to blame, you know, Steve?' he would urge, leaning forward appealingly toward me.[6]

Coltart's description of the process of the formation in her mind of the patient's nickname fits my experience in this case. First, as our eyes met and we shook hands a mental image appeared. No words accompanied this tentative image but if they had, as they did much later, they might have been words like *innocent* (as in *guiltless), young* (as in *uncorrupted),* and *clear-eyed* (as in *undistracted by inner and outer temptations).* This impression was tenuous and fleeting. In *Self Inquiry* M. Robert Gardner (1989) describes how he uses the visual images which occur to him in his therapeutic work to learn more about his patient, about himself, and about the psychotherapeutic process more generally.

Like a butterfly, such a glimpse is easily frightened off when grasped at. If one is patient enough the timid creature may land and allow itself to be scrutinised.

In the session with F., I found myself in sympathy with his plight as a thoroughly guileless, well-meaning husband and father. Indeed, in too much sympathy. I had to remind myself that what he was presenting was only a version of things. For example, the frictionless way he described meeting his wife, O., 'in an affair', pushed far into the background the fact that both had been married when they met, that she had been pregnant, and that they had

5. What I have in mind is the cherub of popular imagination—a chubby, rosy-faced child (with wings), beautiful or innocent—not Isaiah's category of angel.

6. At this point of writing, finding the word *appealingly* ambiguous, I cannot think of a satisfactory substitute. I note this here and will return to it later.

quickly left their marriages in circumstances which led to some years of acrimonious relations with their ex-spouses.

Words began to occur to me to give meaning to the images. The words that I registered were in the form of hypotheses, as though I was asking myself, 'What is he most like? Which word best suits him here and now?' The first word was 'lovely'. He seemed to me to be the kind of person who would be easy to forgive and difficult to blame. The second word was 'saintly'. F. described how he had not wanted to be a neglectful father like his own father had been, and had gone to work early in the morning so that he could take O.'s son swimming in the afternoon. He said it as if to say, 'And I do all this without expecting to be regarded as a good person', thereby, of course, suggesting precisely that which had been denied.[7]

And next day when I was driving a word came to me[8] which I have been unable to improve upon— 'cherub'. Cherub best describes the way F. appeared to me when we met. It occurred to me the next day while driving. I have learned to be more respectful of the thoughts which pop into my mind when thinking about nothing in particular. Applying the analytical mind is too lead-footed at this tentative stage; it is better to drift with the gears of the mind not engaged so as to detect the particular camber and slope of the road. In the most famous of his recommendations to physicians practising psychoanalysis Freud said:

> To put it in a formula: he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound-waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct the unconscious, which has determined the patient's free associations.[9](1912: 115-116)

What I am describing is a fluidity between primary and secondary process. Primary process refers to the primitive untamed mental energies entirely under the sway of the pleasure principle. Secondary process takes account of reality;

7. See Freud's short article, 'Negation' (1925a).
8. One could see my article and its production as simply one instance of listening with the third ear or seeing with the third eye.
9. Freud is conventionally understood as not conceiving of countertransference as we do today. This quotation, though, seems to me not to be a great distance away.

it refers to superimposed capacities to think, calculate, and to delay gratification. Of course the latter never completely overcomes the former. Gregory Bateson postulated the schizophrenic's characteristic 'word salad' as being the 'failure to recognise the metaphoric nature of his fantasies.... the framing message (e.g. the phrase 'as if') is omitted.... The metaphor is treated directly as a message of the more primary type' (Bateson: 1955/1972: 163). The quality of the nickname which I had given F. also developed this distinct doubleness. While neither participant in psychotherapy may be psychotic, primary process certainly makes its presence felt there. I both thought of F. *as* a cherubic person, and F. appeared to me *as if* he was a cherubic person. Somehow—and it was far too early to speculate on how—F. portrayed himself as cherubic *and/or* I perceived him as such.

Two things substantiated the idea that F.-as-cherub was a kind of *false self* (Winnicott: 1964/1986). First, he had been referred to me on account of the troublesome nature of his anger, not a characteristic at all evident in the session. Then I remembered that, unusually and unbeknown to me at the time, F. and I had arrived for our first meeting at about the same time. Only some minutes into the session did I realise with an uncanny start that this was the same person I had noticed earlier outside the building, and that our meeting in the waiting room had actually not been our first encounter. As I had walked from my car to the building, F. had driven up in a large four-wheel-drive van. His face was clouded with what I took to be an expression of resentment or anger. Indeed, *dark* described his look in his car just as *fair* described him in my room. Casting my mind back later, I remembered that a phantasy had come to me (and promptly been forgotten) as I walked those few steps into the building to begin work. The phantasy was of an angry and perhaps guilty husband arriving to pick up his wife who was in a session with one of my colleagues. He guessed that in her session she would be attributing her unhappiness to him; he resented her for this and also felt guilty. I imagined a silent, steaming ride home.

The second factor which drove home that I was not seeing F. but F-as-cherub, was that in subsequent sessions his appearance changed dramatically. Once as he entered my room ahead of me I became aware of his height and bulk and formed a brief impression of a smirking, cock-sure bully. Had I been a female therapist, I thought, I'd be nervous to be alone with him. Twice—once when writing a cheque—he suddenly appeared old.

I take it that somehow, in F., and/or in me, and/or between the two of us, the cherubic phantasy was made manifest as a visual distortion in my perception.[10] What made F.'s phantasies stand out enough for me to sense them so vividly was a combination of the state of F.'s internal life, my susceptibility to his particular phantasised projections, and the stark differences of these phantasies: cherub vs angry brute.

III

> I don't know if I dreamed this or if I just imagined it, or if later I imagined that I dreamed it. 'It does not matter,' [Freud] said, 'whether you dreamed it or imagined it.... The important thing is that it shows the trend of your fantasy or imagination' (Doolittle: 1956: 123).

A spectacular example of seeing things in the clinical situation is provided by Jeffrey Masson (1990), ex-psychoanalyst and later iconoclastic critic of psychoanalysis. Masson has described his training in Toronto and his training analyst in scathing terms. In an anecdote told to the journalist Janet Malcolm, Masson says: [11]

> Once, after the analysis was over, I went to Dr. V's house for lunch, and I thought, There he is—just this ordinary little guy. Then, a few weeks later, I met him at the institute, and we were having this talk in his office about the transference and how it affects one's perception of physical appearance, and I said to him, 'You know, I always thought of you as an immense man, and it came as a great shock to me the other day when you stood up and I realised that I was practically a head taller than you'. And he said, 'What are you talking about?' And I said, 'Well, just the fact that I am taller than you.' And he said, '*You* taller than *me?* You're out of your mind!' And I said, 'Dr. V. I *am* taller than you, I assure you.' And he said, 'Stand up', and I stood up, and he stood up, and I towered over him, and he looked me in the eye—from a good four inches beneath me—and said, '*Now* are you convinced that I'm taller than you?' So to be polite I said, 'Yes, I see'. But I thought, this guy is out of his mind. (Malcolm: 1984: 41-42)

This is only one side of the story; we know nothing of Dr. V.'s account. The incident is told as part of Masson's case against Freud's rejection of the

10. I am not so naïve as to assume that it is possible to ever see things cold or objectively. But I talk of visual distortion to emphasise the dramatic quality of the encounter.

11. Masson sued Malcolm for the way he was depicted in her book *In the Freud Archives* (1984). The courts found that she did indeed misquote Masson by, for example, joining statements made by him at different times and printing them as though part of the same conversation. However, she was not found to have seriously altered the basic sense of what she had been told. As far as I know, the anecdote cited here was never in dispute.

seduction theory and it is a bitter joke about the craziness of analysts. Ironically, though, the story functions as evidence for a basic psychoanalytic theory which would not make much sense without Freud's substituted theory of infantile sexuality and the role of phantasy. While the reader may feel entitled to suspect who is 'out of his mind' here, in a sense it does not matter which one is deceived. The point is that the Masson-Dr. V. relation is transferential, which is to say, crazy.[12]

Here are two more examples, both from a series of interviews Anthony Molino (1997) conducted with several well-known psychoanalysts. In one interview Michael Eigen described his first meeting with Bion as follows:

> I walked in, and the first thing I felt, that took me quite by surprise, is I felt he looked like a bug . . . He looked like a bug! . . . He looked frightened . . . like a frightened bug. It's as though he was putting himself below me, and I felt for that moment empowered. It's as though he were empowering my narcissism by operating from a position of dread (Molino: 1997: 121).

Compare this with the interview with Nina Coltart.

> Coltart: Bion was a law unto himself really. For one thing, Bion hardly ever spoke . . . which is such an attractive trait. Did you ever see Bion? He was a big, solid man with the most magnetic dark brown eyes . . .
>
> Molino: Michael Eigen describes him as a bug.
>
> Coltart: As a bug—Oh no! To me a bug is a small thing. I may not understand what Eigen means, but to me a bug is a little thing, and Bion was something big (Molino: 1997:174).

What are we to make of this discrepancy? Olli Anttila (2000) has suggested one way such incompatible images might cohere. Bion was a wartime tank commander: what is a tank but a very big bug? In which case both Eigen and Coltart selectively perceived something about Bion. Why they formed their peculiar visual phantasies of the same person has doubtless to do with their own memories and desires and the nature of their interactions with Bion. [13]

12. By *transferential* here I obviously am not saying that it is only the patient who does not see things as they are.

13. Countertransference, after all, involves 'a compromise between [the therapist's] own tendencies or propensities and the role-relationship which the patient is unconsciously seeking to establish' (Sandier: 1976: 47).

IV

> Every problem profanes a mystery; in its turn, the problem is profaned by its solution (Cioran: 1952/1999: 32).

While it does seem useful to apply our psychoanalytic concepts to these strange phenomena (if phenomena they actually are), there is a fine line between explaining and explaining away. By calling an extraordinary visual image not 'telepathic' but, say, 'internalisation', has one done much more than rename and domesticate that which is beyond understanding? In Stephen King's novel *The Green Mile* (1996), John Coffey is what one might call an empath, a person with a very heightened ability to feel what others feel. Not only that, he is able to draw evil and trauma out of another into himself. Either he disperses this evil into the atmosphere, detoxified, or he forces it back into another person. Is this not a more evocative account of what in psychoanalysis is called projective identification, container, and so on? That said, the fact is that many of us prevaricate in our acceptance or rejection of occult phenomena. It is surely better to wrestle with the paradox: how to retain a sense of mystery while developing concepts which help clinical practice.

For Freud, telepathy probably represented the 'kernel of truth' of occult claims (Jones: 1957: 407). This is not an assertion, he well knew, without significant implications. If the uncanny is just one element of telepathy, and telepathy but the most 'respectable' aspect of occultism, then this is to take the first and most decisive step in the radical direction of acknowledging the more spectacular of occult phenomena.

For this reason, in Freud, 'the wish to believe fought hard with the warning to disbelieve' (Jones: 1957: 435). In 1911 he wrote to Sandor Ferenczi: 'I see that you and [Jung] are not to be held back.... It is a dangerous expedition and I cannot accompany you.' (415). When Ferenczi wanted to present his telepathic experiments to the next IPA Congress, Freud said: 'I advise against. Don't do it.... By it you would be throwing a bomb into the psycho-analytical house which would be certain to explode.' (421-422). Freud's views changed completely, but he never overcame his no doubt justified fears for the reputation of psychoanalysis were it to be associated with occultism. Freud most clearly revealed his mixed feelings when in 1926 he wrote to Jones:

> When anyone adduces my fall into sin, just answer him calmly that my conversion to telepathy is my private affair like my Jewishness, my passion

> for smoking and many other things, and that the theme of telepathy is in essence alien to psychoanalysis (Cited in Jones: 1957: 424).

Normally a most decisive writer, on this subject Freud was always having a bob each way. He did decide that he should show his true colours, even though he was fully aware that this opened the way for psychoanalysis to consider—and thus also to be associated in the public mind with—the weird and disreputable. He did fret that although he had only come out for thought-transference; 'It is only the first step that counts. The rest follows'.

Like Freud, I too feel 'unwilling and ambivalent' (Freud: 1941/1921). In encouraging open debate on this topic, I find myself perched uncomfortably between two imaginary and equally unpleasant forces, neither of which I wish to aid and abet: the narrowly conservative orthodox psychoanalyst, and the foolishly credulous New Age fringe-dweller. (Perhaps both these extremes are phantasised straw men.)

What concepts would a present-day psychoanalytic thinker use to explain telepathic communication, particularly of the visual type? Most, I suspect, would resort to the notion of projective identification (those, anyway, who are able to resist pathologising the one who 'sees' such things). Projective identification is, according to Thomas Ogden,

> having to do with ridding oneself of unwanted aspects of the self; the depositing of those unwanted 'parts' into another person; and finally, with the 'recovery' of a modified version of what was extended. (1979: 357)

When one does not shake off perceptual distortions, for example, but allows them to take hold, one cannot but be struck by their weirdness. Indeed it is this very weirdness which makes it hard to take these impressions seriously to begin with. Helene Deutch (1926/1953) described certain happenings in the therapy as *occult,* by which she meant telepathic communication as opposed to communication through signs.

> That which takes place between the first stimulation of the senses, and the subsequent intellectual processing of this stimulus is a process which is 'occult', and lies outside the conscious. Thus, we may speak of the analyst's 'unconscious perception' (1926/1953: 136).

She went on to describe three cases of patients appearing to divine the contents of others' minds. These occult phenomena she explained as 'the establishment of a contact between my own conscious psychic material and the unconscious

of the patient which circumvented the sensorium' (Deutch: 1926/1953: 139-140); the unconscious behaving like 'a sensitive resonato'. 'Things happened as though the system Conscious had suddenly become transparent, and as if an occurrence in the perceptual apparatus had communicated itself directly to the lower levels' (142). Occult phenomena are the essence of all intuition; they are 'a manifestation of a greatly strengthened intuition, which is rooted in the unconscious affective process of identification' (144). Deutch supposed that in some circumstances there is an identity—'without an extensive modification'—between the deep message being received and the stimulus from which the message comes. 'If this identity is recognised by the sensorium, the process acquires the appearance of an "occult phenomenon", because the perception emanating from within is immediately reprojected into the external world' (144).

It is this mysterious, startling, apparently meaningless experience which we call *uncanny*. Freud's definition is as follows: 'The uncanny is that class of the frightening which leads back to what is known of old and long familiar' (1919: 220). He points to the uncanny effect of the double and recounts this uncanny anecdote:

> I was sitting alone in my *wagon-lit* compartment when a more than usually violent jolt of the train swung back the door of the adjoining washing-cabinet, and an elderly gentleman in a dressing-gown and a travelling cap came in. I assumed that in leaving the washing-cabinet, which lay between the two compartments, he had taken the wrong direction and come into my compartment by mistake. Jumping up with the intention of putting him right, I at once realised to my dismay that the intruder was nothing but my own reflection in the looking-glass on the open door. I can still recollect that I thoroughly disliked his appearance. (1919: 248n)

For Freud, 'an uncanny experience occurs either when infantile complexes which have been repressed are once more revived by some impression, or when primitive beliefs which have been surmounted seem once more to be confirmed' (1919: 249).

I wonder whether we can link together the above threads. If the uncanny is the direct infiltration of a person's unconscious material into his or her own perceptual system, the occult is a communication from the unconscious of one person to that of another. Each can be understood as a form of perception which bypasses consciousness, routing more directly into the primary process of unconscious thought. While Freud's uncanny is an intrapsychic event, Deutch's

telepathy is interpsychic—a communication between people. Taking this a step further, we might think of the uncanny as a variant of the occult. It may be useful to think of the kind of transference and countertransference experienced between F. and myself as having intrapsychic and interpsychic qualities: *the occult as an uncanny communication.*

I pause here to point out that visual and other distortions occur to both therapist and patient. A female patient of my own age once told me that she felt safe, but bored, with her current partner, J., perhaps, she said, because he was 15 years older than her. When I asked her how old she imagined me to be she replied, 'About the same age as J.' She was out by almost two decades! In this way a disturbance of perception enabled both of us to become aware of the ambivalent nature of the transference. Another patient said, 'Sometimes people become very tall and I shrink'. She meant this literally (people actually appeared bigger to her), and figuratively (she felt insignificant). Most therapists will have heard similar accounts. As to why it is the visual form which sometimes occurs, Neville Symington has usefully suggested ascending levels of communication—from actions to somatic symptoms, to feelings, to images, to words—depending on the degree to which the phantasiser's unconscious material is able to be tolerated and assimilated.[14]

V

> If you wanted to say it's a haunted hotel, that's fine, it's a haunted hotel. If you want to say it's a haunted place in him you can say that as well. And if you want to see it as an allegory, as a symbolic thing, you're welcome to do that. (Stephen King on his novel *The Shining* (1981).)

Back to my patient, F. The same object can feasibly appear, for example, both big and/or small, dark and/or fair. There is, after all no contradiction in the unconscious (Freud: 1905: 57-59). Consider how often doubling occurs in the course of F.'s case. There is his dual appearance: cherubic and menacing. Next is the uncanny fact that I saw him 'for the first time' *twice,* in the parking lot and in the waiting room. Then there is the as-if quality of his false self; it is not that he *was* a cherub, but that he *came across* as one.

Also, the double meaning of the word *appealingly*.[15] The word felt unsatisfactory because of its double meaning. Freud had something to say on the topic:

14. Personal communication.

15. A colleague has pointed out the similarity between *appeal* and my surname, Appel. To this we can add Freud's *sour apple* with which this article begins.

> Ambiguous words (or, as we may call them, 'switch-words') act like points at a junction. If the points are switched across from the position in which they appear to lie in the dream, then we find ourselves on another set of rails; and along this second track run the thoughts which we are in search of but which still lie concealed behind the dream. (1905: 65n)

And so I teased out the word. To appeal to someone is (i) to make earnest request or (ii) to be found attractive. One can say, 'I appeal to you' in the former sense, the word here losing its ambiguity. Also unambiguously, one could say, 'I am making myself appealing to you'. But this is counterproductive tactically as we shall see. It is also interesting that the passive voice must be used here. One cannot say, 'I appeal to you' in the latter sense; rather, it is for the object to say, 'You appeal to me, I find you appealing'. In this instance the word keeps its full ambiguity. It is as though the subject must disguise his method which may be unconscious to both parties. The subject appeals (makes earnest request) to the object through presentation of reasonable argument, special pleading, and, less obviously, by being appealing (making himself attractive) to the object.

Again, notice how the grammatical structure here reflects a difference in locus of control; in the former sense—*appeal-as-action*—it is the actor himself who is the active force (*I* appeal), in the latter—*appeal-as-quality*—it is the quality of his persona (I *am* an appealing person) which does the persuasive work; 'to do' versus 'to seem to be'. Culpability vanishes with the movement of the verb from transitive to intransitive. Remember that injured innocence and blamelessness were precisely the cherubic qualities which F. presented early in the treatment.

There are many jokes about the psychiatrist or psychotherapist being mad, malevolent, or out of touch with reality. My favourite has a beginning therapist approaching an older colleague: 'I find it exhausting to listen to patients' problems all day. Yet, at the end of a long day I see you whistling happily and looking fresh. How do you do it?' The older man cups his hand to his ear and says, 'Pardon?'[16] These jokes play upon the commonsensical notion that we who minister to mental illness should be free from such illness ourselves. Indeed, it is not only the lay public think in this way; we too find it hard to shake off the myth of the fully analysed therapist. I have no doubt that in the hot-house of the therapeutic hour the therapist accesses the mad primary process of both parties. Marion Milner (1987) makes this point in the title of

16. In a darker version of this joke the senior colleague shrugs and says, 'Who listens?'

her book, *The Suppressed Madness of Sane Men.* In this article I have raised and scrutinised a small instance of non-rational, nonverbal craziness in my work as a psychotherapist.

For his part, F.'s transference vacillated between a low-key, unarticulated struggle with me as a demanding and shaming mother, and as a withholding father. His therapy revolved around Oedipal issues of fear of rejection by men superior to him, and anger towards women for denigrating him and refusing to accept any of the blame. Slowly my visual distortions began to make some sense within this complex. The connotation of the cherubic role, for example, was something like, 'Don't hit me, Dad (I'm innocent), hit her (if anyone's guilty, she is)'. Gradually, through the course of the therapy, and through the good progress which was made in the marital therapy which preceded and accompanied F.'s individual therapy, he began reporting changes in his relationships with others and his feelings about himself. He became more able to ask for help, to hear his wife's side of things, to accept praise, to confront subordinates and superiors.

Before I had contemplated termination F. announced that he wished to finish. As he spoke I found it hard to disagree with his decision. He had calmly opposed his mother when she criticised his home; later his father had congratulated him for this. His boss had told him how pleased he was with F.'s work and mentioned how much F. had mellowed at work. Although he still worked too hard, F. said how proud he was of what we had achieved in the therapy and that he would miss it. When a patient has achieved all this it may be time for us to let him go with good grace. Referring to the famous case of Dora, Freud (1905) said that sometimes the patient humbles and tantalises the therapist by getting well before the therapist understands. So it was in this case.

This is not the place to detail the meandering progress of the therapy but it is necessary to mention what became of my visual disturbance. As our work together drew to an end it occurred to me that it had been some time since I had seen either the cherub or the menacing bully. I think of it as follows. At first what was inside F. could not be expressed in words or felt, only through projected phantasy. Through the therapy he no longer needed to communicate with me by making himself smaller nor to puff himself up. He had grown up enough to allow himself to be seen by me as he is. Or rather, he could now afford to be seen in a less distorted way.

VI

> Perhaps sometimes ghosts were alive—minds and desires divorced from their bodies, unlocked impulses floating unseen. Ghosts from the id, spooks from low places (King: 1998: 286).

The case of F. extrapolates Nina Coltart's notion of using a nickname for a patient. Why was it necessary for him to unconsciously produce this strong visual disturbance in me? Why was I so sensitive to the image he portrayed? These questions remain. However, what does seem clear are the benefits of catching a glimpse of the psyche of the patient. In this way the therapist can (i) recognise something of the patient's background phantasy world; and (ii) manage to avoid being seduced into buying this cover story as the whole truth. For example, seeing F. as a cherub was most helpful in understanding how he lived in the world. But the contrasting vision of F. as an angry brute helped me not to completely fall for F. the cherub.

In the tradition of Devereux's *Psychoanalysis and the Occult,* I have provocatively employed the language of the occult. On top of this I have added a layer of theorising. It seems to me that there is value in maintaining the sense of mystery evoked by the former discourse while at the same time applying some of our more rational psychoanalytic concepts. In this way the visual disturbances I describe can be understood to be a strange amalgam, an occult communication.

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Post-Trauma Dreams

Margaret M. Bowater

Abstract

Post-trauma dreams are sufficiently different from the usual symbolic nightmare to merit particular attention. Two examples are given: one from Shakespeare, and another from the author's experience. Characteristic patterns are summarised, based on research by Hartmann, Siegel, and Stoddard et. al, indicating the normal process by which such dreams evolve into nightmares. Guidelines are suggested for dreamwork to assist clients' recovery, including taking note of the 'stuck points' signalled by repetitive elements in their dreams, and underlying issues in their philosophy of life.

A literary example

I use as an introductory example Lady Macbeth's sleep-walking dream from Act 5 of Shakespeare's *Macbeth.* Lady Macbeth is observed wringing her hands while she walks at night, trying to remove an invisible spot of blood. 'Out, damned spot!' She repeats fragments of the conversation she has had with her husband after the murder of Duncan, when she went back herself to take the swords of the sleeping guards and smear them with Duncan's blood. Then she goes on,

> Who would have thought the old man to have had so much blood in him? ... What, will these hands ne'er be clean? ... Here's the smell of blood still. All the perfumes of Arabia will not sweeten this little hand. (V(i))

The deed is over, but Lady Macbeth's sleep is disturbed by post-trauma dreams. She has been deeply shocked to see 'so much blood', which her hands have touched. But there is another level to her disturbance. She has violated her conscience in the process. Not only her hands, but also her soul is contaminated, and now she is terrified of damnation.

Experience and meaning

Lady Macbeth's dream is typical of post-trauma dreams. There are the brief literal fragments of experience, charged with emotion, and lacking a coherent story. Because they are so loaded with emotions, they break through the early

stages of sleep, not waiting for the natural periods of symbolic dreaming during the Rapid-Eye-Movement (REM) stages of the sleep cycle. (Hence Lady Macbeth's sleep-walking, which could not take place during REM-sleep, when the body's big muscles are 'switched off' to prevent movement.) When the sufferer is unable to talk about her experience to discharge the emotions, the dreams tend to repeat night after night without much change—as we are told by Lady Macbeth's personal servant. They will continue until the underlying issue is resolved. And the most disturbing elements of the issue can often be identified from the particular fragments highlighted by the dream, in this case the 'damned spot' which she is unable to wash off her hand. It is thus clear that experience alone does not create a post-trauma dream, but the meaning that it has for the dreamer.

Research on war veterans' dreams

Dr Ernest Hartmann is a leading American researcher in the field of post-trauma dreaming, and a past president of the Association for the Study of Dreams (ASD)[1]. He drew conclusions mainly from his work with veterans of the Vietnam War suffering from post-traumatic stress disorder (Hartmann: 1998). The more disturbed men were the younger ones, who had not learned to dissociate their feelings from the horrors they lived through. Typically, a young soldier who had witnessed his buddy being blown-up, would dream not of his buddy's death, but of his own, because of his close attachment, or because of a pattern which came to be called 'survivor guilt'. This could be expressed in the thoughts: 'I should have died, not him. He didn't deserve to die as much as I did.'

The most disturbed dreams, however, came from a sub-group of men who had also suffered traumas which were still unresolved. The recent trauma would quickly collate with earlier experiences of terror, horror and helplessness, producing more complex post-trauma dreams and longer-lasting distress. Hartmann researched the dreams of other trauma survivors, and found the same patterns.

Dr Deirdre Barrett, another past-president of the ASD, has published a very useful book, *Trauma and Dreams* (1996), gathering together a number of significant articles by researchers in the field. Among these I have selected two to mention.

1. Association for the Study of Dreams, 6728 Old McLean Village Drive, McLean, Virginia 22101-3906, USA. Two quarterly publications, *Dreaming* (journal) and *Dreamtime* (magazine).

Research on firestorm survivors' dreams

Dr Alan Siegel (1995) led a team of psychologists who researched the dreams and other reactions of survivors of the great firestorm in 1991 in California, in which 25 people died and 5000 were rendered homeless. Forty-two volunteers and 18 controls were interviewed, kept dream journals for a fortnight, answered questionnaires, and attended three supportive workshops. The findings were similar to Hartmann's, and revealed further information:

(i) People who had been evacuated in terror like the others, but returned to find their homes still standing, had more distressing nightmares than those whose homes were burned down—because (a) they suffered survivor guilt, and (b) they did not receive the same community support. They even felt ashamed of their terror—yet they had been through the same initial trauma.

(ii) People who had suffered previous traumatic losses, or were currently suffering multiple stresses, had post-trauma dreams around the themes of grief and death.

(iii) Graphic memory dreams faded gradually during the year, and became mixed with other concerns.

(iv) Survivors had a resurgence of nightmares and increasing dread as the anniversary approached.

(v) Recovery was indicated when the dreams began to show the dreamers as no longer helpless victims, but actively attempting to deal with the threat in the dream.

Research on child survivors' dreams

Stoddard, Chedekel and Shakun (1996) studied the dreams of children in an American paediatric hospital specialising in treatment of severe burns. The authors found that most acutely burned children have nightmares, flashbacks or night terrors, and that these are made worse if the child has already suffered neglect, abuse, illness or previous traumatic events. Over time the sleep disturbances evolve from acute flashbacks and deliria to nightmares and then to more adaptive dreams. They agree with Piaget's three stages in children's understanding of dreams. In Stage 1, up to 6-years-old, the child believes the dream takes place outside of him in the room, and is therefore liable to confuse dream scenes with reality. (This may have direct relevance to the Christchurch creche case.) Stage 2, from 7- to 8-years-old, is transitional; and in stage 3, from

about 9-years-old, the child is clear that dreams are produced by thoughts inside his head.

Normal process

In the normal experience of dreams after trauma, the initial dreams are full of vivid literal sensory impressions and feelings, like re-living the actual experience, with little change. Even at the start, however, they are not always literally accurate. Emotion can cause simple distortions, such as the substitution of self for buddy, as observed by Hartmann. If the survivor is not able to talk out his or her feelings to sympathetic people, perhaps because of associated guilt, the dream is likely to remain stuck, unchanging, and to recur whenever there are reminders or similar circumstances. In the normal process, however, the survivor finds someone to talk to, and the dream begins to connect with other memories of survival, and gradually evolves into the more symbolic nightmares of REM sleep. At this point, therapists can encourage the dreamer to create new endings for the dreams, in which they help themselves more actively. I have described a process for doing this in my book, *Dreams and Visions, Language of the Spirit* (Bowater: 1997).

A simple example

Let me quote a simple experience of recovery from trauma. Mavis (not her real name) was a retired nurse of 65, independent in mind and body, when she found herself in the middle of a terrifying home invasion. She was staying in her daughter's home. As she walked along the passage to the loo in the middle of the night, she heard noises from another room, and suddenly a masked man in black burst through the door with a gun, demanding money. He ordered her into the room, where another masked man was standing over two girls who had been tied up. Mavis intuitively decided to fake a heart attack and gasped for breath. She was ordered onto the floor under a blanket. Meanwhile the other man went through the house, while she lay there in fear for her daughter. As it turned out, her daughter's husband attacked the robber so successfully that both men fled, and the victims called the police. They spent the rest of the night trying to come to terms with the experience.

Mavis found herself too disturbed to sleep the next night, so she went home, where she lived by herself. That was when she had the first dream of many, always the same:

> I would be lying in my own bed at home, when two shadowy black figures would appear in the doorway. I could hear horrible deep breathing, like someone short of breath after climbing the stairs. I would try to move or shout but I couldn't. Then I'd wake up shouting, frightened, my heart pounding. I would think it might have been real, so I'd slam the lights on, and hunt through the house, and then sit down and have a cup of tea before I'd go back to bed.

Mavis had no one to talk to, and continued to have difficulty getting to sleep. After six weeks of this, she went to her doctor, and was referred for counselling. After just one session, the dream started to change. The figures became blue, and vaguer, but she would still wake up shouting. The counsellor saw her only once a month. After 6 months, the figures had become white and ghost-like, so being a resourceful woman, she reframed them as her guardian angels, and told them they could go now. But she kept on dreaming the horrible heavy breathing at intervals for another year, before it stopped. Apparently her body, in simulating a heart attack, had expressed something very real.

Did you notice the non-literal element in Mavis's dream? She dreamed she was in her own bed, but the actual experience took place in her daughter's home. This substitution identifies her *own* sense of violation in the experience. Her own security has been invaded.

Therapy

Therapists can facilitate the process of recovery from trauma by encouraging full disclosure and expression of all the feelings involved, helping to develop a more objective and coherent narrative of the event, and exploring the existential questions that disturb the survivor, till he or she is able to take charge of life again without feeling like a victim.

Dreams will reflect the survivor's progress, indicating where the unresolved issues lie, and quietly signalling steps towards empowerment. Active dreamwork to encourage more resourcefulness can help the survivor symbolically rehearse ways of moving out of the victim role. And sensitive reflection on the meaning of the experience can lead to a greater wisdom in facing other traumas that life may bring.

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Mourning, Melancholia and Being Staunch

Tom Davey

Grief hollows us out, the more hollowed out, the more we can contain.
(After Kahlil Gibran)

Abstract

In recent publications, both Thomas Ogden (2000) and Jean Laplanche (1999) have highlighted the importance of mourning in their work. This is a particularly noteworthy confluence, coming as they do from very different traditions within psychoanalysis. I wish to discuss these contributions, to contextualise them in relation to Freud's 1915 paper 'Mourning and Melancholia', and to offer some reflections on my own work from within New Zealand.

Introduction

Approaching the writing of this paper has been accompanied by a sense of both dread and fascination unusual in my writing. I realised that I would inevitably find myself in my own mourning and melancholia and that is at least a reason for writing. Part of the fascination for me is that following Freud (1955: 248), I find mourning both self-evident and mysterious. One might say enigmatic.

It is also a bit of a wondering and wandering around with the topic: an odyssey one might say.

One way to start is to talk about why it may be timely to return to 'Mourning and Melancholia' (Freud: 1955). This is particularly so as we come to mourn the age that is passing: as we face the losses of others and possibilities, of dreams and hopes for the world and ourselves; and the terrifying issue of the survival of our race and planet. With the end of modernism and all of its certainties, we are pitched much more clearly into the void of uncertainty. We are in mourning.

Freud

Ernest Jones (1953: 343-4) suggests that in 1915 Freud, in his sixtieth year, was feeling lonely and disheartened. All of the younger men were at the war

and his dreams of a more enlightened society were being slaughtered all over Europe. Jones also suggests that Freud was anticipating his own death and therefore feeling his work was coming to an end, unable to foresee his many years of continuing creativity. In an extraordinary and unparalleled spurt of productivity he wrote the 12 metapsychology papers between March and August 1915. (It is a great tragedy that only five of these survived.)

The fourth of these papers was 'Mourning and Melancholia'. In this paper Freud discusses the similarities and differences between mourning and melancholia. The main distinction he makes is to suggest that melancholia is a response to an object loss that is withdrawn from consciousness, whilst mourning is a response to an object loss in which there is nothing about the loss which is unconscious: an extraordinary distinction for him to make. Freud's argument is that melancholia is a response to an object loss which is withdrawn from consciousness through the mechanism of identification. As a term 'melancholia' has fallen out of use since Freud's time (with the coming to the fore of the DSM and ICD), to be replaced by 'endogenous depression', characterised by self-reproach and loathing. This, in particular, differentiates it from mourning in terms of signs and symptoms.

One of the difficulties of these Prozac-fuelled (or SSRI-fuelled) and attachment disordered times is that we may be seeing a lot of melancholia, which could be mourning that has lost conscious connection with its object. Thus, not knowing its aim, for some reason not feeling its attachment and therefore turning in on itself, on the self.

For Freud, the crucial mechanism which determines whether or not mourning proceeds or is arrested is identification. Laplanche and Pontalis define identification as

> . . . the psychological process whereby the subject assimilates an aspect, property or attribute of the other and is transformed, wholly or partially, after the model the other provides. It is by means of a series of identifications that the personality is constituted and specified (1988: 205).

Drawing on the ideas of Otto Rank, Freud suggests identification with the lost person/object during mourning is an attempt to take in the lost person in an early oral/cannibalistic sense and therefore prevents object relating continuing. That is to say that the work of mourning is abandoned and this leads to melancholia. If melancholia takes in the lost object, or aspects of it, through identification, it is as such a refusal to mourn. For Freud—and this is

fundamental to melancholia—it is the narcissistic appropriation of the other, or aspects of the other, as a way of not feeling the loss. The cost of this is severe, as Freud suggests that the shadow of the object falls on the ego in the form of melancholia. However, Freud is not altogether clear because later he says that identification precedes object cathexis (1955:250). This leaves us with the question of whether identification is part of the process of mourning—whether identification is the prototype for object cathexis—and how one may lead to the other. The end point of mourning for Freud is the cutting of the emotional threads one by one. This does not help us understand how object relating might carry on after the loss. At this point Freud seems to be using a kind of psychic realism that limits the picture.

Jean Laplanche

In the last 40 years (following in his analyst's footsteps) Laplanche has become the exemplar of the close rereading of Freud. In 'The Unfinished Copernican Revolution' he writes: 'All work is the work of mourning' (1987: 298). Laplanche, following Freud, links mourning with temporalisation in general and with 'afterwardsness'[1] specifically. He writes:

> Mourning is a kind of *work*, the work of memory (*Erinnerungsarbeit* in the case of Elisabeth); and it is an affect with a *duration (Daueraffekt)*: it has a beginning and an end, it occupies a *lapse* of time' (1999:241-2: Laplanche's italics).

He moves on to some comments about the use of taboo in mourning and takes as his question: What is it in loss that can be metabolised and what cannot? In this question he makes it clear that there are some aspects of mourning that remain unmetabolised (possibly those parts of the identification that the mourner cannot give up). Through taboos in mourning we invoke the sacred and impure, veneration and loathing. Laplanche suggests (1999:245) one could even say the pre-ambivalent, and that this is necessary to open up possibility.

I believe what he is pointing to is the unpicking of the tapestry of memory in order that something else may be created. What we are left with in the other's death (or withdrawal) is the uncanny and enigmatic nature of it, or more precisely for Laplanche, the enigmatic nature of the message from the dead or withdrawn person. Laplanche points out (1999:248) how constricting is

1. Afterwardsness is Laplanche's neologism for Freud's *nachtraglichkeit* which Strachey translated as deferred action. See Chapter 10 of Laplanche (1999).

Freud's view in 'Mourning and Melancholia', where melancholia is viewed as an unconscious object loss, in contradistinction to mourning in which there is nothing about the loss which is unconscious! Laplanche is scandalised because Freud seems to suggest that no analysis of mourning is necessary. As mentioned earlier, this is an either/or distinction that is difficult to maintain in practice, or indeed theoretically.

Laplanche casts around for a prototype for mourning and comes up with Penelope from *The Odyssey* (1999). This is of course a European prototype, and my limited knowledge of local myths and stories prevents any local comparison. You will remember that in Homer's epic poem, for 10 years after the end of the Trojan wars, Odysseus is waylaid by a number of trials and presumed dead by many. He has therefore not been heard from at home for around 20 years. During this time a number of suitors congregate in his court attempting to win the hand of his wife Penelope. Penelope's eventual ruse for keeping them at bay is to say that she cannot remarry until she has completed the weaving of the funeral shroud for her father-in-law Laertes. Every day she can be seen weaving and every night she unpicks the day's work. Laplanche's question is: What is Penelope's work of mourning? Is it the weaving or the unpicking? Is it the construction of something or the deconstruction of something? He writes:

> This, then is Penelope's work; but what is it exactly? Is it weaving or unweaving? The analogy between analysing and undoing the fabric invites us to attempt to turn the whole process around. We are used to this kind of interpretation. We are told in the manifest tale: a faithful and wise spouse, she wished to get rid of the suitors, and she weaves with the sole aim of unweaving, in other words to gain time until her Odysseus returns. One can equally well, however, suppose the reverse: that perhaps she only unweaves in order to weave, to be able to weave a new tapestry. It would thus be a case of mourning, mourning for Odysseus. [The former is melancholia and the latter mourning: my brackets.] But Penelope does not cut the threads, as in the Freudian theory of mourning; she patiently unpicks them, to be able to compose them again in a different way. Moreover, this work is nocturnal, far away from the conscious lucidity with which, Freud claims, the threads are cut one by one. This work requires time, it is repetitive, it sets aside a reserve. One could say, to introduce at this point what has been established about the taboo: it sets aside the reserve of the taboo of Odysseus, the reserve of the name of Odysseus. There is however, a possible end. One can imagine that one evening the new cloth, for a while at least, will not be unwoven (1999:251-2).

Incidentally, in the 1997 film of *The Odyssey*, the story is changed to have Penelope weaving the shroud for Odysseus rather than Laertes, who does not appear in the film at all. In this way the weaving and unweaving are much more directly about the mourning of Odysseus.

Thomas Ogden

Ogden has been involved, for some time, in translating psychoanalysis out of theoretical deadness and deadliness, into everyday and spontaneous language. This project he freely admits remains (perhaps necessarily) incomplete. In his paper 'Borges and the Art of Mourning' (2000) Ogden tells of the Buenos Aires poet J. L. Borges, who from an early age knew of an hereditary blindness that would overtake him in midlife. In this paper Ogden shows us how Borges is engaged in a complicated process of mourning an impending and much anticipated loss. He writes:

> Successful mourning centrally involves a demand that we make on ourselves to create something—whether it be a memory, a dream, a story, a poem, a response to a poem—that begins to meet, to be equal to, the full complexity of our relationship to that which has been lost and to the experience of loss itself. Paradoxically, in this process we are enlivened by the experience of loss and death, even when what is given up or taken from us is an aspect of ourselves (2000).

Ogden believes Borges is able to mourn through the writing of a poem. This is a very different way of talking about mourning from Freud's. Rather than talking about the mechanisms involved, Ogden is trying to stay with the experience of the subject in mourning and to suggest what is both enlivening and deadening in the process. In order for this to happen he suggests that what is created

> . . . must capture in its own voice, not the voice that has been lost, but a voice brought to life in the experiencing of that loss, a voice enlivened by the experience of that death. The new voice cannot replace the old ones and does not attempt to do so; one voice, one person, one aspect of one's life cannot replace another. But there can be a sense that the new voice has somehow been there all along in the old ones, as a child is somehow an imminence in his ancestors and is brought to life both through their lives and though their deaths (2000).

Repetition, repair, creation

What both Ogden and Laplanche appear to agree on is that the crucial aspect of mourning is in the creation of something new through the process. It seems to me that things are not as cut and dried as Freud would have it. It is sometimes difficult to know what is mourning and what melancholia, what is repetition in the service of melancholia rather than mourning. These are very difficult questions. I have been wondering how many of us would have diagnosed Penelope, still weaving and unpicking after 10 years, as having an abnormal grief reaction.

The question seems to be what is the repetition of memory in the service of? If Laplanche (1999) is to be believed, it is in the service of understanding the messages left by the other, analysing or unpicking what has been left behind inside us. I believe he is saying that the extent to which this is mourning or melancholia, is the extent to which any metabolising of these messages is taking place or not. In another language we might ask whether or not any object relating is taking place. The beginning of the end of mourning then, is the return of the libido to the object world from the ego. One is then in relation to something new and enlivening.

In his 1999 Auckland lecture, which he titled 'Forgiving and Unforgivable', Jacques Derrida suggested, similarly to Laplanche, that 'the work of memory is the work of mourning'. It is the continual remembering of the other that allows the possibility of change, of feeling something different, of the creation of a relationship with something different. For him, that night, in relation to the possibility of forgiveness. I believe Laplanche is right when he disagrees with Freud about the end product of mourning being the cutting of the threads rather than the creation of something new, a relation to something Other.

At the funeral of his friend Emanuel Levinas in 1995, Derrida was asked to speak. He reminded us of Levinas's definition of death as 'the death that we meet in the face of the other as non-response' (1999:5). This definition opens the way to consider mourning in relation to the confusing area of not getting a response from those who are still alive: the emotionally deadened or closed down.

After drawing to our attention that it was Levinas who redefined the French word adieu (to God, à-Dieu), Derrida writes:

> I said that I did not want simply to recall what he entrusted to us of the à-Dieu, but first to say adieu to him, to call him by his name, his first name,

> what he is called at the moment when, if he no longer responds, it is because he is responding in us, from the bottom of our hearts, in us but before us, right before us—in calling us, in recalling to us: à-Dieu. Adieu Emanuel (1999:13).

I hesitate to say anything further about something so beautiful, but in these terms the work of mourning is a movement of a relationship to within, with the other through the use of the name. Not as a melancholic appropriation, but a letting be, an adieu/à Dieu.

Staunch

Would we say that Penelope was staunch?

In the last few years I have noticed the word 'staunch' used in the media in a way that has a different quality to my (foreign, English) ears. Sports writers, popstars and political commentators use it quite freely as though we will all understand what they mean. It feels as though it is used to invoke a desired set of attributes at times when fortitude is called for, a kind of holding in and propping up (as in stanchion). As such it is a kind of imaginary identification, in the Lacanian sense. I have also had the experience of two patients who use it as a way of describing the way they have felt they have had to be, in relation to their experience of what has felt like unsymbolisable emotional absences in their lives. I will not dwell on these clients' experiences except to say that what they had in common was a kind of emotional parental failure that they could not think about, or feel, and therefore, could not understand. Both of them being (necessarily) rather creative and attentive to their environment, learned how to be what they called staunch. This helped them to survive but at the cost of an emotional isolation into mid-life.

The Dictionary of Modern New Zealand Slang defines 'staunch' as 'Originally in gang, thence in general use. Of unquestioning loyalty; completely dependable, especially in a tough situation. Hence staunchness, the quality of loyalty or dependability' (Orsman:1999). 'Staunch' is both an adjective and a verb. *The Collins English Dictionary* (1979) suggests the etymology of 'staunch' (or 'stanch') is from the Latin *stagnare*, 'to be, or make, stagnant', or from the Old French, *estanchier*, 'to check the flow of liquid, to make watertight'. 'Staunch' is both a verb with the action of staunching something, stopping the flow of something (e.g. blood, emotion), and an adjective describing a loyal, firm, or dependable person.

What became clear to me as I puzzled over the way the word was being used in my consulting room was that whilst my patients' conscious intent was to say something about being staunch, that is, dependable, they were in fact talking about staunching something emotional. In both cases what was staunched was grief. This function is close to the archaic root of the word in 'assuage': that is, grief is assuaged, leaving melancholia. Therefore, the function of being staunch is to staunch the flow of emotion, to staunch grief. So that when someone says 'I am staunch', could we hear something like: 'I have had to stop myself feeling something that has been too difficult, confusing and painful for me'? If so we might call this disavowal.

In the recent film *What Becomes of the Broken Hearted*, Jake Heke's eldest son has joined a gang. Early in the film when they are going to fight with another gang he feels questioned by his gang leader as to his ability and loyalty. His response is to affirm that he is 'staunch' and therefore trustworthy. If you remember back to *Once Were Warriors*, we are led to believe that the young Heke's joining a gang in the first place was due to his father's inability to understand anything of his son's emotional needs. So he joins a gang in order to gain the kind of masculine relationships that he cannot get from his father. To some extent he attempts emotional repair but ends up repeating his experience. The leader of the gang is as treacherous as his father and in wanting to repay Jake for a beating of many years previously, he gets the younger Heke killed.

What is in common between the experience of my two clients and the *Once Were Warriors* scenario, is how confusing it is for a child to have parents who are not dead but who act in some ways as though they are emotionally dead or deadened. This confuses the child as to what they have to learn emotionally, and what to feel about their own feelings. In this the child is left with an unsymbolisable choice between feeling alone with the threat of disintegration, or being staunch. For Jake's son, as for my clients, the death they meet in the other's non-response is too difficult to understand because it is an absence rather than a loss. They respond by abandoning the enigmatic message of the other's emotional absence and replacing it with a perceived set of desired attributes: staunchness. In this sense 'staunch' refers to a total personality constellation rather than a specific personal quality, as in 'staunch supporter'. Being staunch in these terms is to take on the perceived emotional self-containment of the other as a way of not grieving his loss. This is the identification Freud talks about.

This manic defence against melancholia is an emotionally costly and dangerous manoeuvre. Becoming staunch in relation to the other's emotional absence, identifying with their perceived self-containment through emotional staunchness, short-circuits mourning into melancholia.

Of course there are many routes to avoiding feeling this as melancholia. Robert Young in his paper 'Disappointment, Stoicism and the Future of Psychoanalysis and the Public Sphere' (1999), sees disappointment as being the beginning of the depressive position, the beginning of grieving. But disappointment can only happen if one can know what one is disappointed in or has not received. I believe this kind of realisation only happens in what we know as secure attachment or containment.

My place in this

My mother died 8 months after my eldest daughter was born. It was certainly not a conscious choice, but for me there was sense of a conflict between being with my grief and being with my daughter. This conflict has emerged for me since then in my work with the two patients I have mentioned, particularly in relation to what I now understand as staunched grief. I believe that my own capacity for grieving, including re-contacting stuck aspects of my grieving for my mother, has played its part in helping my patients who have similar stuckness within them. In particular what I noticed was how much I was remembering my mother, at times in the therapy of the two people I have mentioned, when initially there was no indication of grief being an issue for them. The memories that were coming to me were of stuck or unresolved issues between my mother and me. It took some time for me to determine that the work I had to do was in relation to my own staunched grief. This became particularly apparent to me when I felt I was in the presence of something in myself and in my clients that felt deadened and deadening.

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Individuation in a Culture of Connection

A. Roy Bowden

Abstract

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

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

Psychotherapy in the culture

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

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

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

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

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

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

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

Connection rather than individuation

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

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

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

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

The implications of making connections

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

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

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

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

Group association patterns

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

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

Analysis of whom?

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

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

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

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

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

A collective unconscious

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

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

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

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

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

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

Trauma as a separate entity

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

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

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

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

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

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

Changing the language

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

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

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

Overcoming isolation

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

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

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

As one of my own Pakeha clients said,

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

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

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

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

1. Personal communication from client.

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

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

Durie (1985) writes:

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

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

More than connection

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

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

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

John Bevan Ford[2] has, I believe, captured the essence of what psychotherapy should be in our country. Not that his work has ever set out to do that but it assists me to be a new kind of psychotherapist. He has often drawn a closely woven cloak (kahu) within or over the landscape of Aotearoa. The cloak represents mana and is in and around the essence of the work and the symbolism in the features. When I am with a client and I see one of John's drawings on my wall I can no longer think in psychodynamic terms alone. Anxiety is not confined to the individual and suicidal gestures are links with wider negativities. There is no need to investigate whether there is a spiritual component to my client's dilemma because I am seeing a cloak that cannot 'be' without containing wairua. The cloak of mana over the client's complex landscape is a reminder of ancestral figures and archetypes that may have more power than strong emotions.

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

Patterson (1992) agrees:

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

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

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

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

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

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

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

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Reflections on the Analytic Mirror

Dale Dodd

Abstract

The Myth of Oedipus may be regarded as the founding myth of psychoanalysis. Jungian contributions to the Oedipal literature remain less well known than contributions from Freudians. This paper attempts to survey some of the more important contributions by Jungian authors including Jung, Neumann, Campbell, Edinger and Gee as well as the Freudian psychoanalyst, Parsons, writing in a Jungian journal. It is hoped that this introduction to Jungian ways of appreciating the Oedipal myth may encourage dialogue between the two branches of psychoanalysis.

I have a special interest in optics and especially in mirrors; I am intrigued with how light can be brought into focus with a mirror to create an image that we perceive as having form and colour.

The psychology of perception attempts to understand how our sensory stimulation at such a focus comes to be *experienced* as an image.

We are all in a sense *blind*, feeling our way through sensory ambiguity, perceptually *creating* images which we then *reify*; perception is however ultimately an *illusion*. Perception can play tricks with light and with our experience of reality.

If *perceived* reality is highly subjective at a *sensory* level the picture becomes truly challenging when we venture into the domain of *psychological* reality. How do we come to *reflect* upon and see who we are? How do we develop an *imaginal* sense of ourselves? What does the Self *look* like? What mirrors are available to *mirror the Self*?

Archetypes

Early in the history of psychoanalysis Jung proposed that there are *archetypes* that *pre-pattern* our perceptual experience. Archetypes may be understood as the psychic analogues of behavioural instincts. They are deeply unconscious but may be *inferred* from analysis of dreams, transference, patterns of behaviour,

art, folk tales, legends and myths. Psychoanalysis has traditionally made use of *myths* to give us images of these typical patterns of experience (Jung: 1912/1976).

Oedipus

One such archetypal myth is expressed poignantly in the plays of Sophocles. It seems fitting that in the dawn of the new millennium we reflect on what might be regarded as the founding myth of psychoanalysis: the myth of Oedipus, his mother and wife Jocasta, his father Laius, his two sons and two daughters. In addition to Oedipus and his family, we will mention two other characters, Theseus and the blind seer Teiresias.

Oedipus has been analysed from many perspectives for nearly a hundred years within the psychoanalytic tradition, and for over two thousand years before that within the thespian tradition. Clearly this is a story of epic proportions with themes of territorial rivalry, hubris, superstition, parental neglect, infanticide, adoption and discovery of birth parents, road rage, castration, patricide, homosexual love, betrayal, maternal suicide, filiacide, father/daughter bonding, and blindness.

Oedipus is a myth whose core theme is, as Gee says 'the need for, but resistance to, consciousness' (Gee: 1991: 193).

Since Thespis fathered drama in Greece, tragedy was performed every March at a festival of Dionysus in Athens or in Dionysia. Sophocles won the prize for his Oedipal work, defeating his mentor Aeschylus who wrote the first Greek tragedy (Howard: 1984).

> Summary of ***Oedipus*** [adapted from Hugh Gee]
>
> Laius seeks refuge in the court of Pelops.
> Laius, the world's first pederast, seduces Pelops' young son Chryssipus.
> Apollo is not amused; Pelops curses Laius, that his son would murder him and marry his wife.
> *Years later:*
>
> Jocasta pregnant with Oedipus, son of Laius, King of Thebes.
> Apollo's oracle predicts this son will one day kill his father and become his mother's husband.
> Oedipus born.
> Laius and Jocasta plot infanticide.

Oedipus given to a shepherd with orders to abandon the infant Oedipus on a mountain side; his feet to be pierced with an iron pin to prevent him from crawling away [and to protect the murderer from being haunted by the ghost].

After piercing Oedipus' feet the shepherd does not have the heart to carry out the order so gives Oedipus to a Corinthian shepherd asking him to take Oedipus beyond the borders of Thebes and rear Oedipus as his own.

The Corinthian shepherd takes the infant to the King of Corinth, who is childless and adopts him, giving him the name Oedipus [swollen foot].

Oedipus as a young man hears a rumour that he had been adopted. His foster mother dissembles, saying only that she loved him.

Oedipus goes to Delphi and is told by the ministers of Apollo that he will kill his father and marry his mother.

Oedipus tries to avoid the prediction by deciding not to return to Corinth but to go to Thebes.

Road rage: Oedipus and Laius meet on the road. The driver of Laius' carriage tries to force Oedipus off the road. In the ensuing fight Oedipus kills both the driver and his father Laius.

Oedipus reaches Thebes which is in the grip of a deadly monster, the Sphinx. Creon, the governor of Thebes following the death of Laius, promises the crown and the hand of Laius' widow, Jocasta, to the man who can rid the city of the Sphinx.

The Sphinx poses a riddle: Which is the animal that has four feet in the morning, two at midday and three in the evening?

She kills anyone who can not give the right answer.

Oedipus gives the correct answer: 'man', because in infancy he crawls on all fours, walks upright on two feet in maturity and is supported in old age by a stick.

The Sphinx tries to fly away but Oedipus kills her.

Oedipus is crowned King of Thebes and marries Jocasta.

Oedipus and Jocasta have two sons and two daughters.

The gods can no longer tolerate the hidden affront of this patricide and incest and bring pestilence and famine to Thebes.

The Thebans consult the gods. Apollo, through the oracle at Delphi, replies that these scourges will not cease until they have driven out the murderer of Laius.

Oedipus investigates the murder and through the blind seer Teiresias learns that he, Oedipus, is the murderer.
Oedipus realises that he has married his mother, Jocasta.
Jocasta in shame and grief hangs herself.
Oedipus blinds himself with Jocasta's pin.
Oedipus goes into exile accompanied by his daughter Antigone. He eventually takes refuge in Colonus requesting Theseus to secretly bury him in Athens.

Psychoanalytic commentaries

Many analysts have reflected upon Oedipus and have written from their unique perspectives. McClean has recently summarised much of this rich psychoanalytic literature, including synopses of Freud, Klein, Bion, Britton, Devereux et al..

It is interesting to reflect on the missing voices in the extensive Oedipal literature. One would be hard pressed to find any reference to Jung or Jungians in the psychoanalytic literature on Oedipus. Jung's pre-emptive introduction of the concepts of the collective unconscious and of archetypes seems to have been dismissed by the patriarchal Freud as an Oedipal challenge to his authority, and so Jung, like Oedipus, was ostracised and left to die.

Freud however clearly saw the *archetypal* significance of Oedipus. McClean quotes from Freud's letter to Fliess in 1897 in which Freud states that there is:

> ...an unmistakable indication in the text of Sophocles' tragedy itself that the legend of Oedipus sprang from some *primaeval dream-material* which had as its content the distressing disturbance of a child's relation to his parents owing to the first stirrings of sexuality (Cited in McClean: 1999: 4).

After briefly considering the themes of blindness, castration and personal growth we will consider contributors to the Jungian literature, including the views of Neumann, Edinger, Campbell, Parsons, and Gee.

Blindness

I would first like to reflect on the symbolic meaning of blindness, as *Oedipus* begins and ends with the image of blindness. There is the blind seer Teiresias who brings the drama to its turning point in revealing that Oedipus has murdered his father and married his mother as prophesied by Apollo's oracle.

According to Kallimachos, Teiresias was blinded for having seen the naked goddess Athena but was given the gift of prophecy in recompense. Both Ovid and Apollodoros state that he was first changed into a woman because he saw two snakes copulating but was changed back to a man when he saw the two snakes again. His blindness was caused by Hera who punished him for siding with her husband Zeus in their debate over which gender enjoys sex more. Zeus said women do and Teiresias agreed (Buxton: 1980: 22-37).

Teiresias is said to be the only shade in the Underworld whom the gods allowed to keep his intellectual faculties. He seems to stand for *consciousness*, for *reflective insight*, as well as for the *foresight* of prophecy. His special vision was the result of transformation from *having seen the forbidden*, whether we think of gazing upon the naked Athena as seeing the naked mother, or if we regard seeing the copulating snakes as viewing the primal scene. Teiresias seems to stand for man's struggle *to know secrets*, to assert consciousness over unconsciousness.

The story of Oedipus is therefore prefigured in the character of the blind Teiresias. Oedipus blinds himself when he realises the terrible truth of having murdered his father and entered into an incestuous marriage to his mother Jocasta. This realisation plunges him into *introspection*, an inner looking, that compensates his heroic focus on *outer* events. This inward looking equates with *insight* and with *reflection*. He becomes introspective, a *blind seer* in the tradition of Teiresias.

Clinically, visual symptoms such as partial sightedness or blindness may carry psychological meaning.

A 30-year-old woman experienced transient myopia that was correlated with *reflection* on her having been sexual abused between the ages of 6 and 8 by her father. Over the years, whenever she had recalled the trauma of her father's abuse, she developed severe myopia and had to wear glasses. When she entered analysis her myopic symptoms disappeared. It seemed to us that her near-sightedness led her into introspection, imposing an inward looking at suppressed traumatic memories. When she finally *looked* at the earlier abuse her myopic symptoms were no longer needed.

Castration versus Sacrifice

Freud primarily focused on the theme of erotic and aggressive triangulation that he saw in *Oedipus Rex*, emphasising father-son conflict and mother-son bonding. He went on to embellish the story with his own myth of castration

anxiety and identification with the aggressor-father as the prototype for male psychological development.

The castration theme is first encountered in Sophocles' play with the staking of Oedipus' foot to the ground where he is left to die, and later with Oedipus' symbolic castration of his father in the infamous road rage incident where Laius is not only killed by Oedipus but has his sword and belt taken from him, symbolically emasculating him.

What are we to make of the Freudian castration motif? Jung preferred the term *sacrifice* to *castration*. Gee states:

> ...in addition to 'fear' the sexual wishes can be sacrificed out of 'love'... the inner strength needed to make this sacrifice is in part gained by the son identifying with his father in a positive way... the transforming effects of identification can only be experienced if there has been a 'good-enough' relationship between the father and son (1991: 207).

However from a Jungian point of view, the question of *castration* of the male goes back further than the conflict with the father. The problem it would seem is the boy's emasculation, not by his father, but by the Sphinx.

The Sphinx is a mythical creature, who is the product of incest between her mother and her mother's son. Jung says the Sphinx symbolises *mother/son incest;* she is an archetypal image of the *Terrible Mother*.

Neumann

Jung's view of Oedipus was further developed by Neumann in his major work, *The Origins and History of Consciousness:*

> Oedipus becomes a hero and dragon slayer because he vanquishes the Sphinx. This Sphinx is the age-old foe, the dragon of the abyss, representing the might of the Earth Mother in her uroboric aspect. She is the Great Mother whose deadly law runs in the fatherless earth, threatening destruction upon all men who cannot answer her question...[Oedipus'] heroic answer, which makes him truly a man, is the victory of the spirit, man's triumph over chaos. ... Here where the youth becomes the man, and active incest becomes reproductive incest, the male unites with his female opposite and brings to birth a new thing, the third: a synthesis arises in which for the first time male and female are equilibrated in a whole. The hero is not only conqueror of the mother; he also kills her terrible female aspect so as to liberate the fruitful and bountiful aspect... Oedipus was only half a

> hero...the real deed of the hero remained only half accomplished: though Oedipus conquers the Sphinx, he commits incest with his mother, and murders his father unconsciously (Neumann: 1954: 162-3).

Neumann emphasises the *heroic failure* of Oedipus, the failure to sustain his heroic position of triumph over the devouring maternal. He sees Oedipus' self-blinding with his wife/mother's brooch as indicative of Oedipus being overtaken by fate, a return to the unconsciousness of the Great Mother. Oedipus failed by unconsciously acting out as actual incest what *should* have been an *inner symbolic* marriage of masculine and feminine. In this sense Neumann sees in Oedipus at Colonus

> ...an old man finding rest and deliverance at last in the grove of the Erinyes, representative of the ancient mother power... Blind and infirm, he vanishes mysteriously into the bowels of the earth, guided by Theseus, the ideal hero of a later age, who refused to succumb to his stepmother, the sorceress Medea. The Great Mother takes Oedipus, the Swell-foot, her phallic son, back into herself (1954, 164).

Neumann believes Oedipus failed as a hero because he was not a hero born under the protection of a deity who could have empowered him in his fight with the Terrible Mother and helped him to identify with a strong father principle.

Translating Neumann's archetypal/mythic language into more familiar psychological language:

The young Oedipus was able to develop a functional ego but lacked good-enough fathering to consolidate a true sense of Self. The trauma of suddenly becoming conscious of the unbearable truth about himself overwhelmed his false-self, regressing him into an early dependent state wherein he acted out his infantile incestuous instincts.

In characterising Oedipus as a failed hero Neumann is perhaps overstating the case to make his point about what he calls the *Dragon Fight,* the boy's fight for differentiation from the devouring mother.

In *Oedipus at Colonus* the old Oedipus ends his tragic life with *lofty, mystical solemnity*; he has matured, is wiser and more contemplative, but he has not *fully* transcended his personal tragedy.

However Neumann neither acknowledges Oedipus' relationship with his dutiful daughter, Antigone, nor sees in Oedipus' blindness and regression a potentially *redemptive* retreat from false-self heroism.

The Oedipus plays may be construed from a Neumann's Jungian perspective as being about how hapless Everyman attempts to become conscious, how he tries to transcend his fate, rise above his tendency to regress into unconsciousness, and arrive at something like mature wisdom and equanimity.

Personal growth, individuation and transformation

Clinically, Oedipal issues are transformed by gradually bringing the complex into consciousness and seeing how its tentacles permeate one's life. The complex may be imaged in several ways during the course of an analysis, primarily through the analysis of transference patterns, dreams, fantasies and memories. Especially within the transference an analysand experiences how he blindly projects onto others.

For there to be a more or less complete resolution the Oedipus complex must be transformed under the aegis of the integrative archetype of the *Self*. This is the missing *protective deity* Neumann refers to.

In myth this is represented as the aegis of a god or goddess. The heroic Perseus is able to slay his *Terrible Mother* by *reflecting* her image in a shield given him by the goddess Athena. She gives him the transcendent quality of cool-headedness and introspection, symbolised by *reflective visioning* of the *Terrible Mother* seen in the *mirror* of her sacred shield.

In the analytic transference, the *analyst* often temporarily holds such a projection of the Self until it is re-owned by the analysand. This experience of the archetypal Self provides the missing aegis that facilitates resolution of the complex.

Campbell

Campbell, relating the story of Oedipus to myths and legends of *Infant Exile*, cites Rank's categorising of such myths into five essential themes:

1. The infant is the offspring of noble or divine parents, or of a deity and earthly maiden.
2. Extraordinary difficulties attend the birth, occasioned commonly by the malice of either the father himself or some father surrogate such as a cruel uncle or king.
3. The infant is exposed (like Romulus and Remus, or like Oedipus), or otherwise sent or carried off, either alone or (as in the legends of Perseus and Danae, the child Jesus and Mary) together with his mother.

4. The rejected ones are rescued, either by animals or by simple, usually rural, folk (in the Christian legend by both: the little donkey and the humble carpenter, Joseph).
5. In the end, the hero, now a youth returning to his proper home, either overthrows the father and sets himself in his place (Oedipus, Perseus, Christ's New Testament supplanting the Old), or becomes reconciled with the father and completes the father's work (the New Testament as fulfilment of the Old) (Rank: 1974: 44).

Campbell further includes the myth of the birth of Zeus whose cruel father Kronos is warned that a son will overthrow him. According to one version his mother Rhea gives birth to Zeus and flees to a cave in Crete where the earth goddesses protect the infant Zeus. A stone wrapped in swaddling clothes is given to Kronos. Campbell cites Strabo's account of another version of the myth wherein young warriors dance about the birth scene making noise with drums and the clashing of arms to screen the child's cries from his father's hearing before it is taken to Crete to be cared for by nymphs.

Campbell also chronicles the birth of Lord Krishna, the incarnation of Vishnu, as a further example of the Infant Exile motif (1974: 44).

Parsons

The London psychoanalyst, Parsons, provides us with another interesting perspective on *Oedipus at Colonnus*. Writing in the Jungian *Journal of Analytical Psychology* he points out that

> In...*Oedipus at Colonnus* the ruler of a city is confronted with a stranger: a dangerous figure, imbued with sacred meaning, who demands recognition (1990: 39).

This is the dying Oedipus who dialogues with Theseus, the ruler of Athens. Theseus acknowledges his similarities to Oedipus' life. Although in his case incest and parricide were near misses, he sees himself *mirrored* in the tragic fate of Oedipus.

Oedipus wants Theseus alone to secretly bury him in Athens explaining that he will thereby bless and protect Athens. Parsons suggests Sophocles portrays in Theseus

> ... a man faced with the need to acknowledge a denied aspect of his own self...What confronts Theseus in Oedipus is something he has been warding

> off throughout his life, with some success—he has not, after all, done what Oedipus did—but which has persistently tried to break through and is now finally demanding recognition. ... He might... intensify the splitting, emphasise all that makes Oedipus different from himself, and use projection to insist that Oedipus must inhabit someone else's territory... Theseus [however] can accept the stranger... He can integrate the opposing feelings which Oedipus arouses, as well as the aspect of himself which Oedipus represents. Thus the split both in the object and in his own self is healed (1990: 35).

Theseus is able to *reflect,* to *recollect* Oedipal projections and so integrate *his* Oedipal Complex. Whereas Oedipus is an archetypal caricature, Theseus is more like *Everyman*.

Theseus saves Athens, his Polis, because he sees himself *mirrored* in Oedipus and so avoids Oedipus' fate. His *insight* into himself is seen in the *mirror* of Oedipus' blindness. He shows the way to redeem himself from Oedipal fate but perhaps as importantly his self-awakening has important implications for the Polis. Social ecology begins with such individual awakenings.

Theseus reminds us that Oedipus is about *awakening*—seeing with wide-awake eyes, just as it is—without denial.

Edinger

Edward Edinger examined archetypal Oedipal themes in *alchemy* referring to them as *the lesser coniunctio* [a conjoining or integration of psychic opposites]:

> ...the lesser coniunctio is pictured as killed, maimed, or fragmented... For example, referring to the marriage of Mother Beya and her son Gabritius, a text reads:
>
> But this marriage, which was begun with the expression of great joyfulness, ended in the bitterness of mourning. 'Within the flower itself grows the canker: Where honey is, there gall, where swelling breast, the chancre.' For, 'when the son sleeps with the mother, she kills him with the stroke of a viper.' (Edinger: 1985: 212).

Edinger acknowledges the Oedipal imagery but says that '...for the alchemist, the mother was the *prima materia* and brought about healing and rejuvenation as well as death' (212). There is risk here, as the alchemical text vividly portrays. Edinger states 'the immature son-ego is eclipsed and threatened with destruction when it naïvely embraces the maternal unconscious' (1985: 212).

Gee

The London Jungian analyst, Gee, bridges the classical Jungian and object-relations perspectives in his analysis of the Oedipal Complex. Gee begins with the theme of *abandonment* in the Oedipus myth. While acknowledging the remarkable resilience of the psyche's response to early traumatic abandonment, Gee believes there are limits to the reparative capacity of the archetype of the Self. He says in relation to the infant abandonment of Oedipus:

> ...in the case of the consequences of a traumatic abandonment, we may be witnessing the psyche making the best of what will be the permanently damaging effects of object loss (1991: 196).

Gee points out that, clinically, analysands are more often struggling with their *sense* of abandonment, the sense that parental objects failed to meet infantile needs. He quotes Winnicott who observed that 'the idea that the mother does not have what is needed is for the child an unthinkable thought' (Cited in Gee: 1991: 196).

Gee says:

> ...the archetypal image of the withholding mother is a defence ... for it is easier to cope with 'frustrated hope' than 'no hope'...With the growth of the infant's awareness thar the parents have each other, we see an update on the 'withholding mother', namely the fantasy that the parents are giving to each other what is needed by the child. With this fantasy comes murderous rage, the wish to divide the parents, and also the sense of being unwanted and abandoned (1991: 196).

Oedipus therefore begins life with a sense of abandonment that predisposes him to splitting in his object relations and sets the stage for him to do heroic battle with an outer-projected archetypal *Terrible Mother*, while preserving the longed-for archetypal *Good Mother*. His heroism gives him an inflated illusion of conquest over the Terrible Mother, giving him a spurious sense of independence.

Gee goes on to say: 'Oedipus, with his heroic ambition to become godlike, maintains a conviction of independence while unconsciously yearning and striving for the lost object' (1991: 197).

He further characterises Oedipus as in denial of his aggression. Gee states that such denial of aggression, guilt and isolation combine to form an *innocent victim psychology* which he sees as the *empty child* aspect of the *Child* archetype. He writes:

> Wherever there is a hero you will find an 'innocent victim' and, of course, it is the 'innocent victim' part of the self that the hero is trying to rescue...the 'innocent victim' denies all ... aggression, and the hero justifies his aggression by his conviction of having 'a good cause' (1991:197-198).

Gee discusses growth as experienced by many adolescents. He sees adolescent heroes as frustrated with the slowness of their development. The spiral like progress they make is experienced as 'a maternal circle in which [they feel] trapped'. A sudden solution to their feeling of stuckness '...provides the hero with the exciting illusion that difference means emotional growth and separateness'. Such heroic changes are defensive against 'accepting that some of our hopes are forlorn'. Gee sees that 'the heroic part cannot accept this, so remains in battle with reality' (1991: 200).

In his combat with Laius, Gee suggests:

> ...Oedipus is not, at this stage, concerned with true separation but is still largely concerned with removing any object or process that is preventing him from remaining in the safe paradise of the mother-unconscious (1991: 201-2).

Killing his father does not make Oedipus into a man, nor does his answering the riddle of the Sphinx. Gee sees the Sphinx as a *Trickster* whose aim is to bring about incest. Paradoxically, by 'defeating' the Sphinx Oedipus unwittingly comes under her incestuous influence and seals his fate.

Gee writes:

> This results in a precocious identity, as if manhood could be arrived at overnight by the mere solving of a riddle... The overcoming of the sphinx and then becoming king is a view of growth that many adolescents hold... In the Oedipal play we see that it is the killing of Laius that preoccupies Oedipus and activates change, whereas the mother-son incest, although disturbing, is not seen as the main cause for concern (1991: 202).

In the eventual return of the Sphinx to Thebes Gee sees the symbolic 'eruption of unconscious guilt' in Oedipus (203).

Gee argues that Oedipus is by now locked into a losing battle with becoming conscious. He says:

> Although in the collective unconscious the hero represents *nascent* consciousness, this is not to be confused with actual consciousness with which the hero cannot cope. His reality is very partial. He identifies with

> those parts of himself that are seen...as good, and the characteristics that interfere with this self-view are projected (1991: 203).

Gee sees in Jocasta the personification of the archetypal *negative mother* that would induce Oedipus to *resist* consciousness. He quotes from the play as Jocasta speaks

> Think no more of it...Best live as best we may, from day to day. Nor need this mother marrying frighten you; many a man has dreamt as much. Such things must be forgotten if life is to be endured (Cited in Gee: 1991: 204-5).

Conclusion

The evolution of post-Jungian thinking about the myth of Oedipus spans classical archetypal theory and more clinically grounded developmental theory. The central theme running through this literature derives from Jung's analysis of the salience of the archetypal mother in providing a matrix of unconsciousness in the male psyche that initially must be heroically transcended. The integrative archetype of the Self is seen as important if this heroic emergence into consciousness is to become consolidated. The more traditional Freudian emphasis on father/son power rivalry may obscure the more fundamental resistance to consciousness that is better understood in mother/son terms.

The seemingly peripheral figure of Theseus appears to be important in more fully understanding the Oedipal myth as he represents the way beyond the complex. Whereas Oedipus seems to be an *Everyman* Theseus is perhaps best characterised as an *Every Analysand*. By overcoming his resistance to consciousness he succeeds where Oedipus stumbled.

While the Oedipal myth can be adapted to provide a model for similar dynamics in understanding female psychology, other myths are arguably better suited for this purpose. It should also be noted that although the resistance to consciousness motif in the Oedipal myth is archetypal and therefore 'universal' there are important cultural colourations that must be considered in adapting this myth to non-European cultures.

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Reflections and Projections in Maori/ Tau Iwi Relationships

Fay Danvers and Tania Robin

Abstract

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

The ground

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

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

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

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

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

Tania speaks

Tena ra koutou katoa He mihi nui ki a koutou, nga kanohi ora o te tini mate kua wheturangihia ki te huinga o te iti kahurangi, nau mai, haere mai.	Greetings to you all The living faces of those who have become stars and joined the heavenly gathering, Welcome.
Haere mai i raro i te manakitanga a Io-matua	Welcome under the care of Io-matua,
Haere mai ki runga i tekaupapa o te ra nei.	And welcome to the purpose or issue before us today.
Te kaupapa hirahira. Te kaupapa whanui. Te kaupapa ki waenganui i a matou.	It is an important issue, A far-reaching issue The issue that is amongst us.
Ko Takitimu te waka. Ko Kahuranaki te Maunga. Ko Poukawa te waiu. Ko Kahungunu ki Heretaunga te iwi.	The ship is Takitimu, The mountain is Kahuranaki, The lake is Poukawa. The people are Kahungunu of Hastings.
Ko Te Rangikoeanake te hapu. Ko Tania Robin ahau.	The clan is Rangikoeanake. I am Tania Robin.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Tapa wha describes four dimensions which contribute to waiora:

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

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

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

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

Fay speaks

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

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

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

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

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

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

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

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

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

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

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

Criteria for rank and privilege

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

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

Gender: Men generally have more social rank than women.

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

Education: Those with higher learning are seen as superior.

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

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

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

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

Health: Athletic bodies without impairment rank highest.

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

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

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

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

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

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

> *The Mirror: Reflection, Connection, Rejection, Projection*
> 'I look/experience, and if you reflect me, I connect with you' or
> 'I look/experience, and if you do not reflect, I reject and project'.

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

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

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

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

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

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

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

> Danielle[1] grew up under the eye of Mt Ruapehu as Hemi, in a whanau quite accepting of her choice to be gay and later to have a transgender operation, with the resulting changes in life this implied.

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

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

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

Marama[1] was brought up very Maori, on the Wanganui River. During her tertiary training as a nurse she decided to investigate Pentecostal Christianity. Here she learned that Maori traditions and spirituality were 'the work of the devil'[2] and that not only must she pledge allegiance to her new faith exclusively, but must also convert her family to be saved. Marama had a schizophrenic episode (how could she bridge these two worlds?) and landed up in the psychiatric unit. Again the tangi moved her back to a place of reclaiming from the shadow her mana and ake (inherited prestige) and allowed her to start her road back to wholeness.

Toby[1] started life in a Maori family who denied all whakapapa and were determined to live as European. (This decision had been made a generation previously when both parents had been strapped at school for speaking Maori.) They had a strong religious life that was interwoven in a devout way with the day-to-day. When Toby went to the local EIT he found the secular quality of the tech unbearable. In time he fell into a deep depression and was referred to our service. Our work together stuck fast and could not move until I shed tears about the religious/secular split. Again tangi caused a watershed and Toby was able to release his distress about this split enough to complete his training in four years, before embarking on further training in (you guessed it) Te Reo Maori.

Our Vision

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

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

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

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

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Mirror, Mirror on the Wall, Who is the Most Beautiful of Them All: A Psychoanalytic Reflection on Narcissism, the Ego, Lacan's Mirror Stage and Cultural Identity

Graham E. Bull

Abstract

In the stories of Snow White, Narcissus, and other such tales, we see brilliant examples of identities based on imaginary features. These turn out to be narcissistic and ego-centred identities. The question for the psychoanalyst and therapist is, are there any other forms of identity? A close reading of Freud, informed by the psychoanalytic teaching of Lacan, shows us that there are. Using a Lacanian orientation in psychoanalysis in conjunction with a reading of the Samoan author Albert Wendt's book *Sons for the Return Home*, we see that there is a subjectivity that is also a cultural identity that is not based on a 'Westernized' idea of a strong ego.

'Mirror, mirror on the wall, who is the most beautiful one of them all'? the queen asks the mirror fairly early on in the story of Snow White.[1]

The wicked stepmother continues to ask the mirror the same question even though, at the start of the story, the mirror continues to tell her that she is the most beautiful. She needs constant reassurance as to her identity as the most beautiful.

Then, one day, it is as if this mirror image can not hold up. It replies to the queen, 'Though queen thou are beautiful, Snow White is the most beautiful one of all', much to the queen's chagrin. She is then consumed by anguish, rage and envy. Even though she started off beautiful, envy and anguish have made her ugly.

1. I have changed the word 'fair' in the story to 'beautiful' as that seems to be what the queen is saying and at this point I do not want to get into the politics or psychoanalysis of colour, although that could be an interesting theme to develop.

In one of Aesop's tales (1984: Omega), a dog is carrying a piece of meat. It crosses a stream by a bridge but, on looking down into the water, sees a dog with a piece of meat in its mouth. It goes to grab the meat from the dog. Of course, what it sees in the water is its own reflection and on grabbing at the meat it loses what it already has.

Lastly, we have in the *Metamorphoses* of the Roman poet Ovid (trans. A. D. Melville), the story of Narcissus who refused the overtures of Echo, and was so enchanted by his own image seen in the water that he could not take himself away from this enchantment with himself, and so pined away and died. There was no need to go outwards to others. He was complete unto himself and this completeness destroyed him.

We see in these brief stories examples of mirror imaging and narcissism. In all three cases the mirror images do not hold up and lead the subjects of the stories to destruction. Now we know that the mirror image does not work, because whenever we walk down one of the main streets of any city we see people looking at their image in the glass windows as they go by. But they are not content with just one glance. They walk three feet on and look again and then again.

In Chinese culture, during bereavement rituals the mirror is covered by red paper. This is in order that departing spirits do not see themselves in the mirror and so become unable to move on to another position, another identity. Psychoanalysis is similarly concerned with a person becoming fixed in some mirror image identity which they are unable to move on from.

Freud in one of his papers on technique also invokes an image of the mirror. The analyst 'should be impenetrable to the patient, and, like a mirror, reflect nothing but what is shown to him' (1912/1991: 162). Some analysts have taken this mirror image description of analysis literally and they see analysis as providing a type of mirroring of what the client says. According to Etchegoyen (1991: 505), Grunberger, for instance says that an analyst should constitute himself strictly as the patient's alter-ego, as a mirror whose sole function is to allow the patient to see himself reflected there. To him, that is why the analyst sits behind the person, leaving the analysand alone without an object that would drive the analysand from their narcissistic position. Here, of course, the analysand is a narcissist with the analyst as his Echo. But we can indeed question whether this is what analysis is about.

Many therapeutic endeavors aim at strengthening a person's image, their ego, to build self-esteem, to give a sense of wholeness to a person. Sometimes, perhaps narcissistically, the analyst or therapist sees themselves serving as a role model with which the client can identify. The relationship is to be made as equal as possible, even to the point of needing sameness in both the analyst and analysand: same sex, same race, same culture, same problem. But, one can ask, is not this a type of mirror imaging, and what are the consequences? The problem in this way of working is that it does not get people out of the same alienating situation as Snow White, Aesop's dog and Narcissus, who are all locked in mirror image identities. Rather than mirroring identities by congruence and empathy, psychoanalysis—for Lacan—is about making a difference. Sitting behind a person, in fact, starts to break the mirror effects of analyst-analysand working together. It gets away from the image to a concern with language. It is with language that one can reach an other beyond one's ego. Things can be different. The queen can be different from Snow White and not lose her beauty. Aesop's dog does not have to have the other's meat and Narcissus could get beyond himself and even do better than to be with Echo.

In a session, it happened that I said I was going to be away one week. The client immediately said that she was going to be away the week after and expected that she could. We see the beginning of some identifying process here. We see it, also, when she made a connection with my having been very English in my ways, the same way that she saw herself. Of course, I did not collude with this mirror imaging. I started to make a difference. Missed sessions had to be paid for. I was a New Zealander.

The history of the ego

Just as the ego has a history within each of us, so on a social level it has a history. It can be dated as beginning with Martin Luther in the sixteenth century: 'Here I stand', he said (Erickson: 1962: 231). He then proceeded to try to dismantle the mediation of the church and the social group as the way of obtaining a communication with God. He tried to establish a direct one-to-one communication with God. This autonomous ego was further developed by Descartes, with his *cogito ergo sum*: 'I think therefore I am' (Descartes: 1970: 69). Certainty now resided in one's self. The knowledge of others, even of God, was secondary and less well-founded than the certainty coming from one's own thinking process embedded in one's own self.

With the growth of capitalism and secularization, the individual became totally alone, almost solipsistic and autistic, certainly narcissistic. 'Me, myself and I' go the words of a modern song. But without the social world and the mediating factors of language, symbols and rituals to hold this individualized being in existence, the modern ego itself started to have problems. Hence the development of psychoanalysis and psychotherapy. Philip Rieff (1966), the sociologist of psychoanalysis, sees therapy as taking over from theology the task of keeping the self together in the modern world. The self in the modern world is conceptualized as the ego. Christopher Lasch, in his book *The Culture of Narcissism* (1980), outlines some of the effects of this modern world which he says is plagued by narcissism. Therapy may have got beyond the *cogito* of Descartes, but it did not get a lot further because in place of the *cogito* it puts feelings. *Sentio ergo sum*: 'I feel therefore I am' says the modern western therapist. Both, for Lacan, involve an unnecessary attention being paid to the ego. Lacan's reading of Freud says the seat of analysis and therapy is in the unconscious and language (1977). Perhaps he would say 'I speak, therefore I am', or at least 'therefore I can come to be'. It is here that the subject can be found.

Freud

In his paper 'On Narcissism' Freud says: '...we are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start' (1914: 77). The ego has to be developed; it has a history. In 'Totem and Taboo' Freud says that the ego is established at the same time as narcissism is established (1912-1913: 89). In 'Three Essays on the Theory of Sexuality' he describes infantile sexuality as auto-erotic: '... the instinct is not directed towards other people, but obtains satisfaction from the subject's own body (1905: 181). The obtained satisfaction is the satisfaction of individual component instincts such as the oral and anal instincts, which function anarchically rather than as an organised group of instincts. But this is not, for Freud, the stage of narcissism. Freud postulates that after the stage of auto-eroticism there is the stage of narcissism. Here the isolated sexual instincts come together into a single whole and have found an object, which he says is the ego (1912-13: 88-89; 1914: 75). At this point in his writings, the narcissistic stage is located between auto-eroticism and object-love. The ego is the organization of the libido and from there libido can go out to objects. It can also be withdrawn back onto the ego as seen particularly in illness and psychosis.

In the 1923 paper 'The Ego and the Id', often given central place in training schools, Freud initially reiterates the importance of the conscious/unconscious distinction, even if he complicates matters a little more. The paper is not strong about strengthening the ego. He refers in this paper to 'the narcissism of the ego' although, admittedly, this is secondary narcissism that he is referring to that has come back from objects (1923: 46). But still later, in 'An Outline of Psychoanalysis', he speaks of primary narcissism made up from the libido that the ego stores up before it goes onto objects. The resistance and defences come from the ego, he says (1940: 178-179). The ego defends itself, it ignores situations, it represses, it opposes itself to desire.

In some places, certainly, Freud talks about strengthening the ego. In 'The Introductory Lectures', for example, he talks about a strong ego (1916-17: 387) as he does elsewhere, but he gives more weight to the fact that we cannot trust the ego, that the ego leaves out of account the unconscious, and that, 'we are prepared to find that the ego's assertions will lead us astray' (380). In 'An Outline of Psychoanalysis', Freud talks about strengthening the ego by, amongst other things, extending self-knowledge. But in the same paper he also says:

> ...the desire for a powerful uninhibited ego may seem to us intelligible, but as we are taught by the times we live in it is in the profoundest sense hostile to civilization (1940: 185).

Many people translate Freud's '*Wo Es war, soll Ich werden*' in 'The New Introductory Lectures' (1933: 80) as 'Where Id was, there ego shall be' and see this as the aim and catchcry of psychoanalysis. Lacan takes it differently, interpreting the statement as: 'There where it was, I would like it to be understood, it is my duty that I should come to being' (1977: 129). Here 'I' is not the 'I' of the ego but the 'I' of the subject. If *Es* meant id, Lacan says, Freud would have used '*das Es*' and similarly '*das Ich*' for the ego. The understanding here is that the subject must come into being and is not to be found as identified with the ego.

Identification

Besides narcissism, the other important element that Freud associates with the ego is that of identification.

Early in his work Freud noticed that people not only seemed to imitate others, but seemed to assimilate aspects of another. In hysterical identification, for

example, a person can take on a symptom or trait—say a cough—that is part of the symptomatology of another person. A person can also identify themselves with a dead person. Libido here, instead of being directed onto a person, is withdrawn into the ego (Freud: 1917: 249). Freud says in 'The Ego and the Id' that the ego is formed to a great extent out of identifications (1923: 48).

Freud also, and this is an important point, talks of another type of identification that is somewhat different from the two examples above. He speaks of an identification with the father or with the parents at the dissolution of the Oedipus complex (1923: 28-34). This identification, unlike the other two, is not related so much to the ego and narcissism but to object love and the ability to desire another outside the family. It is related also to the castration complex which symbolically, for Freud, cuts one off from Oedipal desires.

Lacan

Lacan homes in on and develops the relationships which Freud makes between narcissism, the ego, and identification. It is, perhaps, where he begins his work. Lacan (1977: 1-7) relates these concepts to one another in his mirror stage theory and more broadly in what he calls the Imaginary, which is on one level opposed to the concept of the Symbolic.

Lacan agrees with Freud that the ego is not present at birth. From the age of about 6-18 months, Lacan sees the baby starting to recognize himself in the mirror. The child is fascinated by the image and eventually comes to see the image as his own. Because at birth a baby is relatively uncoordinated, helpless and dependent, the mirror image gives the child a sense of totality, unity and mastery despite the lack of real mastery. This is the ego according to Lacan. Because of the disparity between the image of the baby and what the baby actually is (not co-ordinated or masterful) alienation is present. We can say, then, that the ego is formed on the basis of an imaginary relationship of the subject to his own body. His own body is other than himself and this structures the subject as a rival with himself. Now the image he identifies with can be the image of another, the gaze of the mother, for example. We see this confusion of who is who sometimes in children's play where the child who strikes another says that he was struck, the child who sees another fall himself cries. A child recently said to me when she saw me with my legs crossed that I had my shoes on the wrong way.

Given that the ego is imaginary, it neglects, misconstrues events and refuses to accept the truth coming from the unconscious. It can hardly, then, be seen as the human subject.

But, as we saw for Freud, there was for Lacan more than one type of Identification. There was the one at the dissolution of the Oedipal scenario that gave a person a place outside the family in a greater scheme of things. Along with Freud, Lacan associates this position as one within culture. Unlike many analysts who leave Freud's social and cultural writings out of account, Lacan uses these to show the nature of this different type of identification and to show that it is a movement into culture. The castration complex moves the child away from its mother, away from imaginary identifications to symbolic ones. Lacan shows how Freud clearly outlines this process in his primal horde myth, which is a variation of the Oedipal myth. But, unlike the Oedipal myth, which is unfinished, the primal horde myth does show a way out of the Oedipus complex. A careful reading of this myth can be very helpful in our reading of Freud's works on culture, religion, mourning and politics, and also for clinical work.

In the beginning, Freud postulates that humans live in primitive horde-like groups where a primal father has all the women to himself (1912-13). There are no rules against murder and incest. In fact there are no rules at all. The men are under the threat of actual castration. The brothers then group together and kill this father, devouring him. But this way of living is not then perpetuated. Instead of carrying on this way of life, the brothers feel guilty. The people then form communities that exist by law, primarily laws against incest and murder. They negotiate by means of language and symbols rather than act by brute force. It is the beginning as Freud says 'of so many things—of social organization, of moral restrictions and of religion' (1912-13: 142).

Though the primal father is dead, from this death the symbolic father comes into being as the rules of the symbolic system. This is what Lacan refers to as 'The Name of the Father'. The men celebrate this movement from the horde to culture by a ritual of circumcision which Freud says is symbolic castration. We are then in the realms of what Lacan calls the Symbolic.

The entry into the Symbolic is the dissolution of the Oedipal complex. Neurosis is only a partial entry into the Symbolic. With the movement from the realm of the Oedipal with its imaginary identifications, into the realm of culture and its symbolic identification, a person becomes a subject, subjected especially to culture and the symbolic realm. This gives a person their subjectivity as a being who can have some desire for some other outside themself. There is room for difference and otherness to occur, not completely outside the symbolic system, as it is for the psychotic, but subjected to it.

Instead of alienation there is separation. A person does not have to be captivated by mirror image functioning but can get beyond this.

Sons for the Return Home, by Albert Wendt

To show more clearly the workings of the above concepts, I refer to Albert Wendt's novel *Sons for the Return Home* (1987).

In summary, the novel is about a man who as a boy travels from Samoa to New Zealand, then eventually returns to Samoa. While at university, he meets a *palagi* woman. The relationship between them becomes the main focus of the book. Eventually, they decide to get married but, as in many love stories, their families do not sanction the marriage. The woman decides to go to Australia. There she has an abortion and does not return. The man with his family goes back to Samoa, but it no longer feels like home. Just as he did not fit into New Zealand society, he does not fit into Samoan society, but he learns much about himself, a process that first started when he met the *palagi* woman. Finally, after a serious argument with his mother, he leaves Samoa and returns to New Zealand. His journey could almost be the journey of a psychoanalysis.

Analysis

The novel starts with the man sitting at a table in the university café and being approached by a woman. The woman says: 'You don't talk much do you?' (1987: 2). He is a man of few words. We are told that as a teenager the main character was a school prefect and a member of the first fifteen. But he did not enjoy the game. He used it for his own ends. He slept with girls, just to keep them at bay. He did well at school and was liked and admired as 'the best Samoan student our school has ever had' (1987: 12). He was the first Samoan to pass School Certificate and had the possibility of being 'the first Samoan to be picked for the All Blacks' (1987: 15), all of which pleased his parents, but did not please him. We start, then, to see an identity being formed, but we can ask, is this an identity or a seeming identity, an imaginary identity in Lacan's terms, as we saw above, one that builds up a 'strong' but alienating ego?

As a youth he was taught, especially by his mother, about Samoa: '... the sun shines nearly all the time...it never gets cold' (1987: 74). Samoa was compared to New Zealand as good is to bad. As the text says and he learned this much later:

> ...so she continued, throughout the years, until a new mythology, woven out of her romantic memories, her legends, her illusions, her prejudices, was

> born in her sons, a new fabulous Samoa to be obtained by her sons when they returned home (1987: 76).

'Sons for the Return Home' was the identity given to him and his brother by their mother—an imaginary identity.

We get some inkling of the initial formation of this character's ego in the mirror stage in the second chapter of the novel. We are told that on board the ship as they were coming to New Zealand the mother dressed the boy in a gray sweater, shorts and shoes. These were quite different clothes from what he was used to. The boy and his father then stood 'in front of the full-length mirror, trying awkwardly to adjust to the strange clothes' (1987: 6).

The boy started crying, pleading with his mother to take off the shoes. She calmed him by promising him an ice-cream. We see here the image given to him by his mother and the reward for keeping it—an ice-cream—mother's love. His desire is being created as his mother's desire. It is also very interesting to see much later on in the novel, when he is back in Samoa and questioning himself and coming to an understanding of his own desire, that he goes against his mother's wishes. 'He adamantly refused to wear his charcoal gray woollen suit and the tie and shoes his mother wanted him to wear' (1987: 181). These are almost the same clothes he put on as a child at the request of his mother. It is as if he had been wearing them ever since, but now his ego, associated with these clothes, is being broken. On his return to Samoa, so far out of touch was he that it all seemed unreal. His mother wanted him to just pretend, but it was becoming increasingly impossible: 'It didn't seem real...it was hard to believe that he had spent nearly twenty years preparing and waiting for this return' (1987: 171-172).

In Chapter 21 we see, as his relationship with his girlfriend is deepening, the image of a mirror is applied by them to their relationship after making up after an argument: 'Now we can see each other more clearly. One more mirror shattered' (1987: 116). The ego and its identity are being deconstructed, allowing 'the other' to have a presence as other and not just a mirror image, (part of the development of an analysis).

At one point in Chapter 19, we come across Polynesian mythology—jealousy between brothers over being mother's favourite, incest, the phallus, the death goddess Hine-nui-te-po who made men immortal. It was Maui who entered Hine-nui-te-po while she was asleep. She awoke and found him in there. She crossed her legs and thus ended man's quest for immortality. He commented

to his girlfriend at the beginning of these narratives: 'Freud did not discover the Oedipus Complex' (1987: 99).

But where is the father in all of this? At the beginning of the novel, we see the desire of the man for the women at university is kindled on the bed of his mother. The father does not seem to have any authority over his son. The father seems to have abdicated his position of what Lacan calls 'The Name of the Father.' There is neither primal nor symbolic father present. Consequently there is not an adequate separating from the mirroring identity of the mother.

The father, for Lacan, puts in place the incest prohibition: you must not sleep with your mother. The father inaugurates an entry into culture, into the world of language and of desire. But the father is unable to do this, in this case, mainly because he himself has no desire of his own.

The father had encouraged the boy to study medicine to become a doctor, partly because of the high estimation the father has for the *palagi* doctor who allowed his mother to be able to conceive, but also because, as we learn much later, it is a family tradition that the youngest son be a healer. His father had failed to take up this position, so how can he pass it on to his son? So that when the father said to the son that he had disobeyed him by not studying subjects which would allow the son to become a doctor, it is not so much disobedience we see here but the inability of the father to subject the son , mainly because the father himself does not possess what it takes— 'the phallus' which is what you get after a symbolic castration. (Remember castration starts the Oedipal scenario, and entry into the phallic stage completes it for Freud).

Once he is back in Samoa he becomes aware of many things. He is struck by the position that language is given in the culture, a notion about culture in general that also intrigued Lacan and that he saw as being of utmost importance in becoming a subject:

> He concluded that their respect for the spoken word was equal to their respect for physical courage...The word separated man from the beast... (and) respect for the correct use of language was peace, harmony, civilization (1987: 179-180).

The above passage could just as well have been taken from Lacan's reading of Freud on the importance of language.

One day, while walking in the jungle, the young man—we can not yet call him a subject—came upon a grave. He removed all the bracken from it: 'He worked

as though he was trying to uncover an important mystery, which lay buried within himself' (1987: 185). It was his grandfather's grave. His grandfather was someone everyone had been afraid of, but also respected. Perhaps the absent father. This is verified as we read on. We learn that his grandfather 'grew to conquer through his healing powers and what comes to be known as his epic phallus' (1987: 188).

In Chapter 37 we have the moving description of the main character's father introducing his son to his son's dead grandfather. This grandfather, the father said, was someone very much like his son and what he wanted his boy to become, a doctor, yet he had not wanted his son to be like this person, a free man. (Here replace free man by 'subject'). The main character also learned here that he had been the son through whom his parents had especially tried to live their dreams. He learned that his grandfather had given his wife an abortion which killed her and that his grandfather had betrayed the only person that he loved—his wife—and thus betrayed himself. Remember that the young man had let his girlfriend go to Australia where she had an abortion.

This time in the forest was a revelation to the son and the father as to who they were as men, but especially for the son, who in Lacanian terms was being introduced to 'The Name of the Father'. The grandfather possessed the phallus and had the power to make the son identify with him and so become free.

In the next chapter, we see the main character finally confronting his mother with what had happened with his girlfriend. In anger the son hits the mother (1987: 215) which in Samoa means an acceptance of death, but this death we can read as the Heideggerian 'being for death', which gives human life meaning because of the finite limit of death. The idea can be seen in Freud's 'Death Drive' and also in Lacan's reflection on these elements of Heidegger and Freud. The death of symbolic castration allows a new life to come to be. It is described in the novel thus: 'The sharp final slap of his forgiving hand across her face broke open the womb of his grief and guilt, and he was free at last' (1987: 215).

He accepts a symbolic castration then, partly through the agency of his girlfriend and his grandmother, and also through the myth of Hine-nui-te-po, but most especially through encountering his grandfather. All these elements are acting in 'The Name of the Father'. He is thus freed from being the object of desire for his mother and can take up his own desire, as a cultural, Samoan, subject.

The wicked stepmother in Snow White becomes more ugly as hatred sets in. The dog in Aesop's fable probably dies through starvation. Narcissus dies but lives on, not just in the flower with that name, but in the ego of us all. The subject of Albert Wendt's novel becomes a subject, a subject of culture, which is also the work of all psychoanalysis.

At the end of *Sons for the Return Home* we see our subject returning to New Zealand. He writes on the plane: 'And Hine-nui-te-Po woke up and found him in there. And she crossed her legs and thus ended man's quest for immortality' (1987: 217).

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The notes that follow are intended to guide contributors in preparing manuscripts for submission to *Forum*. These guidelines have been chosen to conform with those used by most international journals in the fields of psychology and psychotherapy.

Submission of manuscripts

The editors welcome the submission of papers, commentaries, research notes, letters and book reviews from the association's members and applicants and from others outside the association with an interest in the field of psychotherapy. Contributors are asked to include an abstract (100 words approximately) and a brief biographical note.

The closing date for the submission of manuscripts is **30 April**. Changes following the editing process need to be completed by **1 July**, when both a revised hard copy, and the disk that contains it, should be returned to the coordinating editor.

Preparing manuscripts for publication

Layout: Manuscripts should be double line-spaced throughout on one side of A4 paper, with margins of at least 20mm all round. Preferred font size is 12 point.

Endnotes: These should be typed on a separate sheet following the text, and numbered consecutively throughout the text, with numbers positioned as superscripts.

Tables and drawings should be in black ink or laser-printed, and clearly labelled to indicate their place in the text.

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Acknowledgements: Acknowledgements should be typed on a separate sheet of paper.

Quotations: These must always be acknowledged, and full references - i.e. author, date of publication and page number - provided to identify their

source. For quotations of three lines or less, the quoted passage is enclosed in quotation marks without a change in line spacing e.g.

This client's state of mind might be summed up by Phillips' conclusion that "adulthood . . . is when it begins to occur to you that you may not be leading a charmed life" (1993:82).

Longer quotations should be set out, without quotation marks, as a separate paragraph, with single spacing and indented five spaces from the margin e.g.

> The seduction theory had to do with the effect of manifest environmental evils on people's mental balance; the theories of infantile sexuality and the Oedipus complex were elements in a radical and quite fantastical conception of human nature which says we are ruled (and sometimes unhinged) by events that we only imagined as small children . . . (Malcolm: 1984: 77).

Omissions: When part of the passage quoted has been omitted (as in the quotations from Phillips and Malcolm above) this is indicated by . . .

Citations: The source of ideas from the work of other writers should be acknowledged in the text, and all such sources should be included in the list of references e.g.

Malcolm (1984) set out to chart the complex and sometimes explosive responses of Masson and Swales to Freud's archival legacy.

References: A full list of texts referred to, arranged with authors' names in alphabetical order, should be supplied. (A bibliography listing texts not cited in the paper is not required). All references should include the name of author, date of publication, title, place of publication and name of publisher. Their format should be as follows:

A chapter in a book

Flannery, R. B. (1987). From victim to survivor: a stress management approach to the treatment of learned helplessness. In B. van der Kolk (Ed.), *Psychological Trauma.* Washington, DC: American Psychiatric Press Inc.

A journal article

Hofer, M. A. (1975). Studies on how maternal deprivation produces behavioural changes in young rats. *Psychosom. Med.* 37:245-264.

Books

Malcolm, J. (1984). *In the Freud Archives*. London: Flamingo.

Phillips, A. (1993). *On Kissing, Tickling and Being Bored*. London and Boston: Faber and Faber.

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