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Te Rōpū Whakaora Hinengaro

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Editorial

Margot Solomon

I value Foulkes' notion that we do not exist in isolation. Foulkes (1990) argues for the recognition that inner processes are not separate or independent from the context of the network of people in an individual's life. At the same time I am wary of trying to fit together that which cannot fit together. Matilda in Mister Pip (Jones, 2006) says, "Some areas of life are not meant to overlap" (p. 200). She is talking about the lack of fit between her love of the work of Dickens and her father, a Bougainvillian who had adapted himself to live in a white-man's world in Townsville. I often feel this lack of fit between Pākehā and Māori. If we want true connection between Māori and Pākehā, we must acknowledge differences; otherwise, we can fall into the trap of noticing only what confirms our cherished habitual ways of seeing and understanding our interpersonal world. We humans tend to simply not notice whatever might challenge our unconscious bias, like Simon and Garfunkel's boxer who "sees what he wants to see and disregards the rest."

Loewenthal (2006) enjoins us as psychotherapists to be mindful of an ethical imperative articulated by Levinas that calls us to recognise "the importance of accepting, without attempting to know, the Other's otherness" (p. 205). He speaks of the western focus on 'To be or not to be' (referring to Hamlet and to Heidegger) as the focus of Western society and essentially the wrong question, as it continually brings attention back to the self (Loewenthal & Snell, 2003). Levinas (cited in Peperzak, 1993) discriminates between autonomy and heteronomy. Simply put, autonomy puts oneself first while heteronomy puts the other first.

I relate this idea to NZAP's current attempt to address the bi-cultural aspect of our commitment as psychotherapists and as citizens of Aotearoa. We live in a nation that has made a commitment to being bi-cultural. My understanding is this means Pākehā need to put Māori first, to consider their needs above other needs — to recognise them in the first place. However that is problematic for a psychotherapy culture that has focused on autonomy.

From the perspective of "being" it is easy to justify thinking about individual needs. Many psychotherapists take on family roles of holding the painful emotions of parents. The otherness of the other is identified with, and the self is easily lost. This is a difficult (though perhaps common) combination to bring to the practice of psychotherapy, and involves a struggle: the self is put aside to focus on the other, and the attention on the other is an attempt to know the other (i.e. be the other, live through the other, take responsibility for

the other.) Meanwhile the self is envious, abandoned, needy, and stays hidden because of shame and guilt. This struggle means that for psychotherapists unless this issue is addressed there is a limit to what can be achieved in oneself in terms of ordinary happiness and unhappiness, but also in what one can achieve with patients. Levinas would say that this is putting the self before the other. Heteronomy does not necessitate abandoning oneself; it is more about accepting the other in their difference. Psychotherapy as I was taught and have taught to others, focuses on finding oneself, being oneself and learning to be at home with oneself. These values are common currency in NZ psychotherapy. We have chosen autonomy, and yet we are also choosing to face the uncomfortable challenge of being bi-cultural. Maybe the thinking of Levinas, Loewenthal and others can help us to find the capacity to be mobile in our perspective and more able to move out from the comfortable 'at-home' place.

I enjoy reading (and writing) that stretches and expands my understanding. I hope you will find the papers in this journal offer a stimulating read. There are nine papers: the peer-reviewed section has seven scholarly papers, and a second section brings two stories from the conference. We have a substantial meal of Freud: four of the nine papers reference him, two with a Lacanian flavour. Gustavo Restivo offers a case study illuminating the Lacanian style of psychotherapy, and Lucy Holmes uses Lacanian theory to think about the meaning for the patient of stealing. Two papers are from recent graduates (Monique Nyemecz and Lisa Zimmerman) from the AUT psychotherapy programme, based on their dissertations and co-written with their supervisors. Leon Tan has contributed a piece of research on online blogging as self therapy, and Teresa Von Sommaruga Howard has written a powerful analysis of the large group at the conference in Napier. Also from Napier (and in a separate section) we have two living stories from presenters. Finally Ingo Lambrecht and Andrew Shaw write about an art psychotherapy group and show how the process of the group creates healing for individual group members.

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The death instinct: Suppression of emotions, physiology, and illness.

Monique Nyemecz & Steve Appel

Abstract

Freud's concept of the death instinct is revisited and related to current research in cell biology and psychoneuroimmunology. Freud argued that externalisation of the death instinct in the form of aggressive and destructive expression is necessary in order to protect against our primary impulse to self-destruction. The implications of suppression-repression for disease development and/or progression are discussed from a psychoanalytic and empirical research perspective.

Introduction

Until his death in 1939 Freud maintained that mental illness results when repression fails (Solms, 2004, p. 84). Could the same be said about physical illness? After all, he always assumed that "for the psychical field, the biological field does in fact play the part of the underlying bedrock" (Freud, 1937, p. 252).

In this article we introduce Thanatos, suggesting that there may be life yet in Freud's largely neglected concept of the death instinct: both the instinct part and the death-seeking part. We do this by noting how studies in psychosomatic research bolster the death instinct concept while at the same time benefiting from this way of thinking. Positing that there is a continuum of conscious to unconscious barring of unwanted material from awareness - suppression-repression - we propose that this is what Freud was getting at with perhaps his most unpalatable idea, the death instinct.

Freud's dual-instinct model

Freud developed his death instinct theory in 1920. His clinical observations led him to question his earlier assumption that people are motivated by the desire to experience pleasure and avoid pain (unpleasure). In "Beyond the Pleasure Principle" he observed that some of his patients were indeed seekers of physical or emotional pain. The clinical phenomena of repetition compulsion (sadomasochism, melancholia, obsessional neurosis, trauma, the negative therapeutic reaction, aggression and self-destructiveness) led Freud to look beyond pleasure as the primary goal of human activity and to postulate that humans have not one but two primary instincts. He called the life-favoring instinct Eros, one of the Greek words for 'love', and the death instinct, Thanatos, the Greek word for 'death'. He suggested that all living creatures

have an instinct, drive, or impulse to return to the inorganic state from which they emerged. This todtriebe (drive toward death) is active not only in every creature, great or small, but also in every cell of every organism. He pointed out that the metabolic processes active in all cells have both constructive (anabolic) and destructive (catabolic) functions. Life goes on because these processes work together - they are opposing but not adversarial. Similarly, Eros and Thanatos function in a complementary manner in the personal and interpersonal lives of people.

The prevailing tendency of mental life, according to Freud, is reducing, keeping constant, or removing internal excitations. The tendency to return the individual to a state of equilibrium implies a dynamic process by which the psyche successfully removes internal excitations returning the individual to a state of equilibrium following each disturbance, preventing either the life or death instinct establishing a dominant position.

The death instinct, like all instincts, originates in every cell and is considered the primary source of internal excitations. Cathexis of internal excitations is achieved by the fusion of life and death instincts returning the human organism to a state of equilibrium. However, if excitations exceed the psyche's ability to return the individual to a state of equilibrium conflicts arise necessitating the psyche's utilisation of various defensive and other measures to regain stability. Keeping the quantity of excitation within the organism stable is important for the individual's wellbeing (Freud, 1920).

The death instinct hardly ever appears in "pure form" (Freud, 1923), as it is always partially "fused" with the life instinct. This fusion with erotic components renders the death instinct harmless. While the manifestations of the life instinct are considered to be conspicuous and noisy, the death instinct, the more powerful of the two, operates silently, tending the organism towards dissolution (Freud, 1930).

A portion of the death instinct is diverted towards the external world in the form of aggressiveness and destructiveness; this too is seen to serve the life instinct. Freud (1930) wrote:

> The organism destroys some other thing, whether animate or inanimate, instead of destroying its own self. Conversely, any restriction of this aggressiveness directed outwards would be bound to increase self-destruction (pp. 77-78).

Freud (1924) considered this portion of the death instinct to be sadism proper, while the portion that remained inside the organism was recognised to be the "original, erotogenic masochism" (p. 163) or primary masochism.

In principle, then, the death instinct - like the life instinct - is in itself neither good nor bad; they are both necessary and complementary.

However, the death instinct can become a problem in human life. Freud elaborated on this in "Civilization and Its Discontents" (1930) where he considered civilised man's extreme difficulties in taming his own aggression. Modern over-civilisation has given us great powers, but also demands great suppression-repression. Consequently it produces a terrible dilemma: by acting out his aggressivity man risks destroying civilisation; by internalising it he runs the risk of perishing with intolerable guilt.

This concept has not had a happy fate in psychoanalysis. "For all Freud's authority, not all the psychoanalytic movement followed his lead" (Gay, 1988, p. 402). This is putting it mildly: most colleagues would accept the idea of aggressiveness as a part of our endowment, but not a "primitive urge toward death, or primary masochism". For the doubters Freud's distinction between "the silent death drive working to reduce living matter to an inorganic condition" and "strong aggressiveness" gave them an out (p. 402); they opted for the latter.

Ferenczi (1929) was among those psychoanalysts who did elaborate on the manifestations of the death instinct in human development. He hypothesised that growth at the beginning of life occurs with astonishing profusion and speed, but only under favourable environmental conditions. The inability of the mother to respond benignly to the infant's needs is responsible for the immediate stirring of destructive instincts and the vulnerability to death. Many of these infants "proffered organic possibilities for a quick exit, or if they escape this fate, they keep a streak of pessimism and of aversion to life" (p. 126).

Klein (1952) is another who kept Freud's concept of the death instinct alive. Her work on early development gave her deeper insight into the vital clinical importance of Freud's concept of life and death instincts. She thought that the primary cause of anxiety is the fear of annihilation - fear of death - arising from the working of the death instinct within. Her work with children led her to the conclusion that under the impact of the struggle between the two instincts, one of the ego's main functions - the mastery of anxiety - is brought into operation from the very beginning of life. Klein, it can be said, is "a kind of specialist in showing the consequences of different ways the psyche deals with the death drive" (Eigen, 1996, p. xx). Anxiety, splitting, projective and introjective identification, denial and dispersal are some of the ego's responses to this inner destructive force. Proliferation of these strategies that serve to dampen the effects of the death drive leads to "impoverishment of the

ego" and the "dispersal of emotions" (p. 609). The result is inner deadness; the patient feels disintegrated, emotionless and depleted. While Klein used Freud's concept of the duality of instinct in her clinical work, she mainly attended to the conflict between love and hate of the object, considering hate as an expression of the deflected death instinct (Segal, 1993).

Segal (1993), Klein's most significant interpreter, argues that the concept of the death instinct is indispensable to clinical work. She refutes the common argument that the death instinct ignores the environment, arguing that "since the fusion and the modulations of the life and death drives which will determine the eventual development are part of the developing relationships to the early objects...therefore, the real nature of the environment will deeply affect the process" (p. 59). Like Klein, Segal focuses on the defensive manoeuvres adopted against the death instinct. These defensive manoeuvres "create vicious circles leading to severe pathology" (p. 59) which, when analysed and the death instinct confronted in the stable setting of analytic work, lead to a mobilisation of the life forces in the patient.

Perhaps the most controversial of many controversial psychoanalytic ideas, the death instinct has attracted ongoing debate concerning its philosophical status and its clinical usefulness (Feldman, 2000). A common criticism which manages to avoid discussing the concept itself says that Freud's personal experience with grief and loss and preoccupation with death were responsible for the elevation of the death instinct to a primal force and the final revision of the drive theory (Anderson, 2001; Chessick, 1992; Gronseth, 1998; Hamilton, 1976; Quinodoz, 2004; Virsida, 2001; Wallace, 1976).

Others argue that the theory relies on incredible biological concepts (Fox, 1943, Sternbach, 1975, Pedder, 1992, Ikonen & Rechardt, 1978) and that Freud's use of such mythological concepts as Eros and Thanatos demonstrates the intangible nature of instincts, and raises criticisms regarding their clinical usefulness (Chessick, 1992).

Historical and contemporary psychoanalysts debate whether the origins of aggression are instinctual. There are psychoanalysts who argue that aggression is instinctual, and is a manifestation of the death instinct. Others argue that aggression is instinctual, but they do not accept a death instinct. And most others - in particular object relations theorists - consider aggression as non-instinctual, it being brought about instead by frustration by the environment.

Trying to avoid splitting between drive and non-drive theories, Mitchell (1993) proposes preservation of the essential features of both drive and non-drive theory. While the drive models of aggression have expanded our

understanding of the inherent destructiveness in human motivation and its centrality in the development of the self, the non-drive models of aggression have expanded our understanding of the subjective context within which rage and destructiveness arise. It is the complex interaction between instinctual stirrings, constitutional sensitivities, environmental transactions, and the psyche that has a determining influence on the individual's emerging personality and ability to keep the death instinct in check.

Freud (1924) admitted to being without any physiological understanding of the ways and means by which this taming of the death instinct by the libido may be effected. He later suggested that "future investigations may some day be of great importance for the understanding of pathological process" (Freud, 1933, p. 105). Perhaps that day is at hand.

Back to instincts

It was typical of Freud to invoke Greek literature and mythology, and it was also characteristic of him to attempt to ground his ideas in the biomedical and physical sciences. A highly regarded neuroscientist in his day, Freud believed advances in neuroscience would some day mean that the deficiencies in his description of instinctual life would vanish and psychological terms would be replaced by physiological and chemical ones (Solms, 2004). Freud was convinced that specific neurochemical foundations for instincts existed. Of course it's not just the idea of a death instinct that puts many writers and therapists off, it is the idea of instincts per se. Modern research is now able to show neural equivalents to Freud's classification of human instinctual life.

Brockman (2000) expounds on the biological basis of automatic or instinctual behaviour. He notes that Freud's focus on the consequence of instincts arose out of his belief that instincts cannot become an object of consciousness and therefore cannot be addressed as either an idea or affective state. Freud (1933) looked to the mental field for instinctual manifestations. He asserted that "from its source to its aim the instinct becomes operative psychically" (p. 96). It was the psychical representation of the instinct Freud believed was amendable to analysis. Uncovering and interpreting the unconscious motives of these manifestations in analysis may provide a pathway to influencing instinctual life.

Brockman (2000) provides a psychobiological understanding of the nature of instincts. He defines an instinct as "a psychobiological organisation of memory-affect-anticipation-action, an organisation of cell bodies that can be brought together and taken apart" (p. 509). Convinced there are biologic connections between instinct and consciousness, he asserts it would be

incorrect to assume that an instinct cannot be fully known: "How one responds to a situation depends on how one perceives that situation" (p. 500). He compares contextual-fear and classical-fear conditioning to support his statement. Contextual fear conditioning is the biologically more complex. Brockman describes how in classical fear conditioning the amygdala and noradrenalin are essential, while for contextual fear conditioning, an intact hippocampus and glucocorticoid release are also necessary. The hippocampus and glucocorticoids are required for the distribution and integration of experience.

> This is important – both for learning in general and for psychoanalytic learning in particular because it provides one of the biological underpinnings for transference: data can be associated from a powerful emotional experience that may both remain unconscious mediated through the amygdala and connect to conscious experience mediated through the hippocampus. When one places the anatomy of the amygdala and its circuits in the context of hormonal and psychological factors, it seems plausible that they are the sites that regulate arousal abnormalities. It describes a frontier where the experience of one person could be transferred to another by virtue of an affective link (p. 503).

According to Brockman, this frontier is where instinct and consciousness meet. His theory provides important insights as to the occurrence of the compulsion to repeat experiences seemingly against the wish of the individual, the phenomenon that led Freud to hypothesise a death instinct. Brockman's findings provide a physiological basis for understanding how repressed experiences have a powerful impact on how we perceive situations. The benefits of uncovering and bringing these powerful experiences to consciousness to allow the individual to experience and integrate new experiences is now understood from a psychobiological perspective. These new discoveries also suggest there are "infinite pathways for the conscious mind to access – and modify – the unconscious mind and the body" (Pert, 1997, p. 141).

Research consistently demonstrates that deficient early environments create vulnerabilities and/or interact with genetically based vulnerabilities in infants that produce disruptions in emotional processing and in stress-responsive biological regulatory systems, including sympathetic-adrenomedullary and hypothalamic-pituitary-adrenocortical functioning (Repetti, et al., 2002). The need for children's developing physiological and neuroendocrine systems to repeatedly adapt to threatening and stressful circumstances increases the likelihood of biological dysregulations.

Although the endocrine system has the same basic design and functional architecture, each person's endocrine system functions somewhat differently because of genetic variation and environmental influences. Physiological regulatory mechanisms, such as the autonomic nervous system, sympathetic adrenomedullary and parasympathetic nervous system, hypothalamic pituitary adrenal axis, and limbic (serotonergic) system, have been shown to regulate several biobehavioural pathways that are significant for health.

Halfon and Hochstein (2002) extend this theory into the realm of illness. They point out that it has been found that different behavioural and autonomic reactivity patterns are associated with the development of acute illness and psychopathology. The damage done to physical health of individuals exposed to negative environments may come from the initiation of biologically dysregulated responses to stress, the effects of which may be cumulative over the lifespan. Chronic diseases such as hypertension, cardiovascular disease, diabetes, and some cancers may begin as early as childhood in these biological dysregulations.

We have seen how modern research has begun to lay the biological foundations of important psychoanalytic concepts, enhancing the death instinct's credibility and clinical usefulness. Advances in cell biology allow us to better comprehend the mutual interplay between psychical and biological stimuli and the physiological response to the death instinct's ascendancy. We have seen that psychological and biological functioning is interdependent and that psychological disturbances have impacts on the functioning of the body.[1]

Psychodynamic therapists generally write from a purely psychoanalytic perspective when considering the effects of psychic stimuli. The patients' unconscious fantasy is perceived as linked to their feelings of resignation and to the development of physical illness, but we seldom consider the biochemical link between the patient's feelings and physical illness. Psychoanalytic works predominately focus on unconscious fantasy and repression, whereas as we will now show empirical studies focus on the effects of suppression.

Suppression in psychoneuroimmunology studies

In order to present our case we describe in this section the results of some studies in the field of psychoneuroimmunology. But first, a word on suppression-repression. Throughout Freud's career he used the terms 'suppression' and 'repression' interchangeably (Erdelyi, 1990). The closest he ever came to distinguishing between suppression and repression was explained in a long footnote: "I have omitted to state whether I attribute

different meanings to the words 'suppressed' and 'repressed'. It should have been clear, however, that the latter lays more stress than the former upon the fact of attachment to the unconscious" (Freud, 1900, p. 606). Thus we advance the suggestion that the mal-effects of suppression which follow, may apply to all shades of suppression-repression.

The ability to suppress emotions and thoughts varies considerably from one individual to another, depending on the flexibility and overall character of the defence organisation (Werman, 1983). Suppression has been defined by Werman as the "volitional elimination or diminution from consciousness, by any means, of undesirable thoughts, feelings, or bodily sensations" (p. 413). The study of thought suppression has grown into a significant area of scientific inquiry. What has compelled the interest of the scientific community is the realisation that "suppression is not simply an ineffective tactic of mental control; it is counterproductive, helping assure the very state of mind one had hoped to avoid" (Wenzlaff & Wegner, 2000, p. 59).

Individuals often suppress emotional thoughts that arouse negative emotions as a way of regulating mood and reducing distress (Petrie, et al., 1998). According to Booth and Petrie, the suppression of emotions requires ongoing psychological 'work' in order to accommodate the disparity between what one is feeling and what one is experiencing. This work indicates an increase in sympathetic nervous system activity which may have unhealthy consequences if becomes habitual. The constant suppression of emotions affects the neuroimmune network resulting in immunosuppression, leading to adverse health outcomes says Booth (2005).

Wegner's (1992) study on "Instructed thought suppression" found paradoxically that the instruction to suppress a thought typically induces a remarkable preoccupation with that thought, and that the resultant sensitivity to these thoughts heightens emotionality. Furthermore Wegner recorded that during suppression of emotional thoughts, intrusive recurrences are associated over time with electrodermal responses. The conclusion is that emotional thoughts that are suppressed cause stronger psychophysiological responses than those that are not suppressed. Subsequent research measuring the tendency to suppress unwanted thoughts (Wegner & Zanakos, 1994) augments prior findings that suppression may be a precursor of psychopathological reactions ranging from obsession to depression to anxiety. Wegner and Zanakos conclude that the tendency to dislike negative thoughts and to react to them with suppression is associated with depression severity and they suggest that thought suppression is therefore a useful way of understanding how people may become depression-prone.

The emergence in recent decades of the discipline of psychoneuroimmunology has advanced knowledge of the relationship between psychosocial factors, the central nervous system, the immune system, and disease (Keller, Schleifer, Barlett, Shiflett, & Rameshwar, 2000). It is now known that psychological experiences such as stress and anxiety can influence immune function, which in turn may have an effect on disease development and progression (Azar, 1999).

The idea that emotions and physiology mutually influence one another suggests that the immune system as part of our physiology may be affected by the expression of emotion (Booth, 2005). The expression and non-expression of emotion has been studied in chronic illness and in the quality of life of people living with or recovering from illnesses (Lepore & Smyth, 2002). Research findings provide strong evidence that the health benefits of emotional disclosure may result partially from effects on immune function (Booth & Petrie, 2002). As our emotions change, "the structure of our bodies changes and we experience our lives differently" (Booth & Petrie, 2002, p. 159). In other words, physiological changes accompany expression and suppression of emotions.

In O'Leary's (1990) review of empirical evidence linking emotional processes to immune function in humans she found, along with the findings that reveal the adverse effects of chronic stress on immune function, that certain personality styles may also enhance or degrade immune response affecting disease susceptibility and progression. Personality traits and coping styles are of particular interest in psychoneuroimmunology research she suggests, because "some immunologic diseases are chronic or take much time to develop" (p. 374).

Tacon's (1998) study is the first known study to examine cancer from an attachment theory perspective. Fifty two women with breast cancer and fifty two without cancer between the ages of 35 and 55 participated in the study. Parental care and control in childhood, general attachment style, and emotional control in adulthood were measured. Emotional suppression or control of negative emotions, especially anger, was noted as a characteristic of the avoidant style of attachment. The most important finding of Tacon's study was that women with breast cancer scored significantly higher than did the comparison group on avoidant attachment and on emotional control.

A study of breast cancer progression shows that "neoplastic spread was associated with repression, reduced expression of negative affect, helplessness-hopelessness, chronic stressors, and comforting daydreaming" (Stein & Spiegel, 2000, p. 129). Strikingly, they found that positive personality

traits, for example, optimism and an optimistic explanatory style, appeared to negatively impact immune function too. Stein and Spiegel conclude that expression of intrapsychic distress may contribute significantly to delay in tumour progression. They argue "although spectators may prefer the patient to be pleasantly quiet, the immune system response does not justify this preference" (p. 130). This may suggest that 'difficult' noncompliant traits may predict a better prognosis than masochistic traits.

An earlier study conducted by O'Donnell (1993) drew similar conclusions. Semi-structured questionnaires were used to measure the psychological responses and psychosocial adjustment of 53 patients with early breast cancer to their illness. Blood was collected for serum estimation of natural killer cell activity. Patients were followed up after five years to determine disease recurrence and survival. Consistent with the initial hypothesis, suppression of anger was found to significantly predict recurrence of disease within five years.

The selection of studies examined indicates inconclusive evidence linking the development of cancer and inhibition of expression of negative affects. Ader (cited in Azar, 1999) cautions against premature claims that the mind can cure cancer and other diseases due to the lack of definitive evidence. However, he also says that we cannot deny a connection between the brain and the immune system just because researchers have yet to find a biological mechanism linking the two systems; absence of evidence of a link is not evidence of absence of a link.

We have seen how psychosocial factors, attachment style, and personality traits influence the individual's tendency to suppress emotions. This tendency to suppress emotions impacts negatively on immune function, which if experienced over a long period may have adverse health outcomes. Conversely, research shows that positive physiological change accompanies stressor modulation and expression of emotion.

Conclusion

Blockages preventing cathexis of the death instinct through the externalisation of aggressive and destructive impulses are seen as the primary cause of self-destruction according to Freud. Empirical studies reveal that suppression of emotions has a negative impact on immune function disturbing the equilibrium of the body, which in the longer term may lead to adverse health outcomes. Both psychoanalytic and empirical approaches suggest that physiological changes accompany emotional changes. These studies support Freud's contention that the repression of emotions presents

a significant psychical and physiologic burden to the individual leading to illness, psychological and somatic. Freud introduced talk therapy as a way of uncovering repressed conflicts through the technique of free association. This process clears blockages inhibiting the release of internal excitations, returning the individual to a state of equilibrium. This too has been empirically demonstrated in the field of psychoneuroimmunology.

While psychoanalytic knowledge is not measurable in the same way as empirical research on psychosomatic disorders, linking Freud's concept of a death instinct to empirical studies on psychosomatic disorders allows for measurable and practical knowledge gained from research to be integrated into the psychotherapeutic setting. These findings empirically support what Freud attempted to articulate in his 1920 publication: that the development of blockages impeding the external expression of aggressive and destructive impulses has grave psychological and physiological consequences for the individual's health. And conversely, positive psychological and physiological changes accompany expression of emotions.

We have seen that the repression of emotions, in psychoanalytic studies and the suppression of emotions, in empirical studies, have a negative effect on health. Without denying other external contributing factors, the psychoanalytic literature calls attention to the unconscious motive of the individual when evaluating disease in patients. Identifying and relating specifically the emotional factors contributing to somatic disease is the task of psychotherapy. Treatment involves working-through (Freud, 1914), clearing blockages to repeated healthy expression of these emotions, thereby returning the individual to a state of equilibrium through the mobilisation of the life force in the patient.

For example, Goldberg (1995) draws on scientific research and her clinical experience to suggest that people with cancer are "typically extremely constricted when it comes to consciously experiencing their anger" (p. 84). Goldberg considers her patients' illness as a manifestation of the death instinct and urges modern analysts to embrace the "dark" aspects of being human. To be human, Goldberg suggests, is to be able to allow oneself to feel and express anger, hate, vindictiveness, the wish to hurt and harm as well as the wish to be hurt and be harmed - to acknowledge "the dark, ugly" feelings as well as the "sweet, pleasant ones" (p. 84). She recommends that analysts be authentic in their own expression of emotion with clients by using induced feelings, differentiating one's own self from the other, and using thoughts and feelings to stimulate in patients their own thoughts and feelings.

Rosenbaum hypothesises in her article "Groupicide" that institutions, by limiting external expression of aggression, may produce self-destruction in the form of physical illness. This is akin to Freud's (1933) view on civilisation's suppressive aim in taming instincts. "Raw unmodified aggression is like any other basic drive, it must eventually find expression and only so much can be absorbed by our guilt system and turned back against the self" (Rosenbaum cited in Tabachnick, 1972, p. 55-56).

Understanding the unconscious significance of the patient's psychosomatic manifestations therefore becomes the primary therapeutic aim. The creation of a safe and supportive environment in which the patient and therapist are able to explore the patient's associations, transference feelings and fantasies, metaphors and dreams facilitates the patient's ability to access buried conflicts, primitive fantasies and forgotten memories, as well as more consciously suppressed material. Equally important is careful observation and capture of the patient's subtle non-verbal communication to trace the gradual coming into consciousness of the as yet unverbalised apprehensions struggling for expression. These regressive and archaic forms of communication may provide insights into the relationship between the patient's unconscious motivation and their psychosomatic symptoms revealing the hidden symbolic meaning of their illness. Man's psychic creativity provides a defence against psychic loss in traumatic circumstances and in the long run against his biological destruction (McDougall, 1974). While the psyche adapts in whatever way is necessary to preserve life itself, should the psyche's creations falter, one may be threatened with biological death.

Through the process of psychotherapy biologic expressions can be translated into psychologic expressions.[2] Bringing these expressions to consciousness, and from consciousness to expression, we are able to explore their meaning, releasing their intractable and destructive influence, re-establishing links between the soma and psyche. Confronting the death instinct by identifying and understanding the defences created against negative emotions, the patient is able to begin to recognise their aggression and come to regard all their emotions as healthy and natural. Using countertransferential feelings the therapist is given a sense of the patient's fears and the way in which they survived early psychic trauma. This allows the therapist to further her understanding of the defensive value of the patient's symptoms as a sign of deep, unrecognised distress. Facilitating the patients' awareness of her internal dynamics strengthens the patient's capacity to utilise multiple pathways and outlets for her internal excitations. The patient is then more able to recognise the consequences of the internal and external forces and events on her psyche.

The patient can begin to differentiate and flourish as dictated by internal and environmental reality strengthening the ability to maintain the death instinct in check. Research suggests that the course of the patient's illness may change through this rechannelling of bound up emotions.

Apparently outdated and surpassed ideas of Freud are receiving second looks. Freud "is back" says neurologist Solms rather optimistically.[3] Readers of popular magazines will have noticed articles reconsidering the value of Freud's ideas on dreams (Solms, 2000), the talking cure (Williams, 2007), and the structural model of the mind (Solms, 2004) in the light of recent scientific research.

In this article we contribute to this reinstating and integrating trend by considering another fundamental of Freud's thinking - the dual instinct model, in particular thanatos, or the death instinct.

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(Endnotes)

[1] We employ dualistic body/mind wording here, but it should be clear that what is at work is a body-mind holism. See Broom (1997 and 2007).

[2] Of course there are other ways to accomplish this. See, for example Pennebaker's (1997) work on writing (and speaking to tape) to improve immune function.

[3] This is far from being a generally accepted trend. Hobson flatly contradicts it, saying, "Psychoanalysis is in big trouble, and no amount of neurobiological tinkering can fix it" (2004, p. 89).

Symptom and fantasy, two clinical dimensions

Gustavo Restivo

Abstract

The paper uses a clinical vignette to discuss Lacan's re-working of Freud's conceptualisation of "symptom." It traces the relationship of symptoms seen at the beginning of an analysis, and the original fantasy traversed in its final stages.

Introduction:

Freud (1923) defines psychoanalysis as a method to investigate unconscious mental processes, a method for the treatment of neurotic disorders and a set of theory obtained on those lines.

The post Freudian psychoanalytic movement developed into different approaches and theories. Those post Freudian developments centrally used in New Zealand include Ego Psychology, Object relations theory, Kleinian Psychoanalysis, and other less formalised, eclectic approaches in psychotherapy.

Within this context, my practice as a psychoanalyst in New Zealand has always been coloured by a sense of marginalization. I am not planning to elaborate about this in detail; however, the issue of marginality seems to be the effect of some demographic factors like my being a foreigner or English being my second language, but also it seems to be related to more fundamental issues like my offering a foreign type of approach in New Zealand: the Freudian field of psychoanalysis. In my opinion, and within the psychotherapy field in New Zealand, clinicians and institutions are more interested in psychotherapists getting on with each other, rather than reflecting on any of the mayor discourses in psychoanalysis: Sigmund Freud, Heinz Hartmann, Rudolf Loewenstein, Donald Winnicott, Melanie Klein, Jacques Lacan, to name just a few.

Well established institutions like NZIPP[1] or new ones like Centre for Lacanian Analysis (CLA) are instigating the introduction of the major paradigms in Psychoanalysis in New Zealand. The CLA was created last year, as an attempt to address the issue of marginality by trying to bring the marginalized Freudian field to a more central position. In conjunction with an amazing group, within the Lacanian orientation, of people moved by the same passion for the Freudian field of psychoanalysis, we created the CLA, with members from both clinical and academic fields. The activities of the

CLA include research seminars, aimed at addressing issues related to clinical and/or theoretical psychoanalysis.

Lacan proposed a return to Freud, a return to Freud's works, with the intention of re-stabilising the Freudian field in psychoanalysis. Lacan's initiative facilitated the development of psychoanalysis along with other sciences i.e. linguistics, anthropology, philosophy, topology, etc. There is therefore no Lacanian psychoanalysis, but the Freudian field of psychoanalysis.

Our clinical practice shows us that usually people ask for psychoanalysis when concerned by their symptoms. Symptoms are always present at the beginning of an analysis. The notion of the beginning of analysis raises the question of the logical progression of an analysis, and what is expected at the end of an analysis.

I am introducing the idea that an analysis has a logical progression, a notion that is not always taken for granted. An analysis has a beginning and an end. The logical progression includes preliminary interviews, the establishment of transference and beginning of analysis, the analysis of speech; understanding the meaning of symptoms, unconscious tendencies and repetitions, drive, identifications, fantasies. Then, change in the analysand's subjective position by passing through the original fantasy and lastly the end of analysis. The end of analysis is defined, within the Lacanian orientation, as the subject's passage through his original fantasy. Therefore we talk about symptoms at the beginning of analysis, but we talk about fantasies at the end of an analysis.

The clinical division between symptoms and fantasies was first introduced in Lacan's last public seminar in Caracas, in July 1980. Jacques Alain Miller, among other psychoanalysts, followed this issue up, stating that the division between symptom and fantasy is essential in the direction of psychoanalytic treatments. The proposal of this paper is to define the concepts of symptom and fantasy in psychoanalysis, and to reflect on their differential status in psychoanalytic practice.

Symptoms

Referrals and preliminary interviews are usually about symptoms. The more common symptoms that people bring to therapy are: anxiety, depression, anger, relationship problems, intimacy problems, difficulty sleeping, consequences of trauma, anorexia, bulimia, self harm, among others.

The subject enters into psychoanalysis presenting symptoms. The beginning of an analysis is an invitation to explore them, to talk about the suffering associated with symptoms, and also about the feelings and emotions related to those symptoms. The subject, at the beginning of analysis, structures his

demands around symptoms. In terms of the logical progression in an analysis, we can say that at the beginning of analysis we find a demand structured around the subject's symptoms and those symptoms are displayed in transference.

Regarding the western medical knowledge, symptoms are perceptible manifestations of an underlying illness that might otherwise remain undetected. The symptom establishes a distinction between surface and depth, between phenomena and the hidden cause of those phenomena. Examples of medical symptoms are fever, high blood pressure, pain, etc. The traditional western medical knowledge tends to make an assessment, to establish a diagnosis and to administer a treatment. It usually prescribes treatments that will suit every human being, which usually compromise human individuality. Traditional western psychiatry operates in a similar way, formalising the diagnosis around the DSM-IV, and individuality is also generally compromised.

In psychoanalysis, when we talk about neurotic symptoms, those are understood as unconscious mental processes. Freud defined symptoms in topological terms, as a compromise between two factors. An unconscious desire and a defence, not less unconscious, from the ego. Psychoanalytic treatment is specific, different and individual for every human being. In Freudian psychoanalysis we ask the patient to talk and to free associate. The starting point is usually a manifestation of the unconscious; parapraxis, dreams, etc. These free associations will show us the way to unconscious desires and tendencies, as well as the defence mechanisms against those tendencies. Symptoms will have a reason and logic. Freud talked about a primary and a secondary benefit of symptoms. Paradoxically, psychoanalysis does not treat symptoms; however, it is expected that the symptoms will disappear during psychoanalytic treatment, by making conscious the unconscious, hidden material.

Lacan's conceptualization of symptom evolved during the course of his teaching; he started following Freud in affirming that neurotic symptoms are formations of the unconscious, and that they are always a compromise between two forces. In 1953, Lacan introduced the use of the concept of signifier in psychoanalysis. He used tools developed by the discipline of linguistics; "the symptom resolves itself in an analysis of language, because the symptom is structured as a language"(p. 59). In 1955 Lacan identified symptoms with signification "the symptom is itself signification, truth taking shape"(p. 320). In 1957 Lacan described symptom as a metaphor (p. 157). In 1961 Lacan says that the symptom is an enigmatic message which the subject thinks is an enigmatic message from the real instead of recognising it as his own message (p. 149).

By Free association, from word to word, from signifier to signifier, the subject will show us the window through which the unconscious can be read. In analysis we find that the subject speaks about his symptoms, the subject talks about his dreams, slips of the tongue, jokes. Even subjects presenting inhibitions have no problems in talking about their inhibitions. The subject finds no difficulty in talking and complaining about his symptoms. But usually fantasies are his hidden treasure. The subject talks about his symptoms, but cannot talk about his fantasies. Freud considers the existence of a shyness of fantasies. The neurotic subject is in general embarrassed by his fantasies, basically because his fantasies contradict his moral values. In general the neurotic subject borrows from the discourse of perversion the content of his fantasies, which does not mean the he is a perverted subject.

Clinical vignette:

Let us consider the initial presentation of a patient talking about his symptoms. Some relevant demographic data: New Zealand European, male in his early 40's, only child.

I have been in psychotherapy for 20 years. I am a very angry and unhappy person. Sometimes I find myself screaming while driving my car. Sometimes I wake up screaming in the middle of the night. I have no friends. I don't tolerate anyone. Nobody likes me anyway. I don't sleep well at all; I have been taking sleeping pills and Prozac for years. Anger is my main problem. It has been always like that, we addressed It in therapy over and over again, I still have the same problem.

I go through periods; I've got times of low, dark mood and anger and I feel miserable. I also have times when I start feeling good. Then, when I realize that I am beginning to feel good, I know that my mood will change, and suddenly I feel bad again.

This patient presented complaining about 20 years of psychoanalytic orientated therapy, where he worked hard by talking, associating, making conscious unconscious tendencies, etc, etc, however his symptoms remain. He said that he sometimes makes progress; he functions normally for a while and sooner or later his symptoms return, most of the time as a new version of his old symptoms.

From 1980 we can see some rectification in the way of reading the writings of Jacques Lacan from the conceptual mistake of supposing that "everything is signifier" and that psychoanalysis could be reduced to the work done by free association. In psychoanalysis not everything is a signifier. We found that symptoms are the effect of a structure and therefore they have a reason and a

logic. Treating symptoms by the method of free association is not enough; the logical progression of an analysis implies the consideration of something that does not belong to the field of the signifier: fantasies.

Lacan's discovery was not "the unconscious is structured as a language"; this was his starting point. His true discovery was the object "a", and its status claim that in the psychoanalytic experience not everything is signifier and therefore psychoanalysis is not a unified field. In 1957, when Lacan introduced the concept of original fantasy, the object "a" began to be conceived as the object of desire. Later, in Seminar 20(1975), Lacan presented the object "a", as an object that can never be attained, which is the cause of desire rather than that towards which desire tends; therefore Lacan termed the object "a" the object cause of desire.

Our practice shows us that the symptom corresponds to the beginning of analysis and it is structured as a language. It is regulated by the signifier. The fantasy plays a role in the end of an analysis, and it is regulated by the object "a", by the object cause of desire. We should not reduce our practice to dealing with symptoms, instead we should keep in our mind the existence of fantasies and the existence of what is called an original fantasy.

Fantasies

The concept of fantasy is central in Freud's work. The origin of psychoanalysis is bound up with Freud's recognition in 1897 that memories of seduction are sometimes the product of fantasy rather than traces of sexual abuse. The assumption seems to imply that fantasy is opposed to reality, a purely illusory product of imagination, and stands in the way of a correct perception of reality. The change of Freud's ideas in 1897 does not imply a rejection of the veracity of all memories of sexual abuse, but rather the discovery of the fundamental discursive and imaginative nature of memory. Memories from the past are constantly being reshaped in accordance with unconscious desires. Freud uses the term fantasy to denote a scene which is presented to the imagination and which stages an unconscious desire. The subject always plays a part in that scene, even though this is not immediately apparent. The fantasy may be conscious or unconscious.

While Lacan accepted Freud's formulation on the importance of fantasy and on its virtual quality as a scenario that stages a desire, he emphasised the protective function of fantasy. Lacan (1994) compared the scene to a frozen image in a cinema screen; just as the film may be stopped in a certain point in order to avoid showing a traumatic scene which follows, so also the fantasy is a defence which veils castration (p. 119-120). Fantasy is characterised by

a fixed and immobile quality, and at the same time that fantasy does not stop being repeated.

Lacan (1960) stated that beyond all the images which appear in dreams and elsewhere there is a "fundamental fantasy" which is always unconscious (p. 127). During psychoanalytic treatment the analysand reconstructs the original fantasy in all its details, however the treatment does not stop there, the analysand must go on to "traverse the fundamental fantasy" (Lacan, 1977, p. 273). The analysis must produce some modification of the subject's fundamental mode of defence, some alteration in his mode of jouissance. The original fantasy will reproduce an original, oedipal relationship between the subject and the significant Other, marked by a particular relationship between the subject and the object "a", the object cause of the subject desire.

The subject finds in his fantasy a resource, a consolation against his symptoms. Freud calls this phenomenon "day-dreams". Freud investigated fantasies in "Beyond the pleasure principle," where there is a dimension of jouissance, and the fantasy appears as a way to articulate jouissance with pleasure. Lacan called Jouissance the enjoyment that goes beyond the pleasure principle. Beyond this limit pleasure becomes pain, and this painful pleasure is what Lacan called jouissance; the term jouissance expresses the paradoxical satisfaction that the subject derives from his symptom. This is what Freud (1920) called "primary gain from illness".

If we think that we can do something to cure the symptoms it is because of the signifier articulation; we postulate the same principle for all the formations of the unconscious. But when we deal with fantasies, we have to address the relationship between the subject and the object "a". Now, the object "a" is also present in the symptom, as a "plus of jouissance", therefore we cannot reduce the symptom purely to its signifier function.

Clinical Vignette:

I remember being always criticised for being a bad boy when I was just trying to be myself and to play and have fun with other kids. I was sent to live with my aunt and uncle when I was around 5 or 6; I didn't know why at that time, but I remember feeling guilty. I hated living with my aunt and uncle; I desperately wanted to go back home, I remember feeling very strong about that. I was demanding it every time I could. I didn't understand why I couldn't be home. One day after wanting it so much, and when I thought I'll finally go home, I was told that my mother had died.

Fantasies made conscious during treatment

The end of analysis is defined, within the Lacanian orientation, as the subject's passage through his original fantasy. The statements that follow are an expression of this analysand's original fantasy.

> *If I am happy something very wrong will happen, my mother will die. If I want to be happy something very wrong will happen, my mother will die. If I want to be myself something very wrong will happen, my mother will die. If I feel miserable, sad and angry, it's fine. I don't want to take the risk.*

Regardless how much effort we put into analysing his symptoms, the structure of the fantasies will be reproduced as a symptom, since they are articulating an oedipal fantasy. The fantasy protects the subject against his desire, under the pretence of protecting him against having his mother and being happy. His original fantasy protects him against his own castration. As long as he is not happy, he will not have his mother and his mother will not die. The end of analysis, defined as the subject's passage through his original fantasy seems to be, in this particular case, attached to the statement

> *I don't want to take the risk*

The analysis must produce some modification of the fundamental mode of defence; some alteration in his mode of jouissance. The change in his subjective position must articulate something along the lines of taking the risk, adopting a different mode of jouissance.

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(Endnotes)

[1] New Zealand Institute of Psychoanalytic Psychotherapy

Blogging as self therapy?

Leon Tan and Lucy Holmes

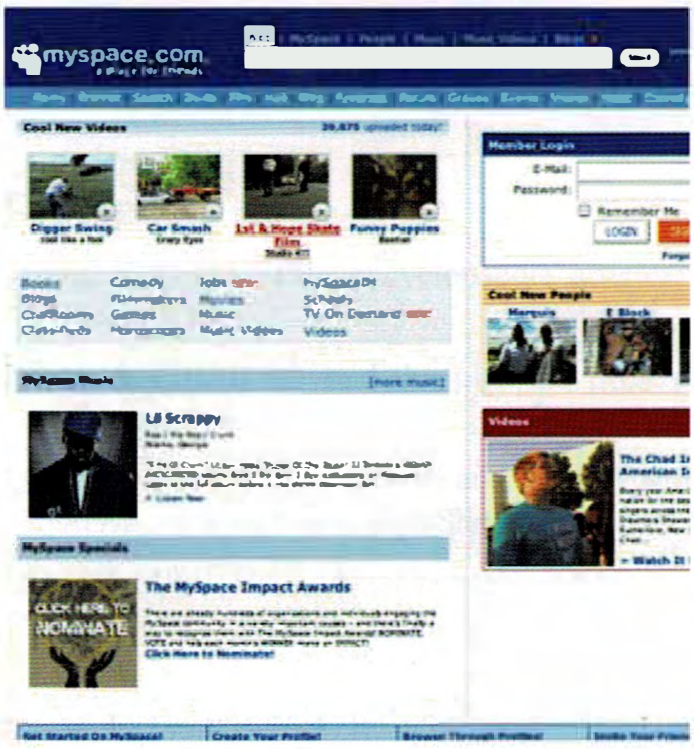
Abstract

America Online's 2005 survey reported the startling finding that almost fifty percent of bloggers blog as a form of self therapy—a finding that went relatively un-noticed within the psychotherapeutic and psychological communities. Given the rather significant global population of bloggers and readers, and the seemingly intractable problem of mental illness worldwide (according to the World Health Organisation, the global burden of mental illness accounts for more than the burden of all cancers put together), the possibility of blogging as self therapy deserves greater attention. Research investigating the health possibilities of blogs holds particular promise, at least for those disposed to writing and those working with patients who write. This paper addresses the question of how one might blog as a form of self therapy by constructing a portrait of a research participant blogging as self therapy, based on an interview conducted with the participant in May 2007.

Introduction

Writing has the power to change the ways we think which, in turn, can affect our entire social world—(James Pennebaker 2002, p. 290).

According to America Online's (2005) survey of bloggers, almost fifty percent of survey respondents blog as a form of self-therapy. According to the recent Pew Internet and American Life Project's (Lenhart & Fox, 2006) report Bloggers: A portrait of the internet's new storytellers, "eight percent of internet users, or about 12 million American adults, keep a blog. Thirty-nine percent of internet users, or about 57 million American adults, read blogs" (p. 2). Needless to say, when one starts counting in bloggers and readers from other regions like Europe, Asia, and the Pacific, all this points to a significant global population of bloggers and readers. Imagine

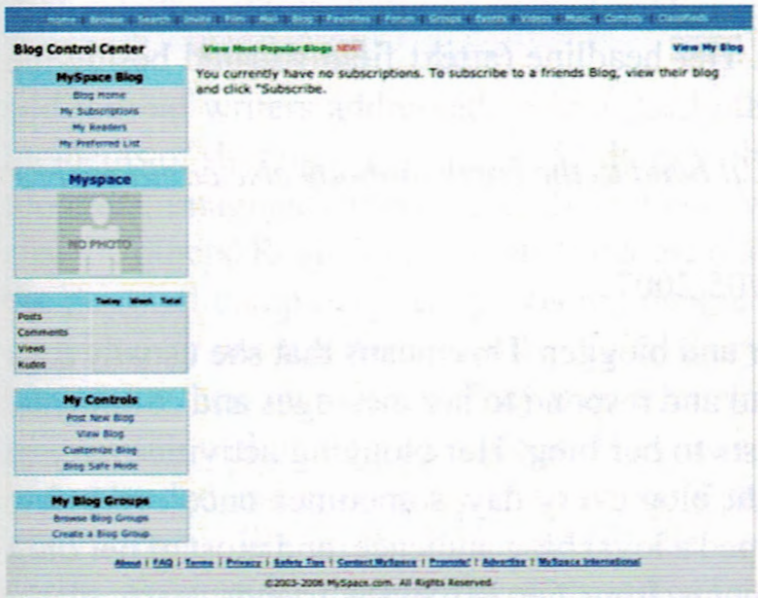


MySpace.com login page. Screenshot retrieved 4 December 2006 from http://myspace.com/.

if almost half of these numbers could be writing online for psychosocial health gains. Such a scenario is not to be taken lightly by the mental health professions, at a time when the global burden of mental illness accounts for more than the burden of all cancers put together.[1] Even if a far more modest number of bloggers were able to gain therapeutic benefits from blogging, this in itself could constitute a serious assault on the up-to-now widespread and seemingly intractable problem of mental illness worldwide. Research investigating the health possibilities of blogs thus holds particular promise, at least for those disposed to writing and those working with patients who write.

Given the prevalence of blogs today, the term itself must be familiar to most readers. In just a short space of time, blogs have become ubiquitous in our contemporary media landscape. What exactly is a blog or weblog to use its full name? A weblog for our purposes can be defined as an online journal or diary organised typically in reverse chronological order, consisting of user generated content in the primary form of writing. From our perspective, blogs are a particularly fertile field for mental health research because of the established fact that creative expressive writing can produce health benefits. "Since the publication of Pennebaker's pioneering work in 1989, it has become widely accepted that disclosing emotions by putting upsetting experiences into words can be healthy" (Booth and Petrie, 2002, p. 163). The only problem with this impressive body of empirical writing cure research accruing since 1989 is that it has all been largely lab based. As writing cure pioneer James Pennebaker (2002) himself says,

> Given the impact that writing studies are having in the media and the large number of people who keep diaries, it is incumbent on us to begin exploring how writing affects people outside the lab… real world projects will evaluate how writing works with a group of self selected people—people who are naturally drawn to a writing intervention (p. 291).



MySpace. Blog Interface. Screenshot retrieved from http://myspace.com/ 4 December 2006

Blogs present just such an opportunity for health research in real world settings. Are bloggers not precisely people drawn to a writing intervention? But more, are there not also features of blogging aligned with the potentials of a writing intervention (such as the so-called online disinhibition effect and the communicative intercast consisting of comments, links and subscriptions between blogger-readers)? While the AOL survey suggests promising news, it is extremely broad in its scope, leaving clinicians with the question: How does one blog as a form of self therapy? This paper attempts to write an answer by constructing a portrait of a research participant blogging as self therapy (based on an interview conducted with the participant in May 2007). Direct quotes (italicised) from the ninety minute interview are cut into the text in order to include a voice within this portrait.

Blogging and traditional diaries

To protect the identity of the blogger, let us make up a name for her—Linda. Linda is a woman in her early thirties residing in Auckland, New Zealand. She studies undergraduate psychology at a local university. She has two children (both under 10) to a man we shall call Santo. She has a good social support network (from what one can observe in her blog) and makes an effort to keep in touch with friends and family both online and off. Linda's blogging activities take place primarily in the online social networking community MySpace. MySpace is currently the world's most populous online community with numbers in excess of 180 million. Linda's MySpace profile, like most pages on MySpace, has been customised or "pimped" (to use MySpace speak) with a patterned background, and at the moment of writing, plays the song Anything by Martina Topley-Bird. Her display picture features a photograph of Linda with one of her sons. Her headline (a text field situated beside the display photograph) today says,

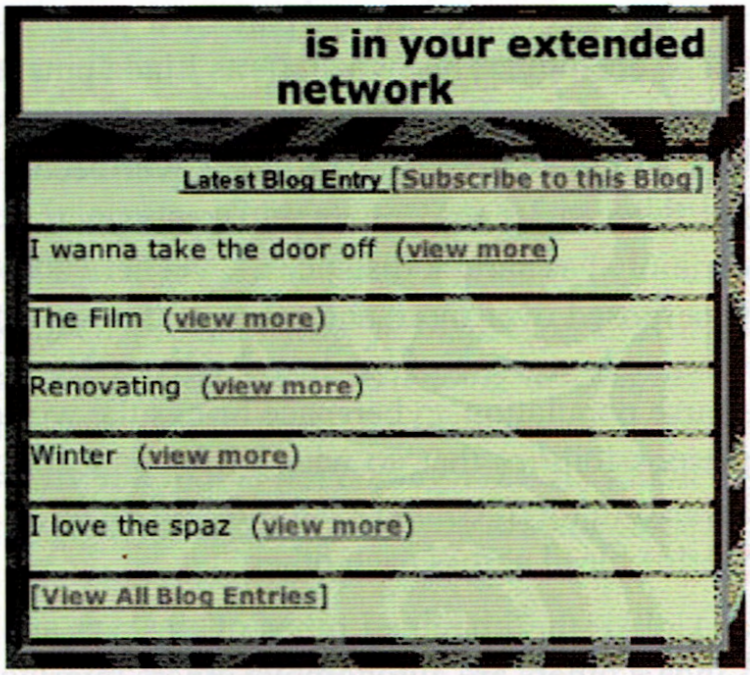
> *I'll crawl to your name, I'll bend to the earth, nobody else could ever compare.*
>
> She last logged in today, 30/05/2007.

Linda is a regular MySpacer and blogger. This means that she usually logs in to MySpace every day to read and respond to her messages and comments. While logged on, she often posts to her blog. Her blogging activities vary in intensity—sometimes she might blog every day, sometimes once every few days. Over time she has developed a loyal blog audience, and most of her blog posts inevitably receive comments from her MySpace friends, particularly those who subscribe to her blog.[2] Before blogging, Linda used to write in the pen and paper way. It would seem then that she was already acquainted

with writing as a way of coping with the vicissitudes of a life. Indeed she says herself that her relationship with writing began "nearly 20 years ago" (presumably in her early teens). A predisposition to writing and keeping diaries likely contributed to Linda's decision to try blogging initially. Blogs are, however, different from traditional diaries and journals.

> *Blogging is like keeping a diary under your bed, only the whole world knows its there.*

This strange statement of Linda's perhaps best captures the paradox of blogging as a form of diarying. Concurrently more social than has ever been possible before (accessible potentially to anyone around the world connected to the internet) and as intimately personal as a diary hidden beneath one's bed, the blog presents an ancient form (diary or journal writing) renewed and transformed. The MySpace blog is a socialised diary. Sociality inheres in such a practice. Blogs are part of the wider and very recent socialisation of the web… what some call Web 2.0 or social media.[3]



Detail of Linda's Blog. Screen shot retrieved 6 June 2007 from http://myspace.com

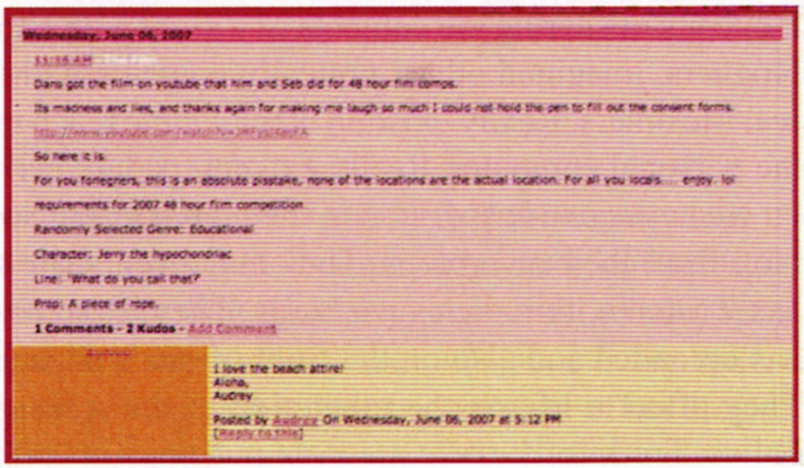
While traditional diary and journal writers addressed an imagined other (certainly with exceptional incidents of sharing the contents of a diary with a trusted real life friend), with bloggers, imagined others typically coincide with the autonomous bodies of real life others. Really existing other people reach through the mirror screen of the personal computer. Really existing people leave comments and feedback on whatever one has written in the digital diary. Sometimes they link to one's blog from their own blogs. They may even write something about what one has written within their own blogs. They leave comments on the photos one has uploaded and also on the front of one's page in the "comments" section. They affect a life on the other side of the screen through such interactions online. Frequently, there are even meetings in "real life".

Social dimensions of blogging

The one person I did get to know using EJ, is now my chiropractor. He was the first 'virtual' who I went as I put it 'IRL' with, or 'in real life'.

Already early on in her blogging life, Linda crossed the virtual-world divide with another blogger who was part of her blogging circle in the "EJ" (Easyjournal) community (she tried Easyjournal and Blurty before moving to MySpace). What is emphasised here is that blogging (and various other forms of virtual living such as MySpace) should not be naïvely dismissed as purely virtual, but understood as part of a progressively unfolding mixed reality social ecology.[4] This "virtual", as Linda puts it, was just the first. She goes on to meet with many others from New Zealand and abroad through her current blog home—MySpace. Has there ever been a time in human history when it has been easier to connect with others across the globe? Rapid air transport certainly has shrunk distances… yet here is something pervasive (cyberspace superposed over more and more of the world) that does not even require the time and expense of air travel. Given New Zealand's remote location and sparse population, cyberspace brings the world into the home, opening up all the possibilities that go with a life connecting with other lives—desire, sex, love forming of course a natural horizon—an edge where the virtual and real worlds bleed across each other.

Unlike the imagined other of the pen and paper diary or journal writer, Linda's others are autonomous others interfacing through the elaborations of virtual lives on MySpace. In a fashion not dissimilar to how one dresses and grooms before setting out to work in the morning, the MySpace profile is also dressed and groomed ("pimped") to become a changing representative proxy for the MySpacer. The blog is one dimension of this wider virtual life. Other aspects of the emerging social media landscape of MySpace include lists of favourite movies, music and books, static and moving images as well as songs. Dressed to reflect the difference of a life, the MySpace profile acts


Wednesday, June 06, 2007

Dans got the film on youtube that him and Seb did for 48 hour film comps.

Its madness and lies, and thanks again for making me laugh so much I could not hold the pen to fill out the consent forms.

So here it is.

For you foreigners, this is an absolute pisstake, none of the locations are the actual location. For all you locals… enjoy. lol

requirements for 2007 48 hour film competition

Randomly Selected Genre: Educational

Character: Jerry the hypochondriac

Line: 'What do you call that?'

Prop: A piece of rope.

1 Comments - 2 Kudos - Add Comment

I love the beach attire!
Aloha,
Audrey

Posted by Audrey On Wednesday, June 06, 2007 at 5:12 PM
[Reply to this]

Detail of Linda's Blog showing a comment from a reader. Screenshot retrieved 6 June 2007 from http://myspace.com

as a sort of social magnet in cyberspace, constellating around itself other like-minded profiles and people. These others are part of the attraction of MySpace blogging for Linda. They offer a promise of listening, empathy and understanding, and thus contribute to the perceived therapeutic effect of blogging within MySpace.

> *There is nothing like a sounding board, a place where perhaps one person in a million might raise your spirits by saying 'I so get what you mean', or 'it's ok to feel that way'.*

It is clear from Linda's remark that what she seeks from others (at times of distress) is something that makes her feel better (raises her spirits). This something is very specific—it is a response that demonstrates an understanding of the content expressed in the post and/or offers a validation for the experience her blog post describes. Linda finds responses of this sort helpful/therapeutic because they intervene to break a sense of isolation (a sense of being alone with a struggle).

> *I think, that if you felt isolated in some way, perhaps you are in difficulty with a personal relationship, or are experiencing discomfort in your job, knowing that there are others in your same situation can help alleviate the concept its only you that is not coping... I have found that people tend to think in isolation, so to "discover" you are not alone can make you feel better.*

What better to modify a sense of isolation while struggling in a romantic relationship or on the job than sociality itself? If we consider that a traditional psychotherapist might provide say an hour (and a fifty minute hour at that) of admittedly skilled social intercourse once a week, it is not difficult to see how the 24-7 availability of potentially 180 million MySpacers offers something rather substantial and potentially longer lasting than a psychotherapeutic relationship (which of course ends at the end of treatment) to a blogger writing about the ups and downs of a life. Considering that Linda has been writing for almost 20 years, writing can reasonably be considered a self-therapeutic activity one might incorporate into a lifetime.

If there is a critical factor that helps Linda to successfully use her blog in this manner (i.e. to mediate and cope with the vicissitudes of life), it must surely be a sense of confidence or trust in the culture of the online community and its people. Such a confidence allows her to blog about anything and to feel reasonably assured of the "safety" of her audience. As she states,

> *I blog randomly, that could be about an event, or things my children say that I don't want to forget, or I could blog my frustrations about a situation, or my grief, as in with the death of my long term partner to suicide.*

This confidence can at least in part be attributed to her ease with writing (something that comes with writing for almost 20 years). It also derives from a process of exploration and discernment—Linda tries out the Easyjournal and Blurty communities before deciding on MySpace as a blogging home. This is to say that some investment is required on the part of the blogger in exploring and identifying a community with a good "fit". Subsequently, effort is also required on the part of the blogger in contributing to the community. Typically this is achieved by developing relationships with others through their blogs and MySpace profiles.

As with real life relationships, there is usually an expectation of reciprocity in MySpace relationships—I read and comment on your blog and expect you to do the same for my blog. Thus it is not surprising of course to find that Linda comments in her friends' blogs, and, to a degree, writes for her audience.

> *I read other blogs too, I gauge what others might like to read on what I like to read myself. In its own way blogging is somewhat of a craft for me as well as a release. I have regular readers and I do consider them when I write. I apparently have a distinct narrative style and I will say I 'work' at maintaining that.*

Writing in a blog for Linda is not simply a means of dealing with difficult situations. With the audience comes a degree of social responsiveness (keeping an audience in mind with the overall goal of maintaining the relationships built with audience members in an ongoing way). Linda treats blogging/writing as something of "a craft" as well. The multitude of blogs that Linda's is a part of is like a sea of different voices. Is what Linda describes here not the process of acquiring or developing a "voice" within the multitude?

The cultivation of a voice is something well known to published writers. It is what enables a reader to say, yes this novel of so-and-so has her characteristic x. Similarly, with the blog, it is what enables a reader to identify the characteristic x to be discerned across a blogger's multiple posts over time. For the writer even, the blog presents a portrait of the movements of a life as well as a permanent record of the expressions evoked in the everyday encounters of that life. Looking over a blog, a writer is able to observe over time this growing voice, its tendencies, its tones, its complaining and celebrating.[5] Such a possibility recalls a similar process in psychotherapy

whereby a patient's history is evoked through speech and observed (analysed) over time within the psychotherapeutic relationship.

Blogging and catharsis

Linda was specially selected as a research subject because she already appeared to use her blog effectively in the wider picture of coping with a difficult and disempowering romantic relationship, subsequently with separating, and then with the suicide of the ex-partner. When asked directly for her thoughts on the notion of blogging as self therapy, Linda had this to say…

> *It makes sense to me, to map a journey in expression through writing, when I was young I read somewhere about writing people a letter when you wanted to tell them something but were too afraid to say it, not necessarily to send, in fact they all ended up in the bin, but I always felt better after "getting it out on paper", so to speak.*

Clearly, Linda is familiar with cathartic writing. At a very basic level, her theory of writing for health recalls Freud's cathartic procedure. What Linda describes is a method of tension reduction through cathartic/expressive writing. Linda's approach can also be aligned with Pennebaker's (1990) writing cure research, demonstrating beneficial short term (up to 6 months) effects from expressive writing exercises. Pennebaker in fact specifically employs the Freudian cathartic method. As Pennebaker explains, Freud and his colleague Breuer "discovered that their patients benefited from talking in detail about the thoughts and feelings they harboured about their upsetting experiences", a process allowing for a connection of the repressed thoughts of the traumatic event with the conscious associated emotions, such as anxiety (1990, p. 166). Journal writing and blogging then, as Linda has discovered, can similarly allow writers to benefit from writing in detail about the thoughts and feelings associated with upsetting experiences.[6]

Linda's thoughts on blogging as self therapy produce an image of a younger Linda learning this cathartic procedure for dealing with/reducing the tension arising from having something to say to someone and being to afraid to say it. Interestingly, later on in life, Linda describes her relationship as one in which she found it difficult to say some things to her partner.

> *I was in a relationship that I found difficult to express my inner thoughts to my partner, we were not an ideological match, this frustrated me. Blogging enabled me to purge, vent, express whatever to an audience without retribution, or emotional investment in what I said.*

She specifically states that she started expressive writing in her teens as a way of dealing with difficult things. Similarly, Linda started blogging predominantly as a way of dealing with difficulties in her relationship. Her descriptions of her relationship evoke an image of a stifling and controlling partner.

> *He is predominantly the reason my blogging began, I needed to find a place to express myself anonymously and freely where I felt I was not being 'vetted' by him.*

Blogging offered Linda the ability to use the cathartic procedure learned in her youth as a means of dealing with her sense of frustration. Unlike the previous scenario of the young Linda writing and then throwing the writing away into a bin, Linda the blogger shares her writing with real life others through the medium of her online blog posts. Admittedly, Linda did not address her frustrations with her partner directly—she found it impossible in the context of their relationship. Yet this difference already offers something more than traditional writing—the feedback and interaction of real life others in response to her writing of a life.

Personal space, voice, and identity

Making the shift from the private world of pen and paper expressive writing to blogging was by no means insignificant and Linda expressed some hesitation in making the transition.

> *I was initially very apprehensive about the global audience, and I purposefully had only readers I didn't know in real life as I found I would self censor what should have been a streaming flow of consciousness.*

This apprehension is evident in the careful way in which Linda explored and tested a number of virtual communities as potential blog homes. Her first blog began in Easyjournal (www.easyjournal.com); then she "moved" to Blurty (www.blurty.com), before again moving (with a group of bloggers she met in Blurty) to MySpace (www.myspace.com) –home to her current blogging and virtual life.

Such a cautious approach is to be commended, as cyberspace, like any real life society, has its share of dangerous citizens. Further, given what is already known as the online disinhibition effect (that is, the tendency when

online to experience disinhibition in the expression of thoughts, desires and emotions), some care is always advised when revealing personally significant information or engaging in blogging for cathartic/therapeutic purposes. The danger of course includes unwelcome feelings of excessive exposure, unwelcome or intrusive interest (stalkers), and even the sharing of one's personal information beyond the blog (it is relatively easy for any of one's readers to cut and paste from one's blog).

Establishing a safe place to blog in MySpace seemed to alleviate Linda's apprehension, opening up the way for her to blog "randomly". Being able to blog randomly is associated with a sense of freedom for Linda, something akin to being able to speak one's mind, or, to return to the motif of voice, to have and use one's voice. The random is, however, also associated with something else of significance—what she calls "a streaming flow of consciousness". Speaking one's mind then includes the ability to speak not only the known known and known unknown, but also the unknown known and unknown unknown. Linda's approach to writing uncannily recalls the fundamental Freudian injunction to speak whatever comes to mind. Freedom is freedom of association, the ability to speak a mind, or voice a heart, open to the mistakes, slips, and other random workings of the unconscious—without "recrimination". From the evidence of her blog, it appears it also involves the freedom to say that one does not really want to completely say something.

> *Sometimes when I don't want to be literal but I do need to express myself I might have a stab at poetry... it's a way of expressing myself cryptically.*

Against the backdrop of a controlling and difficult romantic relationship, Linda turned to blogging as a means of dealing with the tension, frustration and distress of not being able to speak her mind or have a voice. With her background of expressive writing, coupled with her learning of writing as a cathartic mechanism, it seems keeping a blog within a social network did function to relieve tension. As mentioned before, it should be clear that blogging became much more than simple cathartic outbursts. In an important way, blogging functioned for Linda also as the elaboration of a personal "space" (a kind of living space—lebensraum) or quite literally a my-space—something inextricably linked with the growing discovery of voice and freedom. In her own words,

> *the internet provided a sort of safehouse I could speak freely for the first time.*

Her initial blogging activities largely concerned the relationship and allowed her to elaborate a personal identity, voice, and space outside the constraints of that relationship. Perhaps blogging functioned also as a supportive activity that contributed to her leaving what she identified as a destructive relationship.

> *I blogged progressively about the breakdown of our relationship and subsequent activities after we separated, up till the time of his death. Blogging about him dying was a part of this process.*

Santo provided much of the impetus for Linda to begin blogging. One of the most difficult or traumatic situations Linda has blogged about concerns Santo's suicide. The topic arises early in the interview with Linda and features prominently throughout. After a difficult separation period (which included a situation where Santo apparently hacked into Linda's emails on MySpace—in the context of our discussion, this can be seen as another intrusion or encroachment on Linda's personal space/lebensraum), Santo's dead body was found early one morning. Linda posted the news to her blog either the night of, or morning after, the discovery of his suicide. In the immediate wake of this event, Linda used her blog frequently.

> *When he died I needed something to mark the days, and the progress of my emotional journey... it was something to do, and a way of taking the thoughts out of my head.*

Blogging, it seems, helped as a consistent cathartic activity Linda used to get through on a day-to-day basis. She also points out, however, that more than simply marking the days, blogging after Santo's death also allowed her to look back over time on an emotional journey through the event and its aftermath.[7] In the face of the traumatic non-sense of a suicide, Linda also used other communications technologies (landline and mobile phone, text messaging, instant messaging) to link with her support network both within and beyond MySpace. She did not just write at this time; she also talked a lot with those close to her (online and off).

Blogging in a mixed reality world

> *I have a close friend/family network, and yes I spent many many hours in conversation with people, as much for myself as for them as they were probably struggling more with his decision than I was.*

Blogging, while functioning as a significant activity in the maintenance and evolution of a life, is not undertaken exclusively in relation to other more traditional channels of social intercourse. Linda is nothing like the extreme and

over-hyped cases of Japanese otaku (geek) teenagers locked in their bedrooms whose "real life" activities and spaces only serve the greater purpose of ever-on connectivity and engagement in cyberspace. This is clear in how she has developed and maintained a network of close friends and family that she can call on in difficult times. It is also clear in how she uses technological and non-technological means to speak and connect with others. Linda is perhaps exemplary in this regard as a "mixed reality" citizen, someone as at home online as offline.

> *I find different forums of communication open me up to different listeners, be that my real life friends, my family, my internet world, all of the above comprise the compartments of myself... and in speaking to them all, all compartments are essentially taken care of.*

Unlike those who valorise the so called "real" world over cyberspace, naïvely dismissing the virtual as inauthentic or somehow unreal, Linda approaches her virtual life (through blogging and MySpacing) as she does her real life, that is, with a concern for authenticity and speaking with an honest voice across both spaces. She says for instance that it is

> *very difficult to manage several blogs, it feels a little false writing in more than one.*

She is even more specific about her MySpace profile (within which her blog is embedded).

> *It's important to me that MySpace is a true reflection of self, minus the tangible parts that come with me being 3 dimensional. Integrity and honesty are important qualities to reflect. I don't like and don't want to indulge in deception.*

It may be tempting to question such a refreshingly honest and expressive approach in cyberspace, particularly with all the media scaremongering about paedophiles and stalkers in cyberspace. Linda however is not a naïve blogger or netizen (net citizen) by any means.

> *As with anything, I believe people must act with their better discretion and common sense, whether it be in a nightclub, or a chatroom. I have met my fair share of charlatans, but I had the same chance of finding them on Parnell Rise on a Friday night. I can only say you "get good" at the internet, you learn to trust your nose and I have seldom been disappointed by virtuality.*

Mainstream media in the past three years have focussed excessively on cases of stalking and sexual abuse supposedly facilitated by online networking

sites like MySpace. Yet if one were to tally up the number of actual cases of sexual abuse resulting from MySpace contact, it would still be nowhere near the number of actual cases of sexual abuse already happening in real world communities without the mediation or facilitation of the internet. Yet these many real life cases hardly feature in the news. It would probably be more accurate to go further than Linda to claim that one has more chance of meeting charlatans in real life than on the internet!

To return to Linda's concern with authenticity and honesty ("true reflection of self"), it has been interesting to observe a shift that has occurred in online dating, evolving from its exciting and disinhibited beginnings. When online dating first made its appearance as a new social phenomenon, a concerning question emerged: how closely does an online dating profile match a real life person? Charlatans of all sorts, perhaps fuelled by the so-called online disinhibition effect, felt free to create all manner of fictions about themselves on online dating profiles—posting photos of professional models as representative of themselves, making up facts and figures in the "about me" sections, and generally "bigging" themselves up. What they failed to account for of course was the inevitable encounter in real world settings. They failed to account for online dating as an intrinsically mixed reality encounter—that is to say, they failed to understand that people expect to meet in real life should online interactions go smoothly. When they meet, people expect some degree of congruence between the virtual and real world self.

MySpace, although not an online dating community per se, is very much a part of a progressively unfolding global mixed reality social ecology. For Linda, blogging and more generally, MySpacing, is very much part of a mixed reality life. That is to say, Linda experiences her life world as a dynamic mixing of virtual and real life streams. As she says,

> *My virtual/real world have become indistinguishably interconnected. I have made many real life friends through MySpace, flatted with a MySpace friend, and begun a new relationship with another. The internet allowed me access to like minds, people who shared my interests but who in the real world I would never have met because I don't mix in their circle, shop at their supermarkets, work in their industry.*

Linda is by no means alone in experiencing her life world as such a dynamic interplay of virtual and real world living. In such a mixed reality scenario, the possibility of meeting "in-real-life" (IRL) mediates the way in which a blogger such as Linda approaches the construction and elaboration of a virtual self in the form of her MySpace page and blog. It does so in much the same way as happens with the online dating scenario. While undoubtedly

prettied up ("pimped"), exaggerations, distortions and deceits carried too far on one's MySpace page and blog are liable to be quickly discovered by other MySpacers one meets IRL. Once discovered, there is the further risk of these exaggerations, distortions and deceits being shared around the community. Ultimately the risk is of being publicly exposed, losing friends, gaining a bad reputation and so on.

Because of what we can call Linda's ethical approach to the new conditions of a mixed reality world (i.e., her concern to maintain a congruence between virtual and real world selves), it seems she has benefited tremendously through her engagement with blogging and MySpace. In fact she is currently in a romantic relationship with someone she met on MySpace—someone who presumably got to know a lot about her through her blog and MySpace life before meeting IRL. Also as she describes, she has shared a house with a MySpacer, hosted foreign MySpacers in her Auckland home, and expanded her social circle in ways she would never have been able to prior to the internet.

Blogging and traditional psychotherapy

By and large, the interactions from her MySpace network have also been supportive and encouraging.

> *Off the top of my head I can't say I ever got a non-helpful comment. In terms of etiquette people seem to be empathetic and sincere, and sensitive in their responses.*

The psychotherapist reader may at this point raise the criticism that while supportive and encouraging, the interventions of Linda's readers may not possess the skilled resistance of a therapist/analyst. Further, a psychotherapist might feel that Linda can selectively cultivate friendships and even the kinds of feedback or comments she desires, avoiding any challenging or discordant communications.

Certainly it is true that it is easy enough to find new friends out of the 180 odd million MySpacers, and just as easy to block or delete friends with a few mouse clicks. Also, yes, there is probably a way in which Linda cultivates only the kinds of feedback/comments she desires (by, say, responding/commenting back favourably), rejecting feedback or interactions she does not agree with or want (by, say, disagreeing in a comment back or simply staying silent in her blog). Linda herself says

> *blogging is different in that you are talking to an audience who aren't versed in therapy and perhaps can only offer lay advice or guidance.*

However, this does not detract in any way from Linda benefiting psychosocially from blogging. It does not detract from her use of the blog as a social forum for cathartic writing and its associated tension release. Nor does it mean that she is never exposed to the difference and resistance incarnated always in really existing others. As is clear, blogging takes place for Linda as part and parcel of a mixed reality world in which it is normal to meet those one has met online IRL.

MySpace blogging is certainly no replacement for traditional psychotherapy or psychoanalysis. This should not stop us, however, from constructing new understandings of the link between certain forms of human signification/ expression (e.g. blogging) and potentially therapeutic or life-affirming effects. In any case, Linda has in fact also engaged in traditional counselling and psychotherapy. When asked if she had at any time seen a counsellor or psychotherapist, Linda says,

> *I did actually, but pre-suicide. I was at University at the time and was diagnosed as suffering with stress and was referred to a campus counsellor who I saw for about 6 months. I have previously seen therapists and enjoyed the experience.*

Going back to Pennebaker's writing cure research, Pennebaker is explicit that writing is not a cure for mental or physical ill health. It is instead "best viewed as a form of preventive maintenance" and "should not be used as a substitute for therapy" (Pennebaker, 1990, p. 114). The benefits of writing are decreased inhibition and the provision of a new understanding and resolution to thinking about trauma and other life crises, enabling people to move beyond these events (pp. 89, 95). Pennebaker's view is that therapy is more appropriate for people who are unable to cope with high levels of distress, whereas writing maintains the health of those who are coping well with their lives (p. 197).

Such views construct oppositions that may exist more on paper than in the reality of an engagement with writing. Oppositions such as that between therapy (which incidentally is predominantly a speaking activity) and writing, or mentally ill and psychologically resilient, or preventive maintenance and corrective psychotherapy are more productively thought within the context of the totality of a life. Is it not conceivable that one has periods of mental illness and psychological resilience over the course of a lifetime? And is it not possible that one engages in activities that might be classed as preventive maintenance as well as in psychotherapy at different times over the stretch of one's life? Further, is the text not to be found in the psychotherapeutic engagement, and the voice not to be found in the written blog? Finally, is the

unconscious not to be found in a talking practice that enjoins the speaker to say whatever comes to mind, as well as in a writing practice that emphasizes writing in a stream of consciousness?

Using Linda as an example, it is possible to show that one can productively use a blog in a continuing way to achieve outcomes normally ascribed to psychotherapeutic engagement—outcomes such as finding and developing a voice within the social multitude, successful deployment of cathartic writing during periods of high tension/stress, grieving through a suicide—and call upon the skills of a psychotherapist at times of greater need. The one issue that stands out is the repetition of the scenario of not being able to say something difficult to someone directly (this scenario appears in Linda's youth as well as in her relationship with Santo). This conceivably is something one might not expect the lay reader to notice and point out to Linda. It is, however, a thing one does expect a psychotherapist to observe and encounter.

One wonders if the counsellors and therapists Linda visited ever mentioned this or if Linda is already herself aware of this. One also wonders if her new romantic relationship is one in which she can own and use a voice in the way that she wants and is able to in her blog on MySpace. Presumably her new partner is already aware of and accustomed to this voice, as they began as friends on MySpace (he thus had ample opportunities to read through her entire blog). Now if the issue of a voice is a central one for Linda, then what the blog has done in exposing this voice directly to her romantic partner is quite a feat. It opens up a path for Linda to experiment with saying things directly to her partner in person (having the opportunity already to witness the way in which he responds to her voice as elaborated in the blog). One wonders if a therapist would have been able to introduce her partner to Linda's evolving voice in the same powerful way that a blog on MySpace has been able to.

Conclusion

On that note, we come to the end of the portraiture project. In summary, this paper has constructed a detailed image of a writer engaged in blogging/ social diarying on MySpace in response to the vicissitudes of a life. This construction writes an answer to the question of how a blog might function as a form of self therapy. The image has been constructed with careful attention to the things Linda said in the course of an interview. Direct quotes from Linda were used to include her voice within this portrait. The quotes also offered opportunities for considering a range of issues relating to blogging within an online social networking community like MySpace. Blogging as a kind of self help or self therapy remains a fruitful area for contemporary

mental health research. At the very least, our construction of blogging as self therapy for a subject suggests that for someone predisposed to writing, and sufficiently invested in developing and maintaining relationships with other blogger-readers, blogging can provide the symptomatic relief of cathartic expression. Further however, in Linda's case, it seems also that the blog can be used as a point for self reflection and even encountering the unconscious (this seems largely dependent on an approach to writing that privileges a stream of consciousness). Lastly, blogging appears capable of offering someone like Linda the opportunity and safety to develop and use a voice within the multitude of voices comprising the social symbolic universe.

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(Endnotes)

[1] Data developed by the massive Global Burden of Disease study conducted by the World Health Organization, the World Bank, and Harvard University, reveal that mental illness, including suicide, accounts for over 15 percent of the burden of disease in established market economies, such as the United States. This is more than the disease burden caused by all cancers (NIMH, 2001).

[2] On MySpace, one can subscribe to a friend's blog, meaning that one elects to receive alerts whenever something new is posted to that blog.

[3] According to Wikipedia, social media "describes the online technologies and practices that people use to share opinions, insights, experiences, and perspectives" and can take many different forms, including text, images, audio, and video. These sites typically use technologies such as blogs, message boards, podcasts, wikis, and vlogs to allow users to interact" (http://en.wikipedia.org/wiki/Social_media).

[4] Mixed reality simply means the mixing of virtual and real or actual lifeworlds or spaces. A mixed reality social ecology is a social environment where virtual life (online dating, flexible learning, networking, making friends, gaming, shopping) and real (actual) world feed back and forwards into each other.

[5] The history of a blog can also function therapeutically as a resource to draw upon at any time, much as a personal library functions as a resource to call upon in the investigations emerging from the vicissitudes of a life. To illustrate, a blog post about say a happy event (the birthday of one of the children, for instance) can be recalled during times of distress as a self-soothing strategy. As a further illustration, a blog post describing how one has successfully dealt with a difficult life situation in the past can be a helpful reminder when confronting similarly difficult situations as a life unfolds.

[6] It should be noted that blogging presents a significant difference from the writing contexts of Pennebaker's experiments. Pennebaker's subjects wrote in a controlled manner for a set period of time without any interaction with peers/other writers. Blogging, as we have already seen, offers an important social dimension to the writing experience. Incidentally, it should also be noted that the social dimension offered by blogs highlights the dyadic bias of the traditional psychotherapeutic relationship (it is confined to the therapist—patient dyad without involving the subject's social world directly).

[7] In an important way, the blog posts around Santo's suicide begin to function as a sort of memorial. Linda in fact posts numerous poems dedicated to Santo in her blog and in this way the blog assists in the overall grieving process.

Stealing Nothing—cause and effect of theft

Lucy Holmes

Abstract

What can psychoanalysis contribute to an understanding of the criminal act of shoptheft? While the focus of social science research is the prevention of shoptheft in order to minimize its effects upon the economy—and thus its concern is with the object not the subject of the crime—by comparison, psychoanalysis is concerned with the effect a criminal act has for the subject who commits the crime. According to Lacan, psychoanalysis does not dehumanize the criminal and instead emphasizes the role that theft has in the problematic human relationship to pleasure and satisfaction. By comparing post-Freudian theories of theft with a Lacanian approach, this paper discusses how the drives and desire are of relevance to the subjectivization of theft.

Introduction

In 2003 the University of Otago carried out a national survey on retail theft and crime, resulting in the finding that an annual $564 million is lost to shoptheft in New Zealand, with customer theft comprising 68% of that loss. The survey was conducted by the New Zealand Centre for Retail Research and Studies whose director, Dr John Guthrie, stated when undertaking the survey that one of its aims was to identify the size of the problem in order for retailers to "recognize the opportunity for increasing profits by addressing the crime problem, while at the same time signalling to the appropriate agencies that more needs to be done in this area" (Guthrie, 2003).

As social science research, the survey is understandably concerned with the effects of shoptheft on the economy and the preventative measures required for reducing those effects. In this context, the appropriate agencies will be those related to the legal system, such as security, police, the courts, and the penal system. However, considering the statistics, there is no doubt that the health professions, and specifically the psy-professions, will also be part of those appropriate agencies. Psy-professionals will frequently encounter patients who commit shoptheft and consequently there is an extensive history of research on crime and specifically theft in the fields of psychiatry, psychology, psychotherapy and psychoanalysis.[1] For my purposes here, I will focus on theft crimes research from the Freudian field.

It is clear that the survey by the New Zealand Centre for Retail Research and Studies shows the effects of shoptheft for the economy. By comparison, psychoanalysis is concerned with the effect that the criminal act has for the

subject who commits the crime. The main question addressed in this paper is, what does psychoanalysis have to say about theft?

My proposal is that by considering not only the cause of crime but also the effect of the crime for the subject—rather than for the economy—psychoanalysis is able to contribute to the understanding of why a subject commits a crime such as theft.

Compared with statistical studies and criminology, psychoanalysis "does not dehumanize the criminal" (Lacan, 2006, p. 110). For criminology, the criminal act is caused by either external or internal factors, or a combination of both. For example, theft is understood as caused by the external factors such as peer pressure or poverty, while internal psychological factors are, for example, those of psychiatric personality disorders or addiction. From this perspective the subject becomes an object under the influence of external and internal forces that are beyond his or her control. In dehumanizing the subject, the question of how the criminal act entails a "specific mode of subjectivization" is not considered in criminology or the statistical studies which contribute to criminology's approach to crime (Salecl, 1993, p. 4).

Freud on crime

In 1916 Freud wrote a paper called "Some Character-Types Met with in Psycho-Analytic Work" in which the section on "Criminals From a Sense of Guilt" deals with the cause and effect of crime for the subject (Freud, 1916). Freud relates how his analytic work "brought the surprising discovery" that the criminal acts confessed to by his patients, such as theft, fraud or arson, "were done principally because they were forbidden, and because their execution was accompanied by mental relief for their doer" (p. 332). Paradoxically, the cause rather than the effect of the criminal act is "an oppressive feeling of guilt" for which the origin is unknown. By committing the crime, the oppressive guilt is then assuaged through being "at least attached to something" (Ibid). Two questions arise from this clinical finding: where does the paradoxical guilt that occurs before the crime come from?; and does this causation have an important part in crime?

An "unknown origin" in psychoanalysis refers of course to the unconscious and its repressed contents. Freud's answer to the first question is that the obscure sense of guilt is derived from the Oedipus complex, as "a reaction to the two great criminal intentions of killing the father and having sexual relations with the mother" (Freud, 1916, p. 333). The desire to commit parricide and incest, crimes which are far more abhorrent than those of theft or fraud, is therefore the origin of an unconscious guilt, crimes which are far more

abhorrent than those of theft or fraud. By committing the forbidden action, the subject experiences relief through attaching the unconscious, guilty desire to a lesser crime. The relief that some criminals experience after committing a crime can be explained in terms of a pre-existing and unconscious guilt. In this way, Freud offers a partial explanation as to the cause and effect of the criminal act for the subject.

In answering his second question, Freud goes a step further in this explanation by bringing in the matter of punishment and therefore responsibility, the latter being one of the major problems for criminology and its objectification of the criminal. There are, as Freud points out, criminals who do not experience any guilt when they commit a crime and who feel "justified in their action" (Ibid). For this kind of criminal, the question of their responsibility is laid at the door of either an internal factor, such as a lack of moral inhibition, or an external factor through which they are in a conflict with society, such as poverty. But for the criminal who commits a crime on the basis of an unconscious guilt, the crime becomes subjectivized in the aim of provoking a punishment. Freud comes to this explanation from his observation of children who "are often 'naughty' on purpose to provoke punishment, and are quiet and contented after they have been punished" (Ibid).

Post-Freudian crime

After Freud, psychoanalytic writing on crime developed in two main movements which emphasised either the drives or the ego. Writing on the history of psychoanalytic studies of crime, John Fitzpatrick explains these two trends:

> The first, initiated by Freud in an essay written in 1916 entitled "Criminals from a Sense of Guilt," emphasizes the motivational priority of instinctual expression and unconscious psychosexual conflict. The second trend, following the later discoveries of the psychoanalytic ego psychologists, minimizes the role of the instinct and highlights selected adaptational and environmental factors which impel one toward criminal behavior (Fitzpatrick, 1976, p. 68).

Significantly, this is the very same distinction that Rik Loose finds in the post-Freudian theories on addiction:

> A reading of the post-Freudian literature shows that it is possible to distinguish between different periods in psychoanalytic thinking about addiction. These are periods in which certain aspects and concepts of Freud's theory dominate over others....For instance, it is possible to detect a drive-theory of addiction, which mainly covers the

> periods of the first quarter of the 20th century. After that one sees an increase in emphasis on the ego and defence mechanisms. This is the "ego-psychology" period, and its later derivative is called the "self-psychology" period (Loose, 2002, p. 97).

There are, however, two striking differences between these surveys of post-Freudian theories by Fitzpatrick and Loose. Most obvious is that Fitzpatrick characterises the first trend as focusing on instincts, while Loose describes this trend as the drive-theory. The terminological difference has important ramifications for how psychoanalysis understands the criminal act. The second difference between the two surveys is that Fitzpatrick views ego-psychology as an improvement upon the earlier instinct theory, while for Loose both "periods represent...a reduction of Freud's work" (Ibid). I will begin by discussing this second interpretive difference, for it leads into the terminological and conceptual distinction between instinct and drive.

Fitzpatrick's reason for finding the instinct theory inadequate in comparison with ego-psychology's approach to crime is that the instinct theory places too great an emphasis on internal factors, such as the unconscious conflict and the Oedipus complex, to the detriment of conscious motivations and external factors of society (Fitzpatrick, 1976, p. 71). Fitzpatrick refers to the work of Franz Alexander and Erik Erikson as examples of ego-psychologists who have "moved beyond the instinct theory, and tried to account for the variety of motivational factors...by introducing an explicit sociological and historical context to the study of criminal behaviour" (72). For Loose, though, ego-psychology is a reduction of the Freud's work. How does he arrive at this criticism?

Ego-psychology and the imaginary

Loose's criticism of ego-psychology is based on Jacques Lacan's dispute with ego-psychology for focusing on the ego to the detriment of the unconscious. In other words, Lacan maintains the Freudian distinction between the ego and the subject of the unconscious. The "essential thing in analysis", for Lacan, is to maintain this distinction between the "imaginary" and the "symbolic": "The ego gets confused with the subject, and the ego is turned into a reality, something which, as they say, integrates" (Lacan, 1991, p. 241). The imaginary, as Thomas Svolos explains, consists of "the representations which the patient makes of himself and of the world—these things we speak of in terms of the ego and object representation (or that we alternatively see as identifications)" (Svolos, 2003, p. 37). The symbolic is the realm of signifiers—the language and speech of the patient—and

therefore the "focus of attention of the practitioner is unconscious formations, those rare moments of access to the signifying material which constitutes the unconscious" (Ibid).

For Lacan, post-Freudian psychoanalysis has been more concerned with the imaginary dimension of the ego and its others rather than with the subject of the unconscious, the unconscious as that which is truly Other (alien and unknown) to the subject. Analysts, Lacan asserts, "must distinguish two others...an other with a capital O, and an other with a small o, which is the ego. In the function of speech, we are concerned with the Other" (Lacan, 1991, p. 236). In ego-psychology, the imaginary dimension takes precedence due to its emphasis on the adaptive function of the ego to external reality.

For ego-psychology,[2] the ego is from the beginning omnipotent, although later susceptible to erosion from factors in external reality, such as parental neglect or social adversity, which damage the ego's self-regard and narcissistic self-love (Loose, 2002, p. 104). Mental suffering is therefore the result of a weak or deficient ego (p. 108). Since the ego is damaged by external forces, crime can be understood in ego-psychology as a compensatory activity that maintains self-esteem, a way to return to the narcissistic state where the ego was omnipotent. Yet crime, like a symptom, does not repair the damaged ego. It is only a temporary measure and causes the ego to be vulnerable to a punishing superego and the id's instinctual forces of masochism. Therapeutically, ego-psychology aims to provide a more permanent solution by strengthening the ego's defence mechanisms against the superego and the id, through building up self-esteem, so that the ego can hold its own in a happy and adaptive relationship with external reality. In terms of the criminal act, ego-psychology dehumanizes the subject because the criminal is perceived as an innocent victim of the parental and/or environmental other, and therefore carries no responsibility for her or his act. Crime becomes an objective problem without subjective implications. Its therapeutic aim to strengthen the ego/self comes up against a specific problem: "this self does not want to get well" (p. 114).

Drives are not instincts

The notion of a self who does not want to get well brings us to the question of the difference between the instinct and the drive. It is commonly thought that humans, like animals, follow the pleasure principle and aim for pleasure while avoiding pain. Freud's 1920 paper, "Beyond the Pleasure Principle", makes the disturbing finding that this is not so. Instead, the human subject finds a paradoxical pleasure in pain. Symptoms are one example of how humans will prefer to prolong suffering rather than confront an unconscious

desire. The post-Freudian tendency to follow Freud's translator James Strachey in understanding the drive as merely an instinct makes it impossible to understand why humans go beyond the pleasure principle.

One of Lacan's aims was to return to the letter of Freud's work in order to preserve its theoretical revolution. On the matter of the English translation of Freud, Lacan notes that he "will take up the challenge made to [him] when people translate as "instinct" what Freud calls Trieb—which 'drive' would seem to translate quite well into English, but which is avoided in the Standard Edition" (Lacan, 2006, p. 680). The Freudian structure loses its significance in the translation of instinct for Trieb.

This translation problem leads to conceptual problems, and so Lacan insists "on promoting the idea that...instinct—[is] among the modes of knowledge required by nature of living beings so that they may satisfy its needs....But in Freud's work something quite different is at stake" (Ibid). To follow Lacan's directive, by returning to Freud's text we can see what exactly is at stake here. In 1905 Freud described the drive in this way:

> *The simplest and likeliest assumption as to the nature of drives would seem to be that in itself a drive is without quality, and, so far as mental life is concerned, is only to be regarded as a measure of demand made upon the mind for work (Freud, 1905, p. 168; see also Freud, 1915, p. 122; I have replaced the Standard Edition's "instinct" by drive).*

As Roberto Harari explains, with the instinct there is no work, whereas with the drive an initial raw matter is articulated with an instrument of application and the result is something very different to the original matter. "If there is work, there must be mutation, change, transformation" (Harari, 2004, p. 185). Harari points out that the concept of the drive is quite different to Melanie Klein's idea of an unconscious fantasy as "the mental expression of the instincts", for no work is involved there (Hanna Segal quoted in Harari, p. 185). With the drive, the bodily demand which then moves into the psyche is not instinctual, whereas for Klein "the psychic is conceived as a mere subordinate and mechanical correlate.... [and therefore] the fantasizing (unconscious) universe is preconstituted in biological functionalism" (Ibid). Freud clearly differentiated between instinct and drive by which the former refers to the biological instinct which is a-subjective and external to the signifying order (p. 184).

In the post-Freudian literature on stealing the distinction between drive and instinct is lost, as is the different relationship each has to its object. In the work of Karl Abraham, for example, there is an unproblematic relation of the

drive to its object in that the goal of satisfying the drive is attainable in the (normal) object, while symptoms are the effect of inadequate repression or sublimation. According to Abraham, compulsive stealing occurs when

> a child feels injured or neglected in respect of proofs of love—which we have equated with gifts—or in some way disturbed in the gratification of its libido. It procures a substitute pleasure for the lost pleasure, and at the same time takes revenge on those who have caused it the supposed injustice (Abraham, 1942, p. 355).

In a summary of the post-Freudian approach to stealing, Arnold Allen notes that for both Abraham and Edward Glover, stealing in women is symbolic of stealing the penis, and further points out that in general, stealing is "an expression of infantile needs, or...the gratification of id impulses" (Allen, 1965, p. 573). Abraham's approach to stealing obviously relies in some way on Freud's conception of the libido and the psychosexual stages. The post-Freudians diverge from Freud's drive theory in thinking that compulsive stealing is the avoidance of a normal encounter with an other, the thief instead seeking an earlier, more infantile satisfaction. In other words, the compulsive thief prefers the immediate pleasure which is attached to the satisfaction of the drives and is unable to deal with the less immediate satisfaction and frustrations of human relationships. In Freud's drive theory, however, there is no ideal of normality. The relation of the drive to its object is always problematic, on the basis that the object is an emptiness around which the drive circles. Lacan develops the Freudian lost object in his concept of the object a which brings about a focus on the question of how each subject orientates itself to that lack—the impossibility of full satisfaction.

Freud's drive theory must be considered in relation to his theory of infantile sexuality whereby the infant experiences sexual activity and enjoyment beginning with the feeding process and which affords a certain amount of sexual satisfaction (Freud, 1905). As a constant pressure, the drive is characterised by repetition, and, as the child grows up, the need to repeat certain forms of sexual satisfaction takes place without depending on the feeding process. For Freud, the drive has a disturbing aspect in relation to pleasure and satisfaction because it does not attain its aim of satisfaction: the satisfaction of the drive is a problem (Freud, 1912, pp. 187-189).

Freud outlines two reasons for the drive's unfavourable relation to satisfaction. The first is the incest taboo and the concomitant loss of complete satisfaction which had characterised the relationship with the maternal Other.[3] Here the original object is lost and such a loss is the starting point of desire (p. 189). The Lacanian object a is in part a name for this lost object.

The second reason is that the drives are partial rather than unified, and some partial drives are repressed while others do not aim for satisfaction (Ibid). Take, for example, the scopic drive which, along with the invocatory drive, Lacan adds to the list of Freudian partial drives (the oral and anal), and which does not necessarily have the aim of satisfaction—humans continue to look at certain things such as works of art or pornography. Nor does the oral or anal drive necessarily find ultimate unification in the genital stage, for humans will attain pleasure through non-reproductive sexual activities.

For the subject, the superego and drive converge in the maternal Other because the body's relationship to pleasure takes place in response to what the Other seems to want. What the Other wants of the child is expressed in many ways. One is the voice and its effect on the body of the child. In Freud's theory the drive is a constant force aiming for satisfaction, e.g. to hear, to be heard, to make oneself be heard, which begins with and is organised by the subject's relationship to his or her Other. With the invocatory drive, the superego—as formed from an internalised parental agency although not the same as the parent's moral values—has a role in regulating pleasure and satisfaction with regard to the law.

To summarise so far. The preference, in certain psychoanalytic theories after Freud, for instinct over drive has the tendency to dehumanize the subject by instead emphasising the object of the instinct. Here the instinct is a-subjective and therefore unaffected by the subject's relations to the Other. By comparison the Freudian drive is constituted in relation to the child's significant Others and their language—the symbolic order—which necessarily involves the social morals and values of those Others. The drive can only ever be specific to each subject in terms of that subject's position in relation to the impossibility of full satisfaction or the object a. This non-object, as the cause of desire, is filled in or covered up by the crime of stealing. It conceals the lack in desire's movement, and this lack is always in relation to an Other. In stealing, the Other's lack is concealed so that "the illusion is maintained that the Other possessed what was stolen from it" (Zizek, 2001, p. 70).

Lacan and the subjectivization of the criminal

The specificity of the drive for each subject is the very point Lacan makes in his paper on the function of psychoanalysis in criminology. At the end of this paper, Lacan explains why it is the drive that is important for understanding the criminal subject rather than the instinct:

> Psychoanalysis shows us the instinct caught up in a metamorphism in which the formulation of their organ, direction, and object is a

> Jeannot knife with infinitely exchangeable parts. The Triebe (drives) that are identified in this theory simply constitute a system of energetic equivalences to which we relate psychical exchanges, not insofar as they become subordinate to some entirely set behaviour, whether natural or learned, but insofar as they symbolize, nay dialectically incorporate, the functions of the organs in which these natural exchanges appear—that is, the oral, anal, and genito-urinary orifices (Lacan, 2006, p. 121).

It is only possible to understand the criminal act as an act through which the inner tensions of the subject—that is, the dialectic of the drive formed through the psychic processing of the somatic tension—find some kind of resolution. Taking his coordinates from Freud, Lacan understands the drive in terms of a problematic relationship with pleasure and satisfaction and he concludes his paper on crime by emphasising this issue: "The subject's 'tendencies' do not fail...to manifest slippage in relation to their level of satisfaction. The question of the effects that a certain index of criminal satisfaction can have there should be raised" (Lacan, 2006, p. 122). To put it another way, as Renata Salecl has in her paper on Lacan and crime: "The essential psychoanalytic consideration is thus what role theft plays in the libidinal economy of the thief" (Salecl, 1993, p. 4).

Clinical implications

Through a series of mistakes and bungled actions, a patient who is a compulsive thief, finds that covering her tracks lies outside of her control. Her mother and father were distant and unemotional towards her and each other, and the question that she forms in analysis is: what was the nature of their relationship? The question concerns desire, not only the desire of the Other but her own, for she cannot bear sexual intimacy. As the third place in relation to the imaginary dyad of the ego and its others, the symbolic Other is the representative of the values and ideals of one's parents and culture. For the patient, theft becomes a way to reduce the Other's distance, to conceal the necessary lack of the Other (object a), by filling it with objects of desire, stolen items which might serve to create her desire.

The mistakes she makes along the way—unconscious actions which go against her conscious need to hide her crime from the Other—betray a demand to provoke the law into responding to and therefore recognising her as a subject. The demand for punishment refers to one of the vicissitudes of the drive defined as a "turning around upon the subject's own self in masochism" (Ragland, 2004, p. 38). To convert the drive demand into a desire would involve a break in the repetition of the drive circuit and its habitual relation

with the Other from whom she consciously strives not to be seen by and yet unconsciously makes herself seen by. A different object a for the patient would be the work of analysis, that is, for the patient to redefine her identity in relation to the Other so as to allow for something different and new—a cause, not an object of desire. The work concerns an analysis of the effects of theft related to a particular cause. This is a cause which is particular because it belongs to the subject and only through that subject does it produce effects.

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(Endnotes)

1 For example, see William Healy's *The Individual Delinquent: A Text-Book of Diagnosis and Prognosis for All Concerned in Understanding Offenders* (Boston: Little, Brown, and Co., 1915); August Aichhorn's *Wayward Youth* (New York: Viking Press, 1925); Franz Alexander and Hugo Staub's *The Criminal, the Judge and the Public: A Psychological Analysis,* trans. G. Zilboorg (New York: Macmillan, 1931); Franz Alexander and William Healy's *Roots of Crime* (New York: Alfred A. Knopf, 1935); Kate Friedlander's *The Psycho-Analytical Approach to Juvenile Delinquency: Theory, Case-Studies, Treatment* (London: Routledge & Kegan Paul, 1947); *Searchlights on Delinquency: New Psychoanalytic Studies Dedicated to Professor August Aichhorn, on the Occasion of his Seventieth Birthday, July 27, 1948,* ed. K.R. Eissler (New York: International Universities Press, 1949); Daniel Lagache's "Contributions to the psychology of criminal behaviour: psychoanalytic commentary on an expert's report," in *The Work of Daniel Lagache: Selected Writings 1938-1964,* trans. E. Holder (London: Karnac Books, 1993), 33-65; Pietro Castelnuovo-Tedesco's "Stealing, revenge and the Monte Cristo complex," in *International Journal of Psycho-Analysis, 55,* 169-177.

2 The founders of ego-psychology are Ernst Kris, Heinz Hartmann, and Rudolph Loewenstein, for which their primary source is Anna Freud's 1936 book *The Ego and the Mechanisms of Defense.*

3 The mother is both an other and an Other. In the mirror-phase, the child identifies with the specular image of the mother (the other) but this imaginary relationship always borders on the symbolic Other as the locus of signifiers. As the Other, the mother is dependent upon the existing symbolic codes and is the representative for the child of a culture's ideals and values of which almost everyone in that culture knows about. The mOther is fundamentally lacking: she is a subject with unconscious desires and she desires something else beyond the child, and therefore it is through her that the child learns about desire.

Dialogues in coloured spaces: men with enduring psychosis in an art therapy group

Ingo Lambrecht and Andrew Shaw

Abstract

This paper discusses a specific group of men with enduring psychosis in an art therapy group. Relevant constructs concerning group work and art therapy in specific relation to psychosis are explored before describing the structure of the group. The discovery of certain relevant issues through creative and expressive means of drawing is highlighted by three case studies. In this manner, these men were able to dialogue their concerns in a symbolic manner, enhanced by music and explored in relation to their own narrative, illustrating a possible way of working with men with enduring psychosis.

Introduction

In this text, the aim is to highlight how men with enduring psychosis express important issues in their lives in a men's art therapy group. The article will briefly outline the setting of these men, as well as their specific suffering and courage. Some background, in the form of a review of group work and art therapy in relation to psychosis, places this particular men's art therapy group within a specific context and tradition. This will be followed by a method section, describing the way this group has been structured. This is followed by case studies. The first case study is detailed in its description and its relation to developmental factors, whilst the two shorter vignettes reveal briefly how important themes for group members emerge in their work. All identifying details have been altered to guarantee confidentiality, and written consent was obtained from each group member.

The setting

This group of men are resident at the mental health rehabilitation centre, named B., in a major urban centre, which is a specialist 40-bed, mental health, rehabilitation service that provides assessment, treatment and intensive rehabilitation combined with a high level of clinical support in a safe environment. It is most suitable for people with persistent, active mental health symptoms and disabilities who have the potential to benefit from intensive rehabilitation, which is strongly recovery-focused. The service supports clients in recognizing their strengths and abilities, with the aim of building self esteem, confidence, skills and coping strategies. Clients are almost always successful in moving on to a more independent life outside of a hospital setting. In order to achieve this, the rehabilitation centre runs an

intensive group and individual programme led by multi-disciplinary care teams working collaboratively with clients in a recovery-oriented environment.

One of the group initiatives is the provision of men's groups, which include a closed men's group of ten men and two facilitators who have named it MIB (Men in B.) with the ironic reference to the movie MIB. In a sense the reference speaks of their isolation, in the way the "men in black" were also isolated and different from others, but it also speaks of the group members' identification with the heroic aspects of the "men in black", who battle many an alien monster, similar to our clients who courageously do battle against alienated and destructive parts within their internal and relational world or schemas. The aim in this group is to explore, through art therapeutic means, what it means to be a man on a physical, psychological and social level. It would also hopefully give these men an opportunity for building friendships.

Members of the men's group:

The men in this group have struggled for many years with enduring psychosis and other severe psychiatric illnesses. All of the men have had their education interrupted due to their illness, and this often means that the use of vocabulary matters. This requires the facilitators to carefully use language that is understood. With voices or strong belief systems that distract, and make focusing on the external world difficult, establishing meaningful relationships becomes even more difficult, often leading to isolation and self-absorption in a harrowing world. For some group members, listening to others in the group becomes difficult when they feel the draw to respond to inner voices or strongly held beliefs.

The influence of past traumas in relation to psychosis is an important consideration, be it physical or sexual abuse (Read, Perry, Moskowitz, & Connolly, 2001; Read, Goodman, Morrison, Ross, & Alderhold, 2004), and most of the men of this group have a history of some form of trauma and abuse leading to delays in their individuation process. Certain substance use also can lead to psychosis, and is common amongst our group members, in that it is either the leading cause of psychotic vulnerability or is a means to self-medicate. Psychosis becomes a means to cope with the inner terror and fear of annihilation. All these factors can emerge as therapy-interfering behaviours. For example, one group member felt overwhelmed by his memories of his father, leapt up, and stated explosively that he did not need this and left the room. Those men that were close to him became anxious, and a sense of discomfort in the group became evident. Given the fragility and anxiety levels at that time, it was decided to contain the anxiety and anger,

as suggested by the literature (Hassan, Cinq-mars & Sigman, 2000), via brief acknowledgement, but also by bringing the group back to the task.

This all has an effect in the group on both clients and facilitators. Concentration difficulties and short attention spans need to be taken into account, so long silences have not been found helpful. Furthermore, most clients are on medication; as one group member said: "It is like walking under water." For the facilitators, this means it was important to be aware of the level of energy and focus in the group. Also, in countertransferential terms, the facilitators at times feel unclear about the processes, and struggle with seemingly impenetrable concrete cognitions. Bion's (1967) notion of psychosis as an attack on linking feels like a lived experience. Debriefing and sharing thoughts after the group has been important for the facilitators, especially with a self-reflective humour about our facilitation.

Group work and psychosis

In relation to the closed men's group at this rehabilitation centre, it is important to note that group therapy for people with schizophrenia has a long history in psychiatric rehabilitation. It is over seventy years now that psychotherapeutic groups became a source of healing in the psychiatric field (Roller, 2006). Even in the earliest groups that were run, participation of the facilitators was part of the group process. Equally in this men's group, the facilitators and any supportive staff member also draw, and share their drawings.

There are numerous reports in the literature supporting the use of groups in the treatment of severe mental illness (Bellack, Mueser, Gingerich, & Agresta, 2004; Heinssen, Libeerman, & Kopelowicz, 2000; Lesser & Friedmann 1980). There is some evidence that group work with people with psychosis is beneficial, especially in developing interpersonal or social skills (Kansas, 2005; Sigman & Hassan, 2006). Such results are supportive of the possible therapeutic value of the men's group, and are hopeful for positive outcomes.

In our opinion, a purist approach to group or art therapy work did not seem to be applicable, so a more integrative method was applied, in keeping with a postmodern paradigm. There is also a respect for interpretations to occur in the space between the group member and the facilitator. There is an understanding that neither the facilitators nor the group members are privileged interpreters (Guttmann & Regev, 2004). In this way, a dialogue has developed between group members and facilitators as they explore themes that arise.

Especially at the beginning of the group, a more CBT informed approach was used to explore the choice of themes of this closed men's group. This

CBT approach in relation to schizophrenia and groups has been positively reviewed (Bellack et al, 2004; Ritsher 2006). However, there is also support in the literature for a more group-analytical approach with people with enduring psychosis (Hassan, Cinq-mars, & Sigman, 2000; Muchnik & Raizman, 1998). This is especially relevant in the context of this men's group, as the facilitators sought to understand the art therapy interpretations and processes within the light of embedded schemas and psychoanalytical and psychodynamic processes. A psychoanalytically-informed method was also used, especially in the interpretation of the works presented, as well as in understanding developmental factors of individual men. Awareness of transference and countertransference, as well as group processes, has been valuable and enlightening. It could be stated that the inner processes of the men, as well as the group processes, have been made visible through the language of art.

Art therapy and psychosis

In a general sense, and relevant to this rehabilitation centre as an inpatient facility, group art therapy is considered to be a significant intervention for psychiatric inpatient units in order to increase a sense of insight and self-worth, to decrease self-absorption, and to promote social interaction amongst clients suffering from severe psychiatric illnesses (McGarry & Prince, 1998; Molloy, 1997). More specifically, the aim of introducing art therapy to this men's group, like the work with dreams, is an attempt to access, through another language of signs and symbols, the rich boundary between the conscious and the unconscious. Some of the men's cognitive capacity, interrupted educational development, and medication regime make sharing verbally a struggle, and a language through art often allows them more variety in signalling concerns in their inner and relational world or schemas. It allows the men with psychosis to communicate that which is verbally unsaid and unspeakable, exploring unintegrated parts within an inner world in a symbolic manner.

Furthermore, many of the men are adolescents. Some of the men are in their twenties, but through emotional developmental delay, are re-negotiating adolescent developmental demands and needs. Art therapy has been found to be very effective for adolescents, especially in the light of an often expressed awkwardness towards talking therapies (Riley, 2001). Engaging with the group members in a visual conversation or dialogue provides an opportunity for a psychotherapeutic exchange.

The interactive quality of the men's group, as well as the facilitators' participation in drawing, sets up an interactive symbolic communication,

not unlike the well-known "squiggle game" of Winnicott (1971). It is this symbolic play (Klein, 1959) that becomes the precursor to an adult state of self-awareness and fosters access to an inner and relational world. This requires the therapist to create a safe and containing space in which, through dialogue, a nonlinear and symbolic narrative of the self can lead to a sense of "aliveness" (Eisdell, 2005). In this space, the creative expressions of the men in this group function as "transitional objects" (Shaverien, 1997), which means material objects have a special value and allow inner experiences to be externalised and accessed in a relationship. This is a dialectical process of creating meaning (Ogden, 1993), such as occurs in the sharing and dialoguing about the works during the men's group.

Art therapy, in its own trajectory over time, has a long history in engaging with psychosis or schizophrenia, and the art therapy practiced in this men's group is situated within this tradition. Jung (1964), one of the earliest supporters of art as therapy, considered art as a projective measure of individuation. This, then, means that the creation and interpretation of expressive works by individuals are considered to be therapeutic by having a "living effect upon the patient himself" (Jung, 1966, p. 48). Specifically in relation to psychosis, there have been three major phases in art therapy. These phases also reflect aspects of the approach used in this men's group. According to Wood (1997), the art therapy pioneers in the first phase of art therapy (late 1930s until the end of 1950s) worked with those with psychosis without much interpretation, considering the act of expression as healing in itself. At our rehabilitation cntre, the joy, and also at times resistance, with which some men engaged with their drawings, suggests that the very act of creative expression had a deep effect on the men. The very act of creation activated and expressed their inner world.

Given the historical context, the second phase (early 1960s until late 1970s) was dominated by the antipsychiatric movement, especially in relation to schizophrenia. More humanistic and existential concerns were raised. Art therapy became a place of refuge from the asylum where madness expressed itself through the genius of the client. This led to a greater emphasis on the client as a person rather than a focus on madness. Our rehabilitation centre, with its strong recovery focus, embodies this throughout the rehabilitative process, and specifically in the men's group this emerges through their involvement in their choices of themes, and their right to engage and question, as well as to interpret the facilitators' works and stories.

The third art therapy phase (early 1980s until present) led to a more careful application of psychoanalytical concepts and techniques in understanding the

creative expressions of individuals experiencing psychosis. In relation to this men's group, the idea that images "produced by the psychotic patients do not serve symbolic purpose until a containing relationship is formed" (Killick in Wood, 1997, p. 168) has been a paramount thought which determined the choice of this group being a closed group, so that symbolic images could begin to emerge within a safe and containing space. Also, there is an awareness of the level of interpretation delivered by the facilitators. When interacting with the men, their work and narratives, any explorations or statements by the facilitators were sought in the creative balance or tension of insight into depths of their catastrophic anxiety and their relief of containment (Killick, 1997).

However, it is important to note that the tone of the facilitators is one of positive regard. The men in this group have been severely traumatised and are living in a terrifying world. The aim is to amplify the positive affect, given that positive affect has often not been present in their childhood, and in a form of "mirroring" (Kohut, 1971), a positive sense of self is accessed. The men are always supported in their drawings and in any reflections about the drawings. Transference interpretations are made only in a very gentle manner, although awareness of transference and countertransference is essential for facilitators in order to monitor the therapeutic space of the group and individuals. The hope is that this art therapy group becomes a safe symbolic container for the trauma and accumulated psychotic chaos, helping the men to connect with others in a meaningful manner (Molloy, 1997), and in this rehabilitative process, making this part of a journey towards a recovery .

It is beyond this paper to consider all the intricacies of interpretation in art therapy but in brief, following Seth-Smith's (1997) structured approach, it has been helpful, firstly, to consider the formal structure or creative work—in other words how space on the page is occupied. Secondly, the story or narrative of a group member is attached to the meaning of their images. Thirdly, the image's symbolic functions are pondered upon, and then lastly, keeping in mind the way the image was drawn, the relation of the body to the image is considered. All of this is then interpreted within the light of the person's own developmental narrative.

The structure of the men's group

The specific method of the art therapy used in this men's group is patterned after a creative expressions group run by Sanjetta Sharma, a clinical psychologist at the Mason Clinic. Her clients suffer from enduring psychosis with a severe forensic history. One of the facilitators of the men's group (Ingo

Lambrecht) and Sanjetta Sharma set up a small study group focusing on art therapy and psychosis, which led to an opportunity for co-facilitation at the creative expression group at the Mason Clinic.

At the men's group, the method of the creative expressions group was slightly adjusted, as it seemed that more structure was required. Such structure emerged after a more open approach created too much anxiety in the group. The facilitators chose the music in terms of a theme. The first theme was "father", the second, "mother", whilst the next one was "relationship". These themes had been generated and agreed upon by the group members previously. This seemed to engage the group members more directly when drawing and talking about their works.

A piece of music, evocative of the theme, is played for 5 to 10 minutes. All group members, including the facilitators, then begin to draw silently, which usually takes about 20 minutes. Then one by one, everyone places the drawing in front of himself and speaks about the drawing, and other group members have the opportunity to ask questions or comment, all within the framework of positive regard. Facilitators take the opportunity to explore and interpret according to the theme chosen. There is an awareness of the level of interpretation, for as Greenwood (1997) has stated in terms of technique of art therapy and psychosis, it is essential to first establish containment before deepening the interpretation. The group usually takes about one hour, and the creative works are kept safely for the group members.

Some reflections on case studies

In this section a detailed case study will be outlined, followed by two shorter vignettes that hopefully will briefly highlight valuable themes depicted symbolically in the work by group members. Concerning these expressive works of the group members, the interpretations made are neither exhaustive nor exclusive, but rather one possible reading amongst many.

Group member A

Group member A created this work after listening to music on the theme of "mother". Group member A is a young man in his 20s, who, in this group session, would sit in the group smiling incongruently, responding to inner voices. Group member A would engage in the group process intermittently, as much as his distractions would allow. He had been at this rehabilitation centre for over one year, being admitted for an enduring psychosis which was drug-induced. There is a strong family history of substance abuse over many generations. He never acknowledged that he had any issues, and did not feel that substance use was a problem. His first use of amphetamines at the age of

13 created an intense sense of anxiety. At the same time in his life, his parents' marriage, defined by alcohol abuse and violence, was ending.

Shortly after this, his parents separated acrimoniously, and he lived with his very absent father in another country, seeing his mother only over summer holidays. He returned to his mother when studying, and his cannabis use led to paranoid ideation with intense terror during many psychotic episodes, as well as a suicide attempt via overdose. During this time his mother was very supportive, as she still is. Currently there seems to be very little contact with his father, who lives overseas. Group member A was described by his family as a bright, shy, gentle and helpful person with a good circle of friends. He had just recently gone through a difficult time, with an increase in voices and paranoid beliefs about being murdered. He had stopped taking his medication and only recently had begun to receive it in liquid form. He had improved somewhat, and he seemed less withdrawn and terrified.

Group member A had difficulty starting to draw, and required support to begin his drawing. His gaze towards the facilitator was certainly ambivalent, and at first suspicious, which quickly shifted as his suspicion was acknowledged. He then got involved in his drawing and he remained focused throughout the drawing. He drew his mother's face in a clear and strong manner. In fact, the outline of the head has the shape of a heart, and considering his developmental history, it is evident that his mother is an important and positive person in his life. She has been very supportive of him, and even in his most paranoid states, group member A could at least tell his mother about his terrified thoughts.

On some important level, group member A has a deep sense of trust concerning his mother. It could be interpreted that the image of his mother is also disembodied, a head floating in an empty space, and in group member A's

case, suggests somewhere an unreal and possibly idealised view of his mother, an idealization that he transfers to women and his relationships generally, but not to men. This could explain why he shows very little interest in the work of other group members. It could, however, also be based on his experiences with his father, in that men are not always a stable base in the establishment of a relational schema. It is possible that he does not feel safe with men, and in reaction could be experiencing an internal rage and self-destructive aggression, as is evident in his paranoid thoughts of others (usually men).

His comments about his drawing when he laid down his paper for the group to see were very short about this being his mother. The other group members leaned forward to hear his soft voice. When the heart shape was highlighted, he stated very quietly that he loved her. One facilitator stated in a positive tone that his hand could suggest that he is reaching out to her. He said yes, smiling, leaning back and relaxing. Given his improving mental health, and the fact that he could go home for a visit again, it was thought that the reflection had touched upon his hope to reconnect with his mother more emotionally, and that his body posture mirrored the sense of well-being around this relationship being acknowledged in the reflection.

The facilitator internally wondered whether, despite the clear gentleness in which the fingers touch the face of his mother, much like an infant reaching for his mother's face, the hand itself was drawn much more softly and with a very thin arm. It suggested that group member A did not feel that secure about reaching out to her. He might not have the capacity or strength (thin arm), and therefore may feel less secure about being able to reach out to her. It was then that the facilitator noticed that the mother's face expressed a certain sadness or melancholia, and group member A knew that his mother was sad that he had not taken his medication.

Possibly this drawing was actually not so much only about his positive feelings towards his mother, but also a symbolic expression about seeking reparation with her in relation to his last psychotic episode. It could also relate to group member A's developmental story with his mother, who left him at the age of 14 to deal with her own sadness, and that in some sense his idealization could in part be an attempt to cover up his anxiety around his dependency on her. Although currently dependable, she has not always been available and consistent. At one stage she was involved in her own pain with her marriage relationship and then left the country, thus suggesting at times emotional unavailability and a real absence.

Interestingly, as the drawings of other group members were discussed, group member A took out a sample of a brown crème from a women's magazine

that he had used as a support to draw on. He opened the satchel and smeared it over the hand, and a look of triumph occurred. In a dialectical manner, after his need for contact with his mother had been expressed, the opposite need for separation and individuation emerged, and possibly paranoid fears and anger were raised that needed to erase and cover up his own neediness and dependency. It was only realised afterwards that this fitted in with his current developmental phase of separation and individuation, and that in the forming of his adult self, group member A was still struggling with his intense dependency on his mother, and that positive feelings were not the only dominant ones present in his inner world towards his mother.

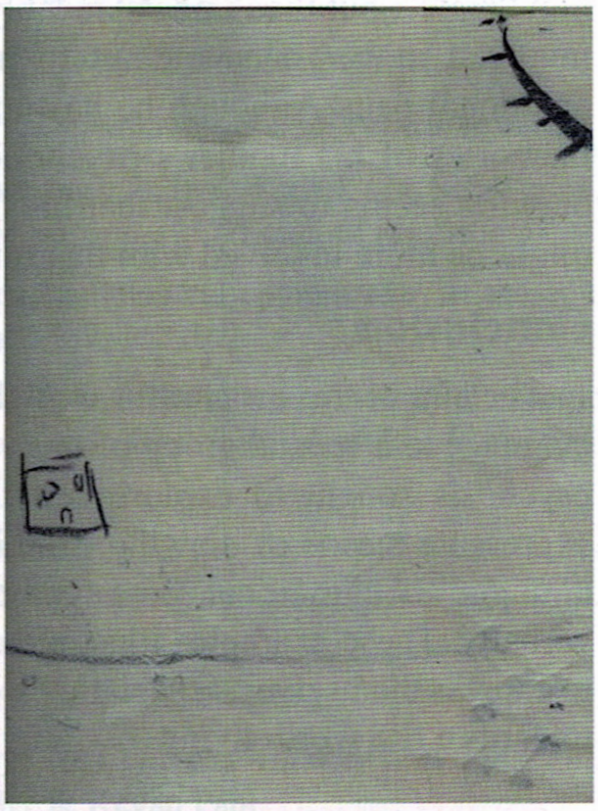
This is also very evident in other rehabilitative processes during which group member A denies his vulnerability and needs, yet has not sufficient personal capacity to fulfil his dreams. So he will apply for jobs that are far beyond his current capacity, in a manner that becomes self-destructive. It has been difficult for group member A to acknowledge his split-off needs for dependency and support. His dissociated fear and rage against this dependency is expressed, in the refusal of any help or support, as paranoid experiences. At the same time he always wants to go home and stay with his mother. He is trapped in a dialectical dilemma. However, he has at times acknowledged this dialectical process in his own psychotherapy as "two parts battling" within him. A central part of his journey in recovery has been to support him to acknowledge and accept his needs and thereby address the denial of his vulnerability, and also then to strengthen gently a growing and adaptive self that reaches his dreams in a measured manner.

It could be argued that in this drawing, not only are group member A's own rich dynamics reflected, but also to some degree these are the struggles of all young men in their archetypal journey of individuation, between their dependency needs and their need for independence. It is beyond the scope of this paper to address a full account of male development, but the case study of group member A may highlight some major common developmental themes, such as trust versus distrust (Erikson, 1963), not uncommon in certain clinical subgroups of psychosis, namely trauma-related or anxiety-based psychoses (Kingdon & Turkington, 2005).

His psychosis could be understood as an extreme expression of common men's issues around the fear of dependency upon mothers and women, and the associated Oedipal guilt and shame—in other words, being the "mama's boy" (Moore & Gillette, 1991). In one male group context, Rowan (1991), as a facilitator, notes in a Jungian manner: "Men are really afraid of female power, and find it very hard to come to terms with. But the way to come to

terms with female power is to worship it" (Rowan, 1991, p. 92). Possibly, group member A's way of coping with his abandonment fears is to idealize his mother. This idealization in turn was negated with the covering of the hand with crème, an expression of his anxiety about and rage towards dependency, which then in turn to led to paranoid and terrified thoughts of being attacked. It could be argued that for group member A, the absence of a supportive and protective male in his earlier years has led to difficulties in not being able to separate from his mother currently.

Freud (1973) believed that in the son's mind, the father's body represents the law, and that the role of the father's body is to modify the attachment the son feels to the mother. This becomes the path through the Oedipal triangular relations of identification and desire, which is resolved with the son expressing a desire to become like his father, rather than to be or to replace his father. This can be seen as a basis of masculine identification, and such idealization and identification provides the son with a firm grounding in his own masculinity. Physically and/or emotionally absent fathers lead to difficult separations from mothers (Bly, 1991), thereby bringing about emotional developmental delay in male identity. The presence of the father's body during the son's developmental phases is integral in the son developing a positive sense of self as a male (Corneau, 1991). Group member A, in his current psychological development, has not as yet developed a strong sense of self, which of course affects his sense of his masculinity, a theme that did emerge in psychotherapy. He feels inadequate about how to approach women, yet he also idealises women. He is still within an emotionally delayed adolescence, and given that adolescence could be considered a second individuation process (Kroger, 1989), group member A is working through this process both as a man and as a person within the extreme state of psychosis.



Group member B

Group member B drew this work in the group when the focus was on "relationship". Group member B suffered from enduring psychotic episodes and has improved significantly. He was severely traumatised by the bullying and violence in various inpatient units.

He has been at this rehabilitation centre for many years, and his ways of expressing rage emerge in a passive aggressive manner. During the group he would often withdraw, while covering the drawing with his arms. He was very reticent about talking about this drawing. At one stage he needed to be protected from the bullying and aggressive stance of another group member, the group thereby re-creating a parallel process of his own trauma and also possibly evoking past aggressive relations with other men. His hesitant way of drawing and the lack of grounding for the house suggest that he is still not feeling secure. The sun, however, seems to symbolically hint at some hope for the future. It was suggested in the group that this may reflect group member B's current condition, in that he is about to depart the unit, having completed his stay, and it seems that although he does not feel secure about this move, he is nonetheless hopeful of his future. Group member B agreed with the interpretation.

Group member C

This drawing occurred during the focus on the theme "mother". When group member C drew this work, there was little knowledge at that time about his own developmental narrative, and it turned out that his mother's eyes and smile in this drawing strikingly depict his experiences of his own mother's severe post-natal psychosis when his younger sibling was born, which occurred when he was five years old. She would smile and call him "mate", but then understandably be totally involved in her own attempt to manage her emotional pain. Although he has no conscious memories of his mother's psychotic state, his drawing seems to suggest that his inner world might be more involved with that time than his conscious self realises.

Conclusion

The aim of this article was to highlight the possibility of giving a voice or language to a special group of men. In this closed group, men with enduring psychosis sought to explore certain relevant issues through creative and expressive means of drawing. In this therapeutic manner, they were able to dialogue about their concerns symbolically, enhanced by music and explored verbally. These examples illustrate one among many ways of allowing men to express themselves, especially those journeying through terrible challenges towards a life worth living.

Generally, some professionals consider that psychotherapy is unsuitable for clients with schizophrenia and/or enduring psychosis. A second aim of this article was to suggest three major advantages of working with men who have enduring psychosis. Firstly, an art therapy group allows facilitator access and assess major psychological themes of the client in a non-verbal manner, which is at times valuable if a client is reticent in communicating verbally. Secondly, the themes emerging in the art therapy group allow for further exploration within more in-depth individual psychotherapy sessions, and finally, art therapy gives the client an opportunity to develop a capacity to language emotional themes and symbolic expressions of self. These three skills are an essential feature for entering psychotherapy, as well as for social interactions which are often so inaccessible to clients suffering from schizophrenia and/or enduring psychosis.

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Drowning the judge: addiction, trauma and the superego

Lisa Zimmerman and Andrew Duncan

Abstract

This paper considers the relationship between trauma and addiction, developing the idea that the superego is a useful concept in understanding this relationship, and also useful in the treatment of people with addiction. The thesis is that in the people with addictions who have a trauma history, whether it be direct trauma or the more indirect trauma of early neglect, the trauma frequently contributes to a punitive superego and addiction is a mechanism to protect the person from feeling the pain inflicted by a punitive superego. Focus on affect tolerance, forgiveness therapy and working with guilt and shame are useful in the treatment of these clients. This paper is taken from a dissertation written as part of an MHSc in Psychotherapy completed by the first author at Auckland University of Technology. The clinical illustrations in the paper come from the work of the first author.

Introduction

> Man seeks to escape himself in myth, and does so by any means at his disposal. Drugs, alcohol, or lies. Unable to withdraw into himself, he disguises himself. Lies and inaccuracy give him a few moments of comfort. Jean Cocteau, French Poet, Novelist, Actor, Film Director and Painter, (1889-1963).

Everyone knows an addict: most people want to be happy and we are a society full of people searching for the quick and easy fix that will make us happy. Happiness has become a destination for many and the holy grail of a successful life. On the quest for happiness, we can mistake happiness for the absence of pain. Attempting to avoid pain may be attempting to avoid life and those who seek to avoid pain may find a means of avoiding both.

I (the first author) have noticed in my work how often addicts speak of how they used drugs to avoid pain or cope with it and how inevitably the drugs soon became a further source of their pain. But curiously when the drug use disappears and with it the pain caused by taking the drug, addicts often find themselves seeking some substitute, some other mood altering substance, action, or distraction that will take the pain away. This led me to a question, "Where is the pain coming from?"

I noticed an interesting phenomenon in working with a female client. Laura1 had a lengthy history of abuse and had recently completed treatment

for alcoholism. Laura had successfully maintained sobriety for several months. I noticed in our sessions that she frequently mentioned her distaste for disorganisation and her need for things in her environment to be physically ordered before she could do anything else. This need for orderliness began to appear in the sessions as she commented on the crookedness of photos on the walls, the untidiness of stacks of papers and the like. She tended to comment on the state of the office just as she experienced painful feelings – such as guilt and shame. She would then grimace as if she was being attacked from within, before randomly mentioning that the pins on the noticeboard needed to be lined up to form a perfect square.

Laura seemed to use obsession with orderliness as a means of avoiding painful feelings. I began to wonder what she was defending against; it seemed to me that an internal punitive voice would attack her with shame until she found a means of avoiding it. This internal process is commonly referred to as the "superego" and seemed worthy of further exploration. What is the role of the superego in addiction? It occurred to me that the compulsive behaviour might be a defensive response to an internal abuser, a way to block out uncomfortable thoughts and feelings. As I continued to explore the topic and reflect on Laura's trauma history, I wondered about the role of trauma and whether addiction might be an attempt to overcome or mute painful feelings left over from the trauma.

Defining the terms

We will begin by briefly developing working definitions of addiction, trauma and superego for use in the remainder of this paper. We will adopt the definition for addiction or "substance dependence" as it is called in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) (American Psychiatric Association, 1994). This outlines two main criteria for substance dependence as "a maladaptive pattern of substance use leading to impairment or distress" (p.108). The primary criteria - evidence of increased tolerance and evidence of withdrawal – relate to the physiological response to the drug, while the other criteria relate to social, occupational and relational factors along with time spent on substance related activities and use, despite knowledge of the adverse factors of using. The diagnostic manual does not, however, describe the purpose for the addict of taking drugs. It is also notable that the definition focuses on the consumption of a mood altering substance and therefore does not address addictive behaviours, such as gambling, which can produce similar life consequences and have similar processes. In the discussion of addictions in this paper, addictive behaviours are included.

While there continues to be debate over the nature of addiction and discussion over various contributing factors, we have concluded that a useful understanding of addiction comes from what is often called the "self-medication model". According to this view, addicts use psychotropic drugs to medicate themselves against the pain of underlying emotional disturbance. Using drugs becomes the primary method of coping with overwhelming emotions; drugs and alcohol become a means of protecting themselves from uncomfortable feelings.

Two examples that illustrate the self-medication model come to mind. In Laura's early work she would often describe how she would drink alcohol to black out when she began to feel tension in the relationship with her partner. She described how her partner began to make sarcastic comments to her at the start of an evening: "At that point I knew that I better get drunk and black out as quickly as possible because I knew what would happen; there was going to be a fight." In earlier sessions, Laura described the fear she had as a child when her parents would argue violently; and in later life her difficulty expressing anger unless she was intoxicated. Laura's use of alcohol became a means for her to cope with her anger that would have otherwise have felt overwhelming.

Another client, who used opiates, had difficulty with closeness in her relationships with men. She described a pattern of self-sabotage that occurred when her partners desired more intimacy and connectedness from her. "It was weird, the longer we were together and the closer we got, the more I wanted to use. I did not want to have to think or feel anything, all I wanted to do was sit on the couch and drool".

Several researchers have studied the self-medication model, and found it useful in understanding the dynamics behind addiction. Khantzian (1987) placed affect defence at "the heart of substance dependence" (p. 532). Khantzian (1985) describes how drugs relieve psychological suffering and how the choice of drugs that addicts use is related to the kind of affects they are trying to defend against. He distinguishes for example, the use of depressants, such as alcohol, which he claims relieve feelings of isolation, emptiness and anxiety, from opiates that counteract rage and violence.

Khantzian's view is shared by Goodman (1993), who describes the addictive process as "the defensive system employed to cope with the intense, disorganized affects and conflicts" (p.94), while Miller (1994) discusses how the repetitive aspects of addiction are designed to attempt mastery over toxic affect experiences.

Several authors have described variations on the self-medication view (Gottdiener, 2001; Johnson, 1999; Lin et al, 2004; Miller, 1994; Dodes, 1990; Dodes, 1996; Goodman, 1993; Goodman, 1996; Wurmser, 1985; Wurmser, 1995). The self-medication view has been the basis of much psychoanalytic writing on the topic of addiction. It provides justification for psychodynamic interventions that seek to develop affect tolerance. Furthermore, the self-medication model solves the cross-addiction problem: Since the addict is not behaving primarily because of a physiological response to a substance, the substance (or activity) could disappear and the addict can find another substance (or activity) to replace it, producing the same social and emotional consequences.

Trauma

Wurmser's (1996) definition of trauma combines the external forces of trauma along with the internal response. Wurmser describes trauma as the disruption or breakdown that occurs when stimuli (either from within or without) overwhelm the ego's capacity to cope. This can occur in a specific event or events or in, for example, cases of childhood neglect ("chronic trauma").

The overwhelmed ego enters a state of helplessness. Wurmser agrees with Freud's (1893) description of the helplessness experienced in trauma as a moment of conscious conflict between opposing feelings. Wurmser states that the overwhelming conflict between self and environment that occurs during trauma is transformed into an unresolvable internal conflict between opposing feelings about self, environment and/or abusive person. Wurmser (2000) asserts that the failure of the ego to master these feelings leads to a split where the most uncomfortable feelings become unconscious. He states that the connection between these two conflicting sets of feelings become unconscious as well. Explaining further, Wurmser makes reference to Freud (1893) and discusses how the ego, overwhelmed by competing feelings, repudiates the incompatible feeling. The result is that the affect is not destroyed but repressed, becoming unconscious (p. 186).

An example of more chronic trauma is Sarah, who had not been abused physically or sexually and who had not experienced disasters or combat, but displayed some traits of post-traumatic stress disorder. Sarah's alcoholic mother would frequently leave her unsupervised at a young age. Sarah would also accompany her mother to parties and social events where drinking and drug use occurred, and she would often lose her mother at such gatherings. She was forgotten by her mother at various locations for hours at a time

from age four. Neglect of physical and emotional closeness and the constant fear of abandonment created in Sarah a hyper-vigilance similar to what one would expect of someone suffering from PTSD. I would describe what Sarah experienced as trauma not through intrusion, but through neglect leading to overwhelming feelings in her.

An example of the conflict where one feeling becomes unconscious occurs in the case of Laura . As a child she witnessed her mother get physically abused by her father and was, at times, also a victim of her father's abuse. These traumatic experiences created in Laura two conflicting sets of feelings. The first was her rage both with her abuser (her father) and with her mother for tolerating abuse. The second was an immense fear of her aggression and of aggression from others. In early sessions, Laura denied that she experienced anger, even though she would speak of her aggressive and violent behaviour while intoxicated. It seemed that Laura was not aware of the extent of her rage. It was as if she was frightened of her rage and repressed it from consciousness. When it did emerge, even slightly, she felt a powerful sense of shame that served to keep the rage unconscious.

What is striking in Laura's case is the importance of the use of alcohol as a part of the vicious cycle. Laura responded to feelings of shame by drinking. While intoxicated, Laura could get angry with her partner, something she could not permit herself to do when sober. Her rage would elicit her partner's and the two would end up in a physical fight, thus recreating her family dynamic. By circumventing her shame (and thereby drowning her superego), alcohol provided Laura with the opportunity to experience her unconscious rage, the very thing she both hated and feared, but also yearned to feel.

Freud's structural model of the personality

The concept of the superego was originally conceived by Freud (1914) as part of his theory of narcissism and of the structure of the personality. His theory is explained in "The Dissection of the Psychical Personality" (1933), in The New Introductory Lectures on Psychoanalysis. According to his structural model, the largest part of the personality is the id, which "stands for the untamed passions" (p.76). The id has no value system, it is not influenced by external reality or morality; it is, as Freud describes it, "instinctual cathexes seeking discharge" (p.74). The ego, like a nail growing over the sensitive nerves of the thumb, protects the id from itself, by acting as mediator between it and the external world (p. 74). The ego develops the capacity to identify and negotiate the desires of the id and the requirements of the outside world. It endeavours to negotiate the conscious and unconscious

messages it receives and "stands for reason and good sense" (p.76).

The superego is "a sense of internal morality based on identification with the parental agency" (p.64). The superego is also influenced by other authority figures in the child's life and can direct and punish behaviour in a manner similar to that of the parents (p.62). It is important to note that Freud mentions cases in which children develop punitive superegos despite being raised by parents who punish them mildly. Freud alludes to this contradiction later when he discusses how parents "follow the precepts of their own superegos when educating children" (p. 67). The child's superego becomes more of a reflection of the parents' superegos as opposed to a reflection of the parents themselves (ie. it is heavily influenced by the grandparents' superegos).

The superego contains within it what Freud (1933) calls the ego ideal, which is the standard that the superego tries to meet. The superego becomes the "vehicle" (p.65) of the ego ideal "by which the ego measures itself" (p.65). The superego contains as well the voice of conscience that warns the ego against behaving in ways that do not conform to the superego's moral standard. Symington (2001) argues that conscience is the conscious process and superego is an unconscious process; in this article that distinction is not discussed since our interest is in the combined processes, and space does not allow exploration of this distinction. The superego punishes the ego for breach of its moral standards and can reward the ego when the standard is met. The superego strives for perfection more than reality, which the ego attends to, or pleasure which is the focus in the id (Hall, 1999). A moderate superego can also be a nurturing caregiver with moderate ideals for self and providing gentle corrective self-criticism. There is not the space in this paper to debate at length the myriad of interpretations of the definition and capacities of the superego. For the purposes of simplicity we will refer closely to Freud (1933) and define the superego as a part of the personality that strides the line between unconscious and conscious and is an internalisation most heavily modelled on parents and other important authority figures. A later view discussed below which is also essential to this paper is the idea that trauma influences superego development, and thus there are influences beyond parents, grandparents and authorities.

Is There a Link Between Trauma and Substance Abuse?

A critical review of over 200 studies found a consistent link between trauma and alcoholism, such that addicts were more likely than non-addicts to have experienced trauma (Stewart, 1996). In the text "Trauma and Substance Abuse", Ouimette and Brown (2003) review nearly 1000 studies on trauma,

substance abuse, and the co-morbidity of the conditions. Of particular interest from a psychoanalytic perspective is the chapter on the relationship between childhood trauma and substance abuse. In one clinical example, the authors discuss a client who suffered from "PTSD symptoms derived from abuse and neglect" (p. 75) in his childhood. They described him as using marijuana for "alleviating the chronic tension he experienced and for diverting the chronic, mounting feelings of rage with which he wrestled" (p.76).

Similar studies on other drugs and trauma produced similar findings (Brown & Stout, 1999). Reporting experience at an Auckland-based treatment facility, L. Poynton (Personal Communication, April 13, 2006) found a similar link between trauma and substance dependence among its clients. Of the 29 residents who were in treatment for addiction at the time of the interview, 26 had a history of physical or sexual abuse in their childhood or adulthood. A review of the client populations over a 24-month period showed that the percentage of clients with abuse histories is consistently over 80 %.

The link is also supported by the psychoanalytic literature on trauma and substance abuse. Krystal (1982) refers to both "adult catastrophic trauma" (p. 597) and "infantile psychic trauma" (p. 593) as factors in substance abuse. Similar links are drawn by Dodes (1990), Goodman (1993) and Wurmser (1995) while several other articles feature clinical examples of addicts with traumatic histories (Brinkman, 1988; Director, 2002; Levin, 1991; Wurmser, 1996).

My clinical experience (the first author) supports this link. My review of the above studies shows there is a strong consensus that there is link between trauma and addiction such that people who have experienced trauma are more likely to abuse substances.

Trauma and the development of a punitive superego

Leon Wurmser extensively explores the relationship between trauma and the development of a punitive superego in several works on the interplay between addiction, superego, compulsiveness and shame. In his paper Trauma, Inner Conflict and the Vicious Cycle of Repetition (1996), Wurmser links the experience of trauma with the development of a punitive superego through discussion of how overwhelming experiences are internalised. The ego is overwhelmed and loses its "mediating capacity" (p.20). The external traumatic experience then, according to Wurmser (1996) is converted into an internal conflict that continues to overwhelm the ego (see above), such that the conflicting affects overwhelm the ego's capacity to master them and therefore are split to make these connections unconscious (p.20).

Sarah's unconscious conflict was in her relationship with her mother, her primary caregiver who would frequently abandon her at parties so she could drink and use drugs. Sarah had great difficulty feeling angry towards her mother, and expression of anger was accompanied by a sense of guilt. Equally, she remained dependant on her mother during her early adult life, stating that she felt herself unable to do simple things like make phone calls or arrange appointments without her mother's help. Her inability to complete these activities left Sarah with a sense of helplessness and a high level of self-contempt. The conflict over Sarah's love for her mother, fear of being abandoned by her and extreme rage at being abandoned historically seemed to be unconsciously managed by a turning of her rage against herself.

Wurmser (1996) discusses the "internalisation of trauma" (p. 34) whereby the "cruelty of trauma and abuse becomes part of the superego - parallel to the turning of the rage, the envy and the contempt against the self" (p. 34). The overwhelming traumatic experience takes root in the superego, planting a seed of dangerous exaggerated self-contempt. The superego in the traumatised client then, can become a punitive extreme force where moderate ideals for self and gentle "corrective self-criticism" (Wurmser, 1995, p. 55) are exaggerated and polarized. Thus in the case of Sarah the traumatic conflict between need for mother and rage against her is resolved by making the latter unconscious.

The punitive nature of the superego defends against the aggressive wishes that are left over from the trauma. Sarah was so afraid to lose her mother's love that she repudiated her anger and aggressive wishes towards her mother, which developed as a result of frequent abandonment. Turning against herself the aggressive feelings she held towards her mother was a means of resolving the unresolvable conflict, as it offered Sarah the opportunity to experience her love and her rage simultaneously while avoiding the fear of being re-abandoned.

The punishing superego accounts for the addict traits of being highly punitive to self and other (Dodes, 1990; Novick & Novick, 2004; Wurmser, 1982; Wurmser, 1996; Zinberg, 1975). The idea of traumatised clients with punitive superegos also appears in literature on trauma (Garland, 1998). An example of this is Ronna, a young professional who was a recovering alcoholic in a residential setting. She struggled a great deal with the pressure she put on herself to achieve. In her childhood she suffered physical abuse and humiliation at the hands of her stepfather; the shame and self-blame she carried as a result was almost palpable. She was often tearful in our sessions as she felt full of shame and guilt for many reasons, including having to take time

from her studies to treat her alcoholism. Ronna, however, also experienced herself as highly intelligent and a "fantastic" judge of character. She would often profess to know undoubtedly what others were thinking or feeling. In fact, she was a highly critical judge of others as well as herself.

Wurmser (1996) further explains the link between trauma and the superego; the more severe the trauma, according to Wurmser, the more overwhelming the affective response. The more overwhelming the affective response, the more ineffectual the ego becomes in resolving these conflicts. The result, he asserts, is an intensification of internal conflicts in which the person is more likely to employ more global defensive systems, such as black and white thinking and denial. He believes that those who employ global defences become more judgemental of self and other, which in Wurmser's (1996) view is indicative of a totalitarian and harsh inner judge, in other words, a punitive superego.

The punitive superego is a constructive way for accounting for the level of self-hate that is common among traumatised clients. The aggression of the abuser as well as that of the victim of the trauma, are contained in the superego.

The punitive superego sets unrealistic standards and punishes through shame and guilt when the person is unable to meet those standards. The superego becomes an internal abuser, victimising the person for being incapable of perfection.

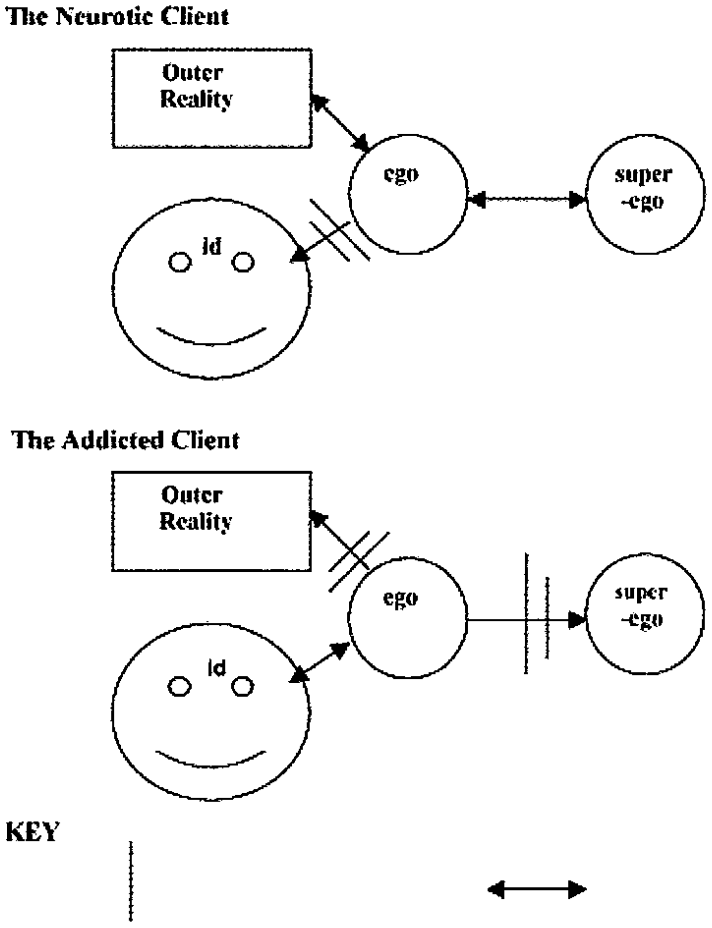
Addiction, trauma and the superego

Wurmser & Zients (1982) illustrate the link between addiction and the superego through the use of a diagram entitled "Pairs of conflict solutions" (p.556): they show how addicts use denial to defend against the superego and outer reality. Their diagram is represented below, with some alterations of the shapes modified from squares to circles.

Unlike the neurotic client whose ego, superego and outer reality are in alliance to contain the id, the addict does the reverse. Comfortable in grandiosity and fantasy, the addict allies ego with the id to the detriment of their outer reality and of the superego which represents their internal and external authority (p.557).

I witnessed this phenomenon in my work with Ronna, who explained her drinking as a way she could feel more empowered. She often spoke of the increased sexual confidence she experienced when intoxicated. While lacking assertiveness and self-esteem in sober moments, in intoxication she did not experience her shame and guilt and was able to feel and behave in

Figure 1



Wurmser & Zients (1982, p.556)

a more confident manner. The problem for Ronna was that her denial allowed her to frequently engage with potentially dangerous individuals. Ronna often chose to go home with men she had just met, some of whom became abusive. She often minimised her dangerous behaviour in our sessions, and it took several weeks of sobriety as well as "reality checks" from her friends and family who had observed her behaviour, for Ronna to acknowledge that she had made poor choices while drinking.

Wurmser sees denial as an unconscious decision by the addict to actively fight against that which attacks him/her, namely his or her own internal judge. The paradox, of course, is that such an attack is to the addict's detriment as the repression of the internal judge permits the pleasure-driven id to run wild. As the id disregards the needs of others and the self, behaviour under this influence evokes an increasingly critical response from external people and authorities. As Wurmser (1985) notes, the search for protection in the use of drugs from the harshness of the internal judge, repositions the punitive critic from the internal to the external. The denied superego re-emerges as "social ostracism, evoked scorn, severe penalties and even death" (p. 249). Equally the superego is not able to fulfil its task as the nurturing caregiver (Khantzian, 1987; Wurmser, 1995). By defending against the superego, the addict is not only blocking out the harshness of the inner judge, but also blocking the caring nurturing parent contained in the superego. Addicts are essentially depriving themselves of the caring protector they crave in order to resolve the internal conflict of contradictory feelings discussed above.

Treatment

What is the impact of the relationship between the superego, trauma, and addiction when treating addicted clients? Two main themes are the work with guilt and shame, and work with forgiveness of self and other.

First a few words on the role of guilt and shame. Where praise and pride are the rewards of a superego satisfied, guilt and shame are the tools of punishment when superego demands are not met. Ikonen and Rechardt (1993) describe shame as "an inseparable part of the relationship between the ego and the superego and the ego ideal" (p. 100). Severino, McNutt and Feder (1987) observe that shame has been little explored as a topic in its own right, likely due to it being encompassed in writings on the superego, guilt and narcissism. It is clear then that an approach to treating addiction that considers the role of the superego, must also consider the affect tools of the superego, namely the role of guilt and shame.

The impact of guilt and shame on relapse has been well documented in a variety of literature on treating addictions (see the dissertation for more examples; Zimmerman, 2006). Some examples are discussed by Brooks and Spitz (2002) and Flores (1988) among others. Flores attributes the success rate of Alcoholics Anonymous groups to breaking the "cycle of interpersonal isolation" (p. 254) that leads to the development of shame and to allowing the addict to experience acceptance by another through mutual sharing of vulnerability.

Relapse is high with addicts and one of the reasons for this is that substance abuse is the only means they have to manage uncomfortable feelings. If addicts can address their globalised black and white thinking and employ forgiveness, then they have choices other than drinking when faced with punitive superego demands. As seen above in the example of Ronna, the inability to forgive oneself for not meeting or for defying the demands of the superego leads to toxic shame that can spiral the addict into deep pits of shame and self-hatred. Equally, the addict's inability to forgive others for not meeting their expectations can lead to punitive behaviour which elicits disrespect and on occasion abuse from others. Increasing an addict's ability to forgive themselves and others for not being perfect and learning to set their internal and external expectations at more reasonable levels is paramount in building self esteem and self pride, essentially allowing the superego to carry out its other function, that of praising internal parent.

There has been some success in using forgiveness therapy with addicts. Lin, Mack, Enright, Khan and Baskin (2004) did a study in which they gave

questionnaires to a group of adults receiving treatment for addiction; assessing anger levels, self-esteem and ability to forgive others. They found the group as a whole scored lower than the adult average on self-esteem and ability to forgive but higher than average on anger levels. Half the group were then taught forgiveness techniques, and asked to forgive someone in their life who had hurt or abused them. Self-esteem and ability to forgive rose significantly in this group. This is a preliminary study with a small sample but a striking result.

I am reminded again of my work with Ronna. When she came into treatment, she was harshly self critical and critical of others. Most evident in speaking with her however, was how much anger and hate she held for the man who had abused and humiliated her. She could describe events of humiliation and abuse in such detail, as if they had been tattooed onto her memory. The rage in her was evident in her eyes and in the cold detached way she spoke of these events. For me the saddest aspect of working with Ronna was her hypersensitivity to shame after receiving even the mildest of criticism; this seemed to spark in her an archaic rage. In those moments it was as if she could once again only see the world as she had as a seven year old. She had on the goggles of parental transference and saw every man as a predatory liar and every woman as an artificial soother, only pretending to support her while she gathered information she could later use to punish her. The consequence was that it was very difficult for her to trust that neither I, nor the other members of the community intended to hurt her and it was difficult for me not to become angry with her when she accused me of being unsupportive and neglectful.

Through my work with Ronna, through group work in the therapeutic community and through regular involvement with Alcoholics Anonymous, Ronna was eventually able to recognise the impact of her shame on herself and how she would project it onto others when experiencing it became overwhelming. Ronna also began to recognise that her inner critic, as she called it, had some unrealistic expectations. She began to recognise that it used words like "you always" and "you never" to punish her and that these absolutes were not true. Upon completion of her treatment, Ronna had not come to forgive her abuser, but she was able to see the impact on her and her relationships with others, especially men, of carrying hate and resentment. The result of this was a reduction in her aggressive responses and a greater ability to manage her shame.

Conclusion

We have argued that the concept of superego is valuable in the understanding and treatment of addicts with trauma histories. We briefly examined the definition of the "addiction" and explored the "self-medication" model. The well researched link between trauma and addiction in which there is a high frequency of trauma history in addicts is described. Then we considered the definition of trauma, noting how it represents an overwhelming of the ego and may cause unconscious conflict. We then considered the superego and how the punitive superego develops, including its aggravation by trauma. A key concept in the paper is the "cruelty of trauma and abuse becomes part of the superego - parallel to the turning of the rage, the envy and the contempt against the self" (Wurmser, 1996, p. 34). Wurmser and Zients' (1982) very useful diagram (Figure 1, p. 14) of the way the ego and superego can be disabled in addiction while the id runs rampant was discussed. Clinical examples were provided throughout.

We have argued for the importance of work with shame and guilt in the treatment of these clients. We have also argued for the importance of work with self-esteem; but this is already widely accepted in addiction treatment. An example is given of the way work with forgiveness can contribute to the treatment of these clients.

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To stand sitting! Reflections on weaving our living stories - the NZAP conference in Napier

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Abstract

This paper was written as a way of making sense of my experience as the conductor of the large group. In taking on this role I assume that I am expected to pay attention to all communications including receiving and digesting those that are not yet consciously acknowledged. The hope is that by taking this position, unacknowledged painful material can be contained until the group is ready to receive it in a less toxic form just as Winnicott described the 'good-enough' mother providing for her baby. Timing is essential to the process so is an ongoing relationship. In the large group the intention is that most people will eventually grasp the 'social soup' (Solomon, 2006, p. 56.) that unconsciously restricts and influences their lives.

In this conference the large group was a central experience and touched some deep and painful places. The aim was to provide an opportunity to weave our living stories together as a way of encountering our bicultural history together. As the time we had was so short, I found it difficult to make sense of what was happening there and then. Consequently it became almost imperative for me to find a way of understanding the experience afterwards. The more I thought and worked with the material, the clearer it became to me that this large group appeared to manifest aspects of the shameful colonial history of Aotearoa New Zealand. What emerged from what was said and enacted gave some clues about what Volkan has called 'the chosen trauma'. Strong feelings connected to what Māori 'thought they gave and what the coloniser claimed' has been unconsciously transmitted through the generations as a result of this original 'abyss' (Walker, 1990, p. 96) of misunderstandings inextricably linked to the Treaty of Waitangi

As I describe this process, I introduce some theoretical ideas about projective identification and its role in transmitting trauma across the generations through the social unconscious, the role of the conductor in group-analytic large groups, scapegoating and some thoughts about our journey towards a more authentic bicultural position in NZAP. I am very aware that my role as both an outsider, coming from the UK, and an insider, having grown up in New Zealand as an immigrant, places me in a unique position symbolically. Throughout the paper I refer to myself as the 'Representative of the Crown'. In this symbolic role, I was enabled to take in three different experiences, how it feels to be an immigrant now, how it feels to be a colonised people in your own land and how it feels to be a descendent of those original colonising invaders. What emerged felt unspeakably painful so I hope this paper can be read as a step in acknowledging our 'difficult difference' (Wedde 2005).

Stumbling on a metaphor

As I digest this powerful and overwhelming experience I am in the Bay of Islands at my mother's spending most of my waking hours clearing her front garden. It is almost totally overgrown with jasmine. This sweet-smelling import has over the years buried and almost strangled what lies underneath. As I reveal about ten clumps of flax and enjoy watching the newly released blades whisper in the wind, I contemplate the many baskets I could now weave. I take pleasure in carefully cutting the dead blades near the roots with a lovingly constructed outwards slope so the rain will run off leaving the 'mother and father' to guard the 'soft little child' growing in the centre. Next I uncover a beautiful old oak tree grown from an acorn, standing proud. As I peel off the curtains of jasmine that had cloaked her branches for years I reflect on how it seemed right at the time for my mother to plant it as a memory of her birth country, Britain. I reflect that it is also a symbol of British Imperialism.

Then I notice many clumps of privet, that ubiquitous English garden hedging plant, which is now a forbidden weed here in NZ. At the same time as I pull and cut, the splendour that lies beneath slowly emerges and I reflect on the large group and the experience of attempting to weave our living stories together. It is as if I am pulling away the years of Pākehā[1] blindness to Māori life that is lived here in NZ. Something profound has been covered with years of nice sweet smelling creeper that has been strangling what lies beneath.

Discovering a 'gap' in understanding

At my first conference in 2004, I had felt a deep unease about the relationship between Māori and Pākehā in NZAP. There, it was played out around the Powhiri[2] and it continued to reverberate throughout the conference in the large group. On the first evening, a light supper had been laid out in preparation for the completion of the powhiri. Many participants arrived late having chosen not to take part and seeing the delicious food on the tables started to eat before it had been blessed and before those who had been there earlier were ready to eat.

Initially the only way I could think about what happened was to see it as a 'gap' in knowledge and understanding. I felt it again in Queenstown during the Forum. The air seemed to freeze when biculturalism was mentioned. It appeared that nobody really wanted to talk openly about what they felt. I am beginning to recognise that something more complicated might be happening connected to a buried pain that has lived on since the early encounter between Māori and Pākehā. I sense on-going unease about how it feels to be Māori in a predominantly Pākehā culture and how it feels for Pākehā to live with

the constant reminder of the shame associated with their early colonising enterprise. As Wedde (2001, p.109) points out,

> indigeneity is constructed by colonialism, by occupation and subjugation, by the establishment and reification of difference between native or autochthonous roots and immigrant and diasporic routes. How do we define home without remarginalising many indigenous people whose land tenure has been complicated or fragmented by colonialism, ecological transformations, urbanisation and globalisation?

What seems to be happening in these mutual encounters at NZAP conferences is a form of projective identification[3] that unconsciously communicates something that cannot yet be talked about. I am beginning to comprehend that in every new encounter between Māori and Pākehā there is likely to be a resonance with the early colonising encounters.

When I took part in the whakawatea[4] hui[5] last October with the organising committee, this powerful projective identification was duplicated in relation to me as the newcomer from overseas. It was my first such experience of Māori tikanga[6] and much as I tried to navigate the process I could not be sure of what was expected of me. I felt raw and confused. From the beginning, I was confronted with expressions in Te Reo[7] Māori that I did not understand so when I asked where Ngati Porou[8] was in NZ and was told that I would have to find out. I knew I was in for a rough ride. It was a sharp retort and felt unnecessarily aggressive but I recognised the communication that came with it. I understood that Māori were tired of helping Pākehā to understand their worldview. My internal thought and feeling processes went into overdrive as I was plunged into a similar yawning 'gap' to the one I described earlier. This time I felt on my own and was floundering. Much as I tried I could not find the words to bridge the differences. This inability to meet what I was confronted with propelled me into contemplating very deeply what was happening. The whole experience stayed with me and I held it very much in mind over the months approaching the conference.

That October meeting was my first experience of mihi[9]. I had no way of knowing what was expected of me so I could only introduce myself in my way. I decided to be open and to tell the group something of my life experiences, many of them painful that had led me to come to the place where I now stood looking forward to being the large group conductor for the conference. Although I learnt that this meeting was intended as a place where we would prepare the way for the work ahead, I was disappointed that we did not have time to talk about the proposed format a little more. I was concerned that the large group space would not be understood and that the hui might be

obliterated so I suggested that the conference be structured with both hui, managed in accordance with Māori protocol that took as long as they took and large groups that were time-bound and conducted according to group-analytic principles. I wanted the structure to reflect the two cultures, to be bi-cultural. In a continued effort to form a bridge over what I felt was another 'gap in understanding' I emailed my thoughts over the months in between and came to a better place of knowing and understanding. But, this 'gap' continued to haunt me. Despite all my efforts I could not find a way to cross it and, as I feared, we had this same 'gap' to grapple with in the conference.

The structure we did have was different to the one I had envisaged and initially, it did not feel bicultural. I learnt as we went along that it was deeply evolved and bicultural but in a different way. The organising committee of this conference, itself bicultural, actively worked with their differences and developed their ideas through deep discussion, shared experience and even a hikoi[10]. Māori tikanga book-ended four storytellers and four group-analytic large groups. The Powhiri that opened our encounter was a powerful welcome to us all, warm and embracing. We had a wonderful sit-down dinner together afterwards but then the 'gap' reasserted itself. According to the programme, the rest of the evening was to be spent in whakawhanaungatanga[11]. But more than half the participants disappeared! It is true that they were given permission to leave but why did so many people take it and why was the Māori facilitator so generous? As I understood it, this session was an integral part of the conference and yet almost half the participants chose to avoid it. I am still puzzled that this absence was never commented on. It was almost as though the whakawhanaungatanga and the poroporoake[12], when many people also disappeared, had no importance to many Pākehā. It felt insulting.

The conference structure turned out to be more subtle than my vision had been. In many ways, it was more courageous because it was designed to use the strengths available from both cultures. I suspect that the delicate juxtaposition of the two modes led to a lack of respect for both that painfully forced us to face a confusion about what it really means to be Māori and what it really means to be Pākehā. Perhaps this confusion has been avoided up until now. In the event it appears that the 'gap' between the two was too wide to cross but as a result of struggling both in and with the group, what had been buried burst into the open and continues as I write.

Something strange happened to me on that first evening that I now realise resonated with what was to follow. As I do not speak any Te Reo Māori I did not understand how fulsomely I had been welcomed in the powhiri. It was not until the dinner dance the following night, that it was explained that I

had been welcomed as a kind of magician. I then understood that when I was welcomed again later that same evening during the opening dinner, it was as if the original powhiri welcome had not happened. In a way there was no need for the second welcome and the unintentional doubling-up reflected the same 'gap' that I was being asked to hold.

I should have known when I was invited to sing God Save the Queen as my Waiata[13] in the Whakawhanaungatanga on that first evening who I would stand for in the large group but at that point, it was too painful to take in. I remember feeling hurt and bewildered. Despite receiving an email just prior to the conference explaining that I needed to prepare for what was to happen on that first evening, I did not understand it. I had no context of experience to help me comprehend what this 'building a relationship' expected of me so I could not have understood that I should have prepared a song to sing. It was another example of the 'gap' manifesting itself.

In my head was something quite different to the performed pieces that each group presented. On reflection, I wonder were we really preparing the way for the work we were about to embark on or were we engaging in an as-if process that sought to soak up anxiety? It reminded me of the Māori concert parties of my youth that really did little to engage the visitor with the deep experience and challenge of the Māori world-view. I was also disappointed to discover that the German pre-conference workshop leader had disappeared. I had expected him to stay so we could join forces as 'overseas people'. I felt uncomfortable being labelled British but events always conspire to happen in the way that they must. I have learnt to be prepared to work with whatever it is that emerges.

On not hearing and not being heard

There are many reasons for not understanding or hearing. I have already alluded to the perception that I represented 'the Crown', which is difficult enough territory in a tranquil situation, but the atmosphere did not feel calm. It felt as though we were about to embark on our journey together just as a raging storm was threatening to break. I decided to proceed very carefully but despite my attempts to be as gentle as possible I was, not surprisingly, perceived, by at least a few, as an overseas know-all who was insensitive to the NZ way of doing things. Given the tension induced by the bicultural aim of this conference, it was not surprising that I was misheard. Fighting about whether to sit or stand now feels like a way of communicating 'how it feels to have a visitor from the Crown'. Perhaps the experiences associated with being both coloniser and colonised were more urgent than facing all

the other painful differences in the room. There was something about my experience of feeling as though I was being treated as an unwanted outsider throughout that replicated something about the experience associated with the early missionary encounter in Aotearoa[14] New Zealand. It is interesting to note that I did not ever instruct anybody to sit down but the group behaved as though I had! In this 'not hearing or understanding' I sensed something deeper. I now believe it encoded the original cultural trauma of not being heard or understood. In response, hoping for some shared reflection on the experience in the room, I kept saying that the group was for learning to talk to each other in a social setting and not a place for public speaking. My hope was that we might give up trying to engage in a continuous stream of monologues delivered to the group-as-a-whole and instead try to create an atmosphere in which dialogue with each other as individuals could begin.

I soon realised that I felt as though I was in a war that was being waged in secret. It should have been no surprise because it might well have been a reflection of what has been going on in Aotearoa New Zealand since Pākehā arrived but it hardly surfaced directly. Instead it was as though a diversionary skirmish about whether to sit or stand was engaged in. Symbolically the bicultural discomfort was deflected on to me. The large group became the cause for concern rather than the evident disquiet about biculturalism. In a way I became the missionary invader representing 'the Crown' who had to be warded off and the group the invaded indigenous Māori and Pākehā pioneers who wanted to be left alone to get on with their lives. Any pre-existing differences were forgotten. Much of the time I sat with knowing that to confront the dispute more openly might have further inflamed the situation. It needed more time.

By making the large group an 'as if hui' and putting me symbolically in the place of 'the Crown', it enabled many to align themselves alongside Māori. The 'gap' as a result of the 'difficult difference' (Wedde 2005) between cultures was conflated so that the accompanying inevitable unease did not have to be thought about. Pākehā were then freed from having to openly negotiate their differences with each other and with Māori in the room. Instead I became the conduit through which those differences got aired. There was only one exception to this rule and that was when a kaumātua[15] was told to sit down and stop talking by a Pākehā woman and we immediately saw how upset everybody got. But, was it about one kaumātua being shamed in the group or was it about what Pākehā have done to Māori through colonisation?

I have discovered that some people believe that cultural conflict can be solved within the family. Many do have one parent who identifies as Pākehā

and another as Māori but perhaps it is too painful to acknowledge the legacy of colonial history that often exists behind closed doors. Can we dare to acknowledge the widespread domestic oppression in New Zealand as well as its more evident demonstration in society? We all witnessed the deep wailing from the guts that expressed so much historical pent-up pain and yet we did not talk about it despite there being relief for those who could dare to believe they would truly be heard.

In a large group it is important to remember that every time a person speaks they not only speak for themselves but also for where the group is at the time. So, when a kaumātua, is interrupted abruptly, it can be viewed as the voice of Pākehā expressing their impatience with Māori and when Māori get angry about a kaumātua's mana[16] being insulted and shamed by Pākehā, they are also speaking for the generations of insults that Pākehā have perpetrated. Ranginui Walker (1990) describes the way the word mana was deliberately mistranslated in the Māori version of the Treaty of Waitangi because the missionaries had a vested interest in maintaining their substantial landholdings (ibid p. 91). The real meaning of the Treaty was concealed by imprecise translation of this word mana. What the chiefs thought they were giving the crown and what the coloniser claimed, were separated by an abyss that was to have cataclysmic consequences for the Māori people (ibid p. 96). These huge social forces have been buried for nearly 170 years and were gradually and agonizingly being uncovered in the group. I now see that the 'gap' I kept feeling is probably the same as this abyss in the original 'agreement' in the Treaty of Waitangi. And, as we were forcefully told by a Māori kuia[17], being sorry is not enough, neither is 'bleating'. "We have had the tangi[18], now get on with it!" This abyss or 'gap' cannot be crossed by just saying sorry but by taking responsibility for thinking about how to do it differently now.

Earlier in the conference, we were asked, "Were Māori really welcomed into NZAP?" It resulted in a long and difficult discussion, which one participant continued with me over dinner that evening. I observed that it seemed that a very rigid European mindset had been imported and dressed up in words like rigorous and ethical as a justification for its application in the South Pacific. What might have worked in the UK thirty years ago may not work in Aotearoa New Zealand now. I wondered would it be possible to weave our differences and have the courage to evolve a particularly Aotearoa New Zealand journey to membership? I know that there are creative examples of weaving these two ways of living together that are world-renowned. Both open adoption and family group conferencing evolved from Māori tradition (Lupton[19], 1995 and Maxwell, 1983). Perhaps the focus on feeling excluded

from NZAP was a way of talking about how it also feels to be excluded from Pākehā-dominated New Zealand society now. What are the forces that either, lead us to ignore those traditions as irrelevant or, to take on Māori traditions as though we have none of our own? The 'gap' between us gets swallowed up and leaves no space between to think about how our different world-views might be negotiated.

The situation here in Aotearoa New Zealand reminds me a little of the situation in post war West Germany where in the immediate aftermath of World War Two 1945 became known as the 'Stunde Null'[20]. It was a way of 'forgetting' the horror of what had gone before. Since then there has been an awakening for subsequent generations, as they have become adults and asked questions. The pain of not forgetting has been so agonizing for many people they have become Jewish to assuage their guilt for the Holocaust. In 2000 Tariana Turia spoke to the NZ Psychological Association and shocked many New Zealanders when she referred to what has happened to Māori as akin to the Holocaust. In summary she said that since the first colonial contact, much effort has been invested in attempts to individualise Māori with the introduction of numerous assimilationist policies and laws to alienate them from their social structures linked to the guardianship and occupation of the land. As Turia explains the consequence of this colonial oppression has been the internalisation by Māori of the images the oppressor has of them. The psychological consequences of internalising such negative images means that oppressed people take in the illusion of the oppressors' power while still feeling helpless and despairing so that self-hatred and, for many, suicide is the only possible outcome (Turia, 2000).

On not muddling the concrete with the symbolic or daring to be different

Staying with traumatic pain is extremely uncomfortable as I discovered again after this conference. My own history as the daughter of a Jewish refugee makes it impossible for me to 'forget' so I was forced to continue thinking about what had emerged. As I found myself unable to ignore the feelings left inside me, I was constantly preoccupied with the legacy of colonisation and set out on a search for books that would help me to look critically at our different his-stories. Now I can see how much of the enactment in the group was evoked by and in turn evoked the lost fragments of Aotearoa New Zealand's turbulent history if we could only have seen it more clearly at the time. We took on an ambitious task and although I felt that there was insufficient space to adequately digest and reflect on the material as it emerged, I suspect that the feeling of not having enough time or space might be an emergent trace

from the original colonising experience of being taken over.

Unfortunately the many differences in the community seemed to get reduced into an opposition of you and us. Perhaps to engage in another way would have felt just too devastating. Ian Wedde (2005) describes the necessity to engage with difficult difference so we can imaginatively inhabit, be incorporated in and embody the histories of others. Then our tolerance will mean something: it will mark, not obscure, difference. But perhaps, what happened tells me that the pain of being abandoned by mother Britain when it went into the common market on top of the 'double crossing' enshrined in the Treaty of Waitangi is still being felt and influencing life in the present.

When a Kaumātua gets 'wiped out' by a Pākehā woman, it is an event that reminds us of the forgotten historical story that most Māori got 'wiped out' when Pākehā came to New Zealand. Although this 'shutting-up' in the group was real, it had a symbolic component. It was reversed at the Auckland Branch meeting a week later when I was symbolically 'wiped out' at the end of the group. By giving the last ten or fifteen minutes to the Kaumātua, I was not given the space to end the group as I would usually. In this move the group demonstrated that it is almost impossible for Pākehā and Māori to stand together on an equal footing and for them both to hold their mana in all its fullness. Either, what a Kaumātua represents gets told to sit down and shut up or, what I represent gets silenced! Being unable to confront this difficult difference leaves us in a position where it becomes impossible for Māori and Pākehā, men and women, to stand together side by side and both be acknowledged in all their power at the same time. The mana of either Pākehā or Māori is destroyed so somebody has to hold the 'gap' or the abyss of misunderstanding as in the original mistranslation of the meaning of mana in the Treaty of Waitangi.

I now recognise that ever since my first encounter with the conference committee it was this uncomfortable dilemma that I had been asked to hold. It reveals 'the chosen trauma' (Volkan, 2002, p. 465) that has been carried in the social unconscious ever since New Zealand's inception as a British colony. Earl Hopper describes the way trauma transmits itself to the present through what he calls equivalence. Like the repetition compulsion, it is an unconscious attempt to communicate through projective identification, in the socio-political domain, the non-verbal and ineffable experience of the original trauma. It can also be seen as a kind of group-transference of an original social context to the present situation (Hopper. 2001, p.13). De Maré (1991) describes the way whole situations get 'transposed'.

Ranginui Walker's description of the early encounters between Māori and

Pākehā make for harrowing reading. According to him, Māori were double-crossed at every turn as missionaries and English upper-class landowners and merchants sought to exploit the land for their own capitalistic gain (ibid p. 89). The Māori world-view was also subjugated by incoming Europeans with a further assumption that theirs was a superior culture that was then built into the institutions of the new society (Walker, 1986, p. 85).

This cultural trauma is there and lives on everyday in Aotearoa New Zealand but is usually avoided so of course once the lid came off the bottle, it all came wooshing out. Time needs to be given to thinking together to understand and work it through. Perhaps it will become more and more possible, for more and more people, to keep using the open space of the large group to share stories, mourn and together begin to recognise how this trauma has destructively embedded itself into the culture of Aotearoa.

Without knowing our history we cannot know who we are. When Māori describe standing on solid ground on the marae[21] they know that they have a turangawaewae[22] where they belong and have a right to speak. Without that kind of safe place it is difficult to know who we are. I have discovered that many Pākehā do not really know where they have come from or what their ancestors did. Last year in Auckland in the large group, organised by the Hakanoa group, we discovered that very many people in the community have lost their histories. Along with the many painful memories that were left behind on the other side of the world came a loss of context to inform descendants' experiences. 'God's own', as it was often called, was a place of hope for the future for immigrants but their descendents were often severed from their roots. Without knowing our whakapapa, it is too unsafe to stand the guilt and shame of what might have been done in our name. Just as many Germans, unable to tolerate the guilt of their history became philosemitic, I observed many Pākehā take on Māori tikanga as if it were their own. One example is when Pākehā join the mihi, I notice that many introduce themselves as if they were Māori in Te Reo alluding to connections to the land that do not exist for Pākehā in the same way.

I recognise that it takes enormous courage to learn a new language and how much more it takes to speak it within the hearing of those for whom it is their mother tongue. I also know how enabling it is to borrow a simple formula to help frame one's early attempts but with Te Reo Māori I think we have to be careful. In the mihi Māori introduce themselves according to their whakapapa and their relationship with the land. For Pākehā the physical landscape does not define our identity as much as other historical experiences and we do not introduce ourselves in relation to the land. By taking the content along

with the form of the mihi, and substituting rivers and mountains as if they were intimately connected to our identity, we inadvertently repeat the original misconstruction about our relationship to the land and sea enshrined in the Treaty. There, mana was intentionally substituted for kāwanatanga[23] in the Te Reo version and, according to Walker (ibid, p. 91), led Māori to give up their mana to the Queen, something they had no intention of doing. When we Pākehā introduce ourselves by repeating this pattern, we not only deny our difference but we also insult Māori sensitivities to the land. Perhaps instead we could learn to take a tiny step. Perhaps we could discover what is important about our history and learn how to express that in Te Reo in the mihi. In this way perhaps it becomes possible to find a true meeting of cultures.

In these situations, I am always reminded of the MacPherson report, written after a huge enquiry into racism in the UK police force. It makes the point very clearly that to deny difference is a form of racism. As Pākehā we have a responsibility to face our history and take ownership of it. Perhaps there is a fear that if we don't do exactly as the other, we might not be accepted or we might have to cope with being inadvertently rude or have to face our inborn racism. Standing to be different can be painful.

Making sense of the large group

I was intrigued to discover Robert Sullivan (2005, p. 13) quoting Professor Ngapare Hopa, Head of Māori Studies at the University of Auckland describing the ubiquitous spiral that weaves in and out of traditional Māori art and reveals a worldview where opposites can converge and where knowledge is not a linear progression. The spiral can also represent genealogy and embody potentiality. As the roots of the large group go right back to the dawn of civilisation it embodies a similar or parallel world-view. It operates much like a spiral repeatedly passing over the same material but each time it is seen from a different perspective. The process is not immediately logical or linear but needs to be tolerated before a deeper, embedded logic can emerge. It takes time, patience and the capacity to manage a good deal of anxiety and frustration but emerge it does, eventually. I often think of it rather like the beginning of creation. Physicists now think that the universe emerged out of nothing after a gradual gathering of matter together that slowly formed itself. The process of developing dialogue in the large group is not dissimilar.

When we meet in large gatherings most people are used to a system of rules and protocols. Either an agenda and codes for speaking are used or a talk is given that the audience can respond to. In Aotearoa New Zealand many people have experienced a Māori hui before they have experienced a large

group. Despite many theorists believing that the large group facilitates a true form of democracy, the idea of sitting in a circle and just allowing whatever is in our minds to emerge and to think together about that without an agenda is, for most people, unusual. The conductor does not make the rules apart from preparing the times for meeting and the space apart from an expectation that everyone sit in their chairs. So, a structure is set, with the organisation of time space and chairs so that an on-the level dialogue can take place. Any other rules are developed, often painfully, by the group through dialogue as its own culture forms and as individuals in the group find their own voice.

The large group is a difficult place that provokes enormous anxiety but this is a state that I have learnt few people are willing to acknowledge particularly in social settings. Admitting to feeling vulnerable and scared often appears to be too difficult so instead of acknowledging this natural response, these feelings get subsumed into an atmosphere of anger and criticism that becomes extremely persecutory. It takes time, practice and hard work to get beyond the initial overwhelming confusion and emotional power of the large group to begin to confront one's own worst demons but in the end it brings its own particular reward. If we can take courage, it can release the individual out of a fuzzy focus of not quite knowing who they are into a sharp identity. At the same time, it can produce enormous creativity and reveal what lurks unseen in the socio-political context in ways that can seem unthinkable.

Frustration is inevitable. Patrick de Maré (1991) developed the theory of the large group based on the idea that we need to channel our frustration and hatred into energy for thinking, which is not a natural process but a social skill that has to be learned. He believed that it is through learning to think together that we can change the world.

Dialogue is a word that is often used and thought of as a good thing'. But, it is easier said than done! Canetti (2000, p. 15-16) points out that there is nothing we fear more than the touch of the unknown. It is only when we surrender to and feel at one with a crowd, when we are so squeezed that we don't know who it is that touches us, when distinctions between self and other are lost, when we feel as one body, that this fear of touch is lost. Asking individuals in a group, many of who have never experienced it in this way before, to resist this comforting tendency of merging with the whole was asking almost too much. I am reminded of watching a group of people visiting London from Papua New Guinea for the first time being asked to go up on the London Eye to see London. The idea that they would be safe so far above the ground was beyond comprehension. I knew that I was dealing with a similar incomprehension so I tried many times and in many ways to explain

my approach and what would be expected. I had written a short piece that was published both on the website and in the programme. I also talked a little at the first dinner and then again at the beginning of the first group.

What I bring is the intention to sit in a circle to use the space to learn to talk to each other despite the enormous anxiety the setting inevitably induces. I knew that, apart from a very small number of people, few had any previous history of this experience. My words could not be understood in the spirit in which they were spoken so I tried to keep it very simple in the hope that we would all learn together through the experience. In the beginning the large group demands a certain amount of trust or at least the capacity to challenge the conductor so that trust can develop but unfortunately in Napier, it seemed that for many, neither prospect was an option. When so many people had only experienced a big group gathering as a hui with its Māori protocol, any other approach seemed outside of awareness or possibility. I knew that and was prepared to accept what would happen.

When I suggested that the large group was a sacred space, I was asking people who didn't understand its protocol to respect it and treat it with care hoping that in time they may come to recognise what it can deliver. It like the hui, takes a while to learn and make use of. I guess the way my explanation was not understood mirrored my own incomprehension about how to manage Māori protocol as I experienced it. A first time is always without context so it creates that gap in understanding and is confusing. We get it wrong; we get upset, reflect on the whole experience and learn for next time.

Group-analysis, the social unconscious and the matrix

I realise that I may use expressions, in particular, group-analysis, the social unconscious and the matrix, that are not commonly used in Aotearoa New Zealand. I noticed repeatedly in the group that psychoanalysis was referred to as though it was some terrible disease that I was infecting NZAP with. Although group-analysis, like many therapies was developed by a psychoanalyst, it is not psychoanalysis. I didn't bring that particular disease but perhaps it was another! S. H. Foulkes[24] decided after noticing his clients talking to each other in the waiting room that he might as well get them together in a group. He described group-analysis as a form of working in groups that is 'by the group, for the group, including its conductor' in which everybody including the conductor develop the ability to communicate and listen to each other in a non-judgemental, free-floating, non-directive and non-manipulative way. "In learning to communicate, the group can be compared with a child learning to speak" (Foulkes and Anthony, 1968, p. 263). In contrast to other forms of

group work where it is either the group or the individual that is kept in focus, group-analysis has a multi-level approach that holds in mind individuals, the group and the relationship between the two all at the same time. Foulkes, who came out of the Frankfurt School, used the Gestalt idea of figure and ground to describe the relationship between these three moving elements of the group where each can be representative of or give meaning to the other. In the larger group it is not usual for the conductor to interpret but it is important to help the group and individuals make sense of what is happening when the time feels right and new thoughts can be taken in.

Foulkes developed his concept of the matrix to extend the idea that what happens in the group can only be understood in terms of the context. The word matrix literally means that which gives birth to like a womb and in this intercultural context it predicates the milieu before comprehension. In group-analytic terms it can be seen as the interconnecting web of relationships that give meaning to the material as it emerges in the group. Peter Hobson (2003) further reinforces this idea when he says that without relationship there can be no thinking.

When I referred to the social unconscious, I realise now that many people might have assumed I was talking about the collective unconscious. The social unconscious is something different. Erich Fromm (2002) first used the term to explain that as our families reflect our society and culture, we soak them up with our mother's milk. They are so ubiquitous that we usually forget that our society has just one of an infinite number of ways of dealing with the issues of life leading us to think that our way of doing things is the only way, the natural way and it has been learned so well that it has all become unconscious - the social unconscious. Fromm pointed out that we may believe that we are acting according to our own free will but it is more likely that we are following powerful directives that are so proverbial we no longer notice them. Interestingly Fromm believes that our social unconscious is best understood by examining our economic systems. He defines five personality types, which he calls orientations, in economic terms!

Dalal (2002) and Hopper (2003) have both written about the consequences of the impact of power exerted by the social unconscious on the construction of our individual psyches as well as our interpersonal relations. In terms of the large group, the social unconscious is an important concept because it describes the social forces that exist outside of our conscious awareness that inhibit our capacity to think freely and creatively and to institute social change. Unless we regularly move out of our prevailing social, cultural and political contexts, we are caught in a self-perpetuating recursive cycle that

restricts the perceptions and possibilities we can have about the world far beyond the restrictions of our individual family psychic legacies.

On cultural clashes

When cultures clash it is inevitable that we will hurt each other. In most of the world we Europeans are hampered by our colonising past and in New Zealand, it is no different for Pākehā. Whether we like it or not, we are all inheritors of a racist history. Racism is bound into our language and stories. We will inevitably insult despite ourselves. The important thing is to make space to bridge the gaps that will emerge. By thinking about what is happening it is possible to find a shared understanding of our different meanings through a developing dialogue. We will become aware of our assumptions and how they are embedded in our culture and constrain the way we think. Most of us are aware of how our families have constrained our thinking but most of us are less aware of how the social unconscious also constrains us. Values are differently constructed according to the culture we emerge from.

In this conference there were clashes of many cultures. Not only Māori and Pākehā but also the hui and the Group-Analytic large group, Aotearoa New Zealanders and people from overseas. There was also humanistic psychotherapy and dynamic psychotherapy and thinking and feeling and others. All these different ways of seeing and living in the world were all mixed up in giant cauldron of assumptions about how things should proceed. It is difficult to believe that all these differences can all have their time and place and that no one, needs to be privileged over the other but it takes time and patience to work that out. It takes time to spot the assumptions that frame our belief systems and drive our behaviour. It takes time and not a little bravery to see that there are other ways to live and work.

Some days after the conference, I received an email criticising me for not setting up a confidentiality agreement at the beginning. I was puzzled at first because this was not the first large group that we have had at an NZAP conference and I could not work out what had made this one different. Then, I realised that it was an example of a cultural clash that could not be talked about in the group. I began to wonder what it might mean when we say after the event that we ought to have had a confidentiality agreement. The group has a social context so what might privacy, secrecy or discretion mean here. My first thought was that, in British society and I suspect it is much the same in New Zealand, there is a tendency to keep secrets inappropriately or to turn a blind eye to abuse that often goes on around us. Most of us feel embarrassed about confronting it and often lose sight of the fact that we have a duty of

care to those children or women who are being beaten or worse. Information that should be shared is kept split up into sealed packages. As a result many children, at least in Britain, have had the much-needed care of the state withheld and have died because no one dared to speak.

At the time of the conference, two important and connected political events were filling the newspapers. The first was Sue Bradford's so-called anti-smacking law, which of course was no such thing. It was creating such an enormous furore that even school children were marching against it. With one of the highest levels of domestic and child abuse in the world[25] it made me wonder how a society could mishear and misunderstand the bill's purpose and be so antagonistic to the basic human right that no human being should hit another. Over the same period, a high profile court case found senior police not guilty of gang rape only to discover afterwards that they had already been found guilty of multiple rapes in the past. Abuse and rape within families and society go to the heart of the history of colonisation as men lose their mana and women and children suffer the consequences (Brody, 2005).

Both of these events going on in parallel with our conference were shameful and perhaps there was a thought that I as the representative of the crown should not see or hear such shameful episodes representing life in New Zealand. So, a request to ensure that the events in this large group should remain confidential had the feel of a court injunction or gagging order! In fact after this criticism, I lost my voice and much of my capacity to think for weeks afterwards.

Large groups, as places where social assumptions and differences are revealed and negotiated, do not preclude participants from meeting afterwards and talking. In fact participants need to do a lot of talking to digest and make sense of the experience. Inappropriately applied, such agreements for confidentiality lead to a false sense of safety so that a mutual respect is not adequately worked out. I know that there are group facilitation styles that approach the group differently but my experience has been that it is important to stay with the inevitable anxiety provoked by, what can sometimes feel like, a yawning space. Allowing that inevitable early silence and letting the process evolve organically, although much more difficult, means that group members arrive at a profound place of knowing each other through the newly evolved shared context. Although it can be eased, there is no short cut to this process. We just have to sit with it and wait for ordinary human beings to dare to tell each other their ordinary human stories.

Some concluding thoughts

This paper has been written from my perspective as the conductor of the group. As Foulkes explained, a conductor is not a 'leader' but one who refrains from leading. The group-analytic conductor encourages, through a constantly enquiring reflective 'group-analytic attitude', a free-floating communication. At the same time, she accepts unconscious projections of an omnipotent primordial leader who is expected to deliver magical help. Instead of fulfilling this regressive need, she uses it to enable the group "to replace submission by co-operation between equals" (Foulkes, 1984, p. 65). In the large group these unconscious forces are extremely powerful as history can demonstrate. One of the reasons Foulkes did not use the term leader was because of his experience as a refugee from Hitler. Paradoxically Führer means guide as well as leader in German!

The intention is that everybody will learn to make use of this 'group-analytic attitude' to listen to each other carefully in a non-judgmental, free-floating, non-directive and non-manipulative way. Foulkes referred to this mode as free-floating communication. It is an important concept because it enables free speech. As the conductor I am in the group and part of the group. I feel it, and into it, using my 'self' to intuitively tune into what is happening. At the same time I occupy a meta-position from where I pay attention to the many levels of experience, my own and in the group in the service of the group to help us all make sense of what is happening. It is a joint enterprise.

In this conference and in the preparations, it was extremely difficult to make sense of what was happening at the time. It is only now, more than three months later as a result of continuous thinking, reading and writing that I have begun to uncover the layers of 'sweet-smelling jasmine' that strangled my thinking processes. I had more than 'forty days in the wilderness' trying to cope with an excruciating pain that I could not disentangle until now. What were the driving forces for these powerful projections and why was it so easy for me to identify with them?

Writing about the transmission of trauma, Volkan (2002, p. 41) uses the example of the Navajo, who like the Māori, were decimated as a result of their encounter with Europeans. "Those who survived were doomed to pass down their memory of the tragedy and their feelings about it to their descendants as if later generations could carry out the mourning and adaptation that their ancestors could not". Remember Turiana Turia's comments quoted earlier! In our large group, we had descendants of both perpetrators and victims trying to deal with their joint heritage. We had Māori, still very aware of their secondary position in New Zealand society, and Pākehā, not wanting to give

up their dominance in the presence of the 'Crown'. Not surprisingly, we were finding it almost impossible to talk to each other about our experiences in this bicultural country. What we tried to do was more than courageous and needed a lot more time to begin to create a context that could feel safe-enough and where we could begin to understand each other.

Last night I watched an episode of Victoria's Empire on British TV. The beginning was set in Aotearoa New Zealand and included a filmed encounter between two men, one Pākehā and the other Māori on talk-back radio. The Pākehā was expressing shockingly racist ideas. Victoria Wood was incredulous. "You can't say that on the radio can you?" The whole episode reinforced my impression that the social milieu in New Zealand appears to be laden with forbidden thoughts and feelings about biculturalism that do not usually have direct expression. In this atmosphere where the overt intention was to talk and the covert intention was not to talk, my suggestion to speak about these things was also breaking a taboo. As I write I remember again that weaving our living stories was the whole purpose of the conference.

My own history as the daughter of a German Jewish refugee means that I know what it is to be the inheritor of a trauma. I also know how it feels to be Pākehā and a European with a privileged background. These two legacies together with my now living in the UK positioned me almost exactly in the right place to find myself being the container for what is still unthinkable and undiscussable. It is no wonder that I carried so much with me back to Europe. The strength of what I was left with tells me that it is now more important than ever to provide a thinking space to begin the necessary shared mourning and reconciliation process. Volkan (ibid, p. 37) describes how the work of joint mourning must go on. Such a process helps with assimilating and adapting to the new situation where hundreds of memories need to be examined and the feelings associated with them felt.

While it is still too painful to be contemplated together, the 'gap' or abyss between Māori and Pākehā, originally enshrined in the Treaty of Waitangi, is likely to be unconsciously passed to whoever sits where I sat, to hold. Until this 'gap' can be consciously talked about in the community and the cross currents of history freshly navigated, it will continue to live on in the shadows making any joint living and working difficult. As Wedde, (2001, p. 114) makes clear, it is time "To inhabit each other's[26] histories and confront difference". It is terrifying and difficult to think about what it really means to pay more than lip service to biculturalism because it involves a willingness to take responsibility to allow the possibility for an in between space to be opened up for thinking. In the end there will be no way of avoiding it and there is no

time like the present. As Māori tikanga tells us, "the past is expressed as being located in front of us" (Sullivan, 2005, p. 16). We have no alternative but to find the courage to encounter the past together as gently as possible. I know of no better place than a large group community that can commit despite the inevitable pain.

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(Endnotes)

[i] Päkehä: Aotearoa New Zealander of European descent; Western; foreign; foreigner (usually applied to white people).

[ii] Powhiri: Opening ceremony and welcome conducted according to Maori protocol

[iii] Projective Identification is a clinical enactment that occurs around difficult nodal points at the deepest levels of our psychic organisation. It keeps close company with the repetition compulsion while it simultaneously and paradoxically contains potential for something new to be experienced in the context of the old. It occurs at the intersection between the seemingly impenetrable bulwark built against intolerable psychic pain and attempts to communicate it. By resisting the pressure to think and behave in a particular way demanded by the 'projector', the 'recipient' is in a position to psychologically process the projected feelings and return them to the 'projector' to be re-internalised (Greatrex, 2002: 1-2). This paper focuses on the projective processes that resulted from traumatic nodal points at the deepest levels of the social psyche in Aotearoa New Zealand that were placed in the group conductor.

[iv] Whakawatea: Clearing the way

[v] Hui: A meeting or gathering together of people for a specific reason using Maori protocol.

[vi] Tikanga: Customs

[vii] Te Reo: The language

[viii] Ngati Porou: Name and place of an Iwi [Maori tribe]

[ix] Mihi: A greeting

[x] Hikoi: A journey on foot together

[xi] Whakawhanaunatanga: Building a relationship

[xii] Poroporoaki: saying goodbye

[xiii] Waiata: Song or chant

[xiv] Aotearoa: The land of the long white cloud is the Maori name for New Zealand. It is often used now as a way of reminding us that it is a bicultural country.

[xv] Kaumätua: Senior and highly respected Maori elder man

[xvi] Mana: Authority, influence, prestige, power or psychic force" (Sullivan, 2001:28).

[xvii] Kuia: Senior and respected highly Maori elder woman

[xviii] Tangi: To cry; the mourning of the dead; also applies to the cry or call of a bird and the ringing of a bell.

[xix] "Family group conferencing (FGC) is a method of resolving, or attempting to resolve, family issues in relation to child protection. It brings together the family, the child and professionals to meet and develop a plan for future action. FGC began in New Zealand in the late 1980s, growing out of Maori cultural practice, and spread to many countries across the world through the 1990s. Its use in Australia is now legally supported in a number of states, but it has not become a part of mainstream practice among most child protection agencies."

[xx] Stunde Null: Zero hour

[xxi] Marae: It is the family home of generations that have gone before. It is t e standing place of the present generations and will be the standing place for the generations to come. It is the place of greatest mana, the place of greatest spirituality and the place where Maori customs are given ultimate expression.

[xxii] Turangawaewae: Standing place

[xxiii] Käwanatanga: Governance

[xxiv] S.H. Foulkes: Developed Group-Analysis after the second world war as a result of his experiences with shell shocked soldiers at Northfield Hospital which was the first Therapeutic Community.

[xxv] During Dec 2005 and Jan 2006, Police attended nearly 11,000 family violence instances - there is one incident every 8 minutes (www.preventingviolence.org.nz)

[xxvi] Italics mine

Stories from the conference

This year the NZAP conference met in Napier. It was called "Weaving our living stories." The Editorial group brings you a flavour of those stories in the following section. (ED)

Tūrangawaewae: A place to stand

Stephen (Tipene) Gladstone

Abstract

There are three case stories lifted from my own experience, a descriptive analogy of how my model was generated and an overview of the practice model. I will also explain how the model could possibly work for you and your client.

This is a personal account of how I connect the process of healing from a Māori world view and from a therapeutic approach. Unfortunately, Māori are over-represented in prison by a multiple of five times their number in the general population. In my work, I have observed that there is a need for the clinician to 'earn the right', from a cultural perspective, to quickly build a strong foundation upon which a successful therapeutic relationship can stand. It is therefore of great benefit for the clinician to indicate to the client that they understand the dynamics and values of Māori culture because they run parallel to the dynamics and values of clinical practice.

Introduction

In my presentation, the opening pays my respect to Māori tikanga. I recite a chant to acknowledge the different deities from the world of Māori who have taken the time to share their presence with us and to guide us in this journey.

Following the chant, I recite my Pepeha, my Boast. It refers to:

My Mountain, the first thing that is seen on the landscape.

My River, the next thing that is seen, flowing down the mountain.

The Waka, the canoe that carries me toward the mountain and river.

The Iwi, the name of the tribe or people, who are populating the Waka.

The Marae the Meeting House, inclusive of the piece of land in front of it.

And last, as if it is of no consequence, I recite my name. I say this because I am not speaking for myself or from myself. I have brought my ancestors amongst this gathering. They stand behind me. I give this time over to them. They put out to you what you need to hear from them. I am nothing at this time. I am of no consequence. It is their time to speak.

Then I welcome you, the listener, and the reader. Kia ora ra tatou! Greetings to you all!

This paper comprises four basic dimensions, three case stories lifted from my own experience, a descriptive analogy of how my model was generated, an overview of the practice model and an explanation of how the model might work for you and your clients.

Three stories

I begin with the three brief stories. To preserve anonymity, I have simply titled them Tahi, Rua and Toru... One, two and three.

I am Tahi. I am Mäori. I am a thirty two year old man and I have killed a man. My father, I have great plans about how I am going to kill him when I finish my life sentence. It's funny really, my sentence began long before I came to jail. I can't remember my age when the drunken beatings began. Have you any idea how that feels for a kid? I thought that being Mäori meant whanau, family aroha, love, kai, food and fun. For me it was an electric jug cord, a lump of wood, being beaten and kicked and watching mum get hers when she tried to stop it.

After a really hard bash one day, when I was fourteen, I took my twelve-year-old brother and ran away again. My father caught us two days later and took us home. He bashed my kid brother and kicked him around the kitchen and then he threw him into his room. He belted my mum when she tried to stop him. He looked at me and said, "I warned you". He grabbed me and tied up my hands and legs with a couple of his belts. I thought, "He's going to do it. I don't believe it, he can't do this to me". I kept thinking this as he threw me onto my stomach on the kitchen table. I struggled, but he was a tough man. He leaned all over me and held me down. I watched the cruel bastard select the bread knife from the rack. It was a 1970's type with the sort of pointed serrated edge. He grabbed my foot and started sawing through my leg, just above the heel. I found out later that the big 'bang' I felt in my whole leg was my Achilles tendon being cut through. When he finished, he picked me up and threw me into my room. There was a lot of blood. Mum put a wet tea towel on it and I just lay there for two days.

I understand the meaning of agony, inside and out. I will show you the scar the knife left, Teeps, It's still there. He was right when he told me my running days were over. I've never run since. My world is full of hate. What happened to me, who am I Teeps?

I am Rua. I am a twenty three year old Mäori man. I remember spending more time living with my koro, grandfather than with my parents. He taught me lots of neat stuff about eeling, the land, the forests, Mäori culture and our language. When I was seven I had to go back to my parents and stay with them full time. It seemed O.K. but they were piss-heads, drunkards and so were most of their mates. I was eight years old when I was raped for the first time. He was a close family friend. I wasn't sure what to do, so I did nothing. He told me not to tell anyone, and that's how it stayed for the next six years. I grew to think that it was normal, but I didn't like it at all. Then, when I was 14 years old, I found out that it was all wrong. It was all wrong. He tried to do it again and I attacked him. Soon after that, he and his family moved away. But I was stuck. I had six years of being raped by that bastard and it made me feel worse every day. I felt so ashamed, so whakama. I couldn't talk to anyone. I brewed on it. I was a volcano and when I was sixteen I exploded. I followed a woman into her house. I walked straight in. Her family was home, a husband and two children. I shut the kids in a bedroom, bashed the man and tied him up and I bashed and raped the woman. I did it because she was the same color as the bastard that had raped me for six years. Can you believe that, Teeps. What have I done?

I phoned Rua's mother near the end of his sentence, to check on his granddad's health. She knew that Rua and I were close, so she said, "Before he gets out, ask him about the beatings and burns his father gave him. And that's not the half of it. His aunties used him sexually also and his father kept him locked in a cupboard for most of six years. Talk to him about that stuff". To my shame, I couldn't do it. Rua still carries his burden.

I first met Toru, a sixty eight-year-old convicted paedophile, nine years ago. He was, and still is, an incredibly knowledgeable man in the world of Tikanga Māori. His expertise in advising both Māori and non-Māori on matters of lore goes all the way to the top. Raised by his grandparents in the traditional dirt floor, no power environment, he was kept from going to school, instead, being taught an enormous amount about the world of Māori. Unfortunately, Toru, at a young age, was initiated into the cultural practice of kai-whiori or ngau-whiori. It is the situation whereby a selected grandchild is used as a sexual partner by a grandparent, in this case, his grandmother. Kai-whiori literally means 'to devour one's own tail', the parallel being the grandparent feeding on the grandchild.

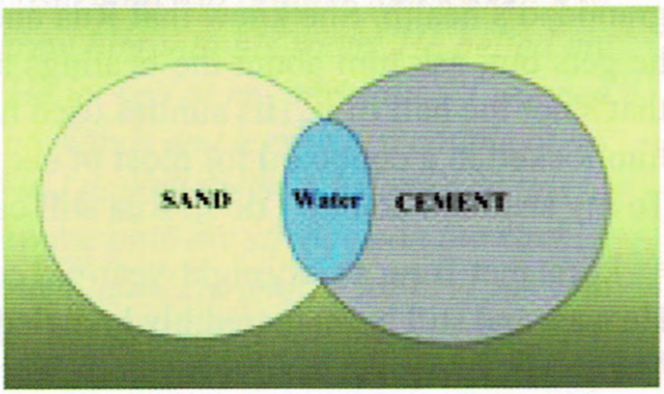
Toru lived like this for many years and held close a cultural expectation that he could repeat the cycle when his time came. He did. Three of his

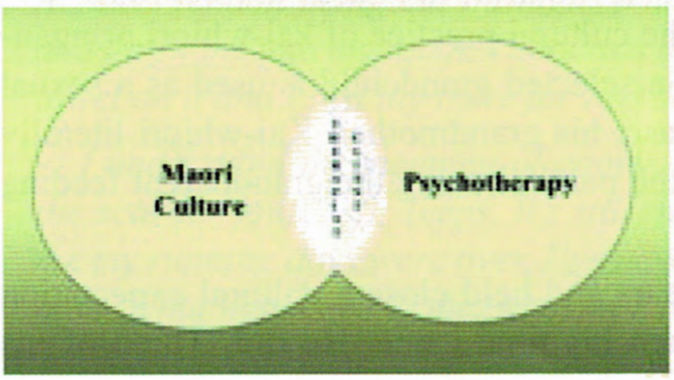
granddaughters bear the wounds. There may be even more. Sadly, any mainstream rehabilitation offered to Toru could not cater for his demand for cultural sensitivity and a protected environment. Nor could any cultural provider come anywhere near to him in mātauranga thereby negating any form of cultural redress for his offending. To add to the dilemma of his accepting responsibility for his actions, he has been wholeheartedly and unconditionally welcomed by a church that reinforces his denial by telling him, "Only God can judge you. In our church you have not sinned". Toru has been in the community now for three years. I sit and talk with him often. I fear, but I'm not sure about what or for whom.

I will leave you to sit with those stories for a while, and come back to them later.

When strength comes from mixing two ingredients together

Several months ago, I was hand mixing some concrete to lay a small foundation. I observed that the sand and cement, dry mixed together in the wheelbarrow still remained separated. With the addition of water this mixture created a new and powerful substance that, even after the water has evaporated, is laid as a strong foundation for building upon. The water, although no longer present, has left elements of itself behind to strengthen the bond. I grabbed a pen and the cement bag and started drawing and scribbling. I drew two conjoined circles representing Māori Culture and Psychotherapy. But what was the catalyst that could bind these two worlds together? The question is answered by a whakatauki, Māori proverb. He aha te mea nunui o to ao nei? What is the most important thing of this world? He tangata, he tangata, he tangata, it is people, it is people, it is people. It is PEOPLE who bring cultures together and the lack of them that keeps cultures apart. So, the two cultures need to find a place to meet and trust each other. I wondered, what is the solid foundation they stand on? What elements of themselves do they leave behind and what do they take with them? Suddenly, I realised that there was a need for a practice model wherein the two





cultures could stand safely and respectfully in the same place and understand each other. What I was looking for were powerful and visible processes from each culture that not only ran parallel to each other but also carried sufficient integrity to work together and fulfil the requirements of developing a singular and strong platform, which linked the two cultures. The response came quickly to me. The powhiri/wānanga dynamic from the Māori culture and the therapeutic relationship dynamic of psychotherapy were the two processes that made themselves visible and volunteered to support me in my search to develop a viable model. So what follows is a stepping through each of these processes, beginning with first contact. Please walk beside me on this ara, this path through both worlds. What follows is a way of thinking about the dynamics and values of Māori culture alongside to the dynamics and values of the clinical practice.

Māori will always identify and define themselves by reciting their geographical and familial factors by naming their:

Mountain, Maunga The most significant feature of the landscape.

River, Awa which supports all life.

Canoe, Waka, in which their ancestors travelled here hundreds of years ago.

Locality, Marae, where local people and guests gather.

Meeting House, Whare Tupuna, where the ethos of the ancestors is tangible.

Tribe, Iwi. The larger group, which can often be scattered, but united.

Family, Hapu. Their immediate family and support.

As a clinician, I have arrived at the following understanding that for Māori

Mountain is their therapeutic foundation (Cognitive therapy, Behaviourism, Gestalt or a blending of various disciplines).

River is the flow of therapeutic models and knowledge they employ in their practice.

Canoe is the means of their learning, e.g. University, school etc.

Locality is their place of practice.

Meeting House is their therapeutic environment wherein abides the ancestors of their practice.

Tribe is their therapeutic community, which could be international.

Family are those with whom they are closely aligned in practice and supervision.

First contact

Traditionally, prior to the Powhiri, meeting, runners would approach Manuhiri, visitors, when they are a long way out and ascertain who they were and where they were from. Even today, before the Powhiri commences, the Tangata Whenua, local people, engage Manuhiri in their own subtle manner to ascertain the appropriate manner in which to conduct the Powhiri. In the therapeutic relationship, the answers to the questions "Who are you?" and "Where are you from?" are gained often through referral or appointment and can be supplemented by file notes or detail given at the time of appointment.

What is common to both is that 'first contact' is largely a vicarious and important precursor to initiating a Powhiri or a therapeutic relationship. The next phase is the call of the Karanga, or the call of the therapist. In both cases, to attend a kanohi ki te kanohi, or face-to-face event.

The Karanga is the first voice Manuhiri hear, and unique to Māori, it is always that of a woman. It reaches out over Manuhiri, extending over them the tapu and kawa of the Marae. After hearing this call, Manuhiri begin the walk on to the Marae. At this initiating stage of the therapeutic relationship, the call has gone out to the client and they arrive at the reception or waiting area of the practice. At this time, they are held under the code of ethics of practice. When they are called, they move toward the therapeutic environment. It is interesting to note that in both cases, a heightened state of emotion exists within Manuhiri and the client. They are about to be challenged.

Manuhiri are confronted by the wero, challenge, at the gate of the Marae, threshold and the Take, the issue to be discussed, is laid down on the ground in front of them. Then Manuhiri singularly pick it up. It is a sign of acceptance that they intend to open the way for them to continue their progress forward. Non-acceptance would be a stepping back from the take and reversing the process with Manuhiri leaving the area to return home without addressing the issue.

Accepting the challenge

At the time of laying down the take, the wero, the physical manifestation of the challenge, is exhibited. In this moment, what is known as the ihi, the wehi and the wanawana become tangible and necessary dimensions in the perceptions of Manuhiri. The ihi is the feeling that the Kai wero, challenger,

carries in themselves at such a moment of potential, where a new und unknown relationship is about to be initiated. It is one of awe and thrill, and in Māoridom, it is openly and intentionally displayed to Manuhiri. The wehi are the response emotions that Manuhiri hold in the face of the wero. They are typically ones of excitement, trepidation, anxiety, arrogance, fear, confidence, pride and others. They serve to shore up the intention of Manuhiri in their role of acceptance. The wanawana is the emotion and intensity of all present, combining the ihi and the wehi into a single dynamic as an entity in itself. The wanawana imbues itself into the whole of the occasion and is shared by Tangata Whenua and Manuhiri alike.

With these explanations in mind, consider the phenomena of transference, countertransference and group dynamics. It is interesting to note that Māori have practiced this ritual for hundreds of years and are intimately aware of the dimensions within it. For the client, to move on with their intention to meet the therapist, they are confronted with the anxiety of approaching the therapeutic threshold for the first time. The question is generally asked "What can I do for you?" and so the issue at hand is identified and laid out before the client and accepted by them. The way is now open for dialogue and forward movement.

Together, Manuhiri and the client begin to talk about broader and finer aspects of engagement in the following way. First Manuhiri walk on to the Marae and seat themselves on the pae, Marae seating, and the whai-korero, speaking begins. The kawa, rules, are more firmly established at this time. Marae protocols are clarified. The process of whakawhanaungatanga seeks to set Manuhiri at ease by identifying as many links as possible between them and the tangata whenua. References to the take are made, and after all the requirements of this first phase of talking are completed, the more tactile ritual of hongi, the touching together of forehead and nose at once, is performed. For the client, seated in the therapeutic environment, the code of ethics is established, the protocols of engagement are set, and a relationship is initiated which fosters ease, openness and honesty. Reference is made to the issue, and acceptance that further talking is needed.

In both cases, the initial relationship is established and further and deeper engagement is agreed. In Te Ao Māori, the world of Māori, the above process may take hours to complete but generations ago, it could have taken two or three days. In psychotherapy, it can take weeks, or months, to establish a relationship, which is strong enough to take to a deeper level. And so we move on, into the wānanga or deep therapeutic relationship.

The meeting

The wānanga is a difficult process to describe. It is alive with many dynamics and energies that serve to attain movement toward a successful conclusion. The deep, intense therapeutic relationship is also a difficult process to describe. It is alive with many dynamics and energies that serve to attain forward movement toward a successful conclusion. The whare tupuna or meetinghouse is always a symbolic of an ancestor. In this space, where we now sit, is where the very valuable exchanges take place. It is where wounds are examined and attended to, where there is laughter and weeping where there is talking and silence and through it all, there is healing. In every one of these dimensions, there is healing. This is the realm of Rongomatane, the bringer of peace. It is the realm of the therapeutic relationship in the most potent of therapeutic environs. Inside the whare tupuna, inside the body and soul of humanity. And, when each of these twin processes is at an end.

Concluding the encounter

As we will always come to do, we arrive at a respectful conclusion. We review, all the work covered and revisit the events and learning. We acknowledge, the energy of all those who have been involved in the intervention. We validate, the learning and the movement of energies. We thank, we thank each other for the respect and trust that we have shown each other. We close, with a karakia, a prayer, or a 'thank you'. But what can this model give us? Simply, a strong place to stand where we can be joined by Tahi, Rua and Toru.

Tahi is too whakama (shamed) to talk with Health providers. He has no faith, based on past experience, that he will get his whanau, aroha, kai and fun through his culture. But also, he is sceptical that non-Māori are able to meet him at a cultural level that can recognise who he is as a Māori man and show understanding of his culture.

Rua, although now less volatile, is still a man struggling with his sexual abuse issues, trauma through violence, and intense anger toward his whanau. He too, feels his place to stand needs to be recognised and understood by whomsoever it is that eventually attempts to help him. At this stage there is nobody who can stand and talk kanohi ki te kanohi, face to face, on a firm foundation, with Rua.

Toru will not 'lower himself' to talk with Iwi providers. Past attempts have seen him gain cultural dominance easily through whakapapa, genealogy and mātauranga, cultural knowledge. He would be best suited to a therapist who

can earn the right to stand beside using a model such as this as a foundation of engagement, and building the relationship on euro-centric models, hence removing the catalyst for power and control from the client. He needs to be drawn away from Te Ao Māori, the world of Māori, because that is where justification, in this case, kai whiori, literally, 'eating one's own tail' is embedded. Who, among you, are ready for this wero, challenge? This is what I offer you for your consideration. I see it as a strong place to stand.

This is the real challenge!

Our cultures are in need of each other. Imagine the difference your practice could make if you could safely reach those in Māoridom who are in need and there are many. Imagine how exciting it would be to introduce the essence and dynamics of Te Ao Māori to euro-centric models. Imagine how they could enhance each other. Imagine how we could grow and research our own models and employ conventional and cultural elements to create a world first and defyingly successful outcomes. To be able to meet and talk in a place that is safe for all is a key to the door to generations of transpsycho-cultural models and practice.

I humbly lay this wero at your feet. For Tahi, for Rua, for the potential victims I fear that Toru may still create, especially for the victims, I beg you, please, walk beside us, help us. Pick up this challenge.

At the conclusion of this presentation, in a manner fitting to the traditions of Māori culture, I performed a haka, which was not a challenge but a celebration of the voice of my ancestors being heard through the presentation of this model. It is called 'Nga Atua Māori' and pays respect to the elements that Māori hold in high esteem.

From relational hunger to intimacy

Robyn Salisbury

Abstract

This paper was first given as my "personal story" to a bicultural hui[1] called "Weaving our Living Stories", facilitated by the New Zealand Association of Psychotherapists (NZAP) and Awhina[2] Maori healers in March 2007. There was also a sub theme—an exploration of ethical intimacy and erotic transference—that each story-teller was asked to address. With this combination, the personal is embedded within a synthesis of the current international expertise on the development of the capacity for intimacy in adult sexual relationship.

Introduction

I want to thank the organisers of this hui. It is an honour for me to be here to tell you my story. My extra heartfelt thanks to those of you who listen to me in a language other than the language of your soul.

Our hui works towards honouring Maori and Pakeha[3] ways: honouring of difference in order to achieve connection and closeness—just as in any intimate relationship. To make things even more complicated, of course there is no one Māori way and no one Pākehā way.

In preparation of my story, I was invited to speak in deeply personal ways, to speak to you from my soul. I have also been encouraged to share my theoretical, professional reflections on the themes of our conference: ethical intimacy and erotic transference. This is difficult ground for a girl who learned to survive by pleasing. It is, of course, one of the many pieces of conflict that those of us who are members, or applying members of NZAP, sit with—different needs and priorities, different ways of setting about our work, as in any relationship.

It only dawned on me during the whakawātea[4] hui that I had been asked to be a storyteller, yet I grew up with few stories about my family of origin. The wisdom of Teresa von Sommaruga Howard guided me through my panic about that. She suggested that when we open our mouths, it can be with the voices of ancestors that we speak. Perhaps I am full of stories after all!

My origins

Who then is this person I call "I"? I'm aware that that concept too is seen differently by Māori and Pākehā. As I look at photos of myself as a small, unattractive, unfeminine-looking child, it occurs to me that this could have been a transgender journey, but it's not. I was a girl, I am a woman. One less

piece for me to struggle with.

Each time I have worked to learn more about Māori colonisation by the British, and the ongoing impact on Maori cultural identity, it has necessitated another step in my ongoing search for my own identity—both cultural and personal. The NZAP conference in Dunedin[5] several years ago, frustrating for some as we struggled to get beyond telling each other where we had come from, was an important experience for me as I reconnected with my need to know more about my own background. Since then, I've visited Scotland and have a sense of having completed the circle for my maternal grandparents who came to New Zealand in their twenties to escape a life limited to coalmining. I've also visited Hamburg in Germany, land of my father's first 11 years, and I've further researched family deaths in the Holocaust in order to fill in more of the gaps left by dad's refusal to talk about his experiences in Germany or as a refugee arriving in Wellington in 1939.

Receiving psychotherapy and becoming a therapist has helped me along the road in coming to terms with my family of origin and being able to celebrate the positive things that I gained. My skills in the womanly arts of cooking and sewing for my loved ones come from my mum and I will always appreciate her teaching me to value those things. My body comes from my father. I have his height and bone structure and the gap between my teeth, and I love these pieces of knowing where I come from. My parents have also modelled commitment as they are now in their fifty-third year of marriage and each has been supporting the other through severe illness in old age.

I've never met Danish filmmaker Lars von Trier but I think he must have met my family. His films illustrate powerfully where I, with my interest in intimacy, come from. At the end of his film 'The Idiots', we discover that a shy, young woman, who had apparently disappeared, had in fact run away after the death of her baby. We witness her coming home two weeks later. We see her mother, her sisters and then her husband having their first meeting with her after what had been a terribly distressing event for them all. Karen is accompanied by a new friend, made during her two weeks of absence, a young woman who has been portrayed throughout the film as self-centred and uncaring, yet it is she who demonstrates so much more emotional awareness and connection than any of the family members. This event illustrates the tragic disconnection, the painful lack of meeting and understanding, that occurs when there's no emotional sophistication and people haven't developed ways of expressing powerful emotions, connecting intimately, and showing love.

I was delighted to learn from Thomas Lewis (2000) that our capacity to take part in an intimate relationship is shaped first and foremost by our primary caregivers during infancy and childhood. It is stunning to know that these interactions actually go as far as influencing the formation of neural pathways. This neuroscience fits well with my personal and professional observations of process. I had to learn from scratch so many tiny steps in the dance of intimacy and I'm afraid that even now, unless I know you very well, you're likely to have experienced me falling back on the default position of my family of origin. I am a work in progress!

The work of the developmental neuroscientists has taught us that as well as warmth and love, children need skilful attunement and appropriate responsiveness to their emotions and needs. I'm mindful that attachment (and the whole process of sequential neurodevelopment) is a white, western notion usually applied to infants and children. I believe there are many pathways to creating secure healthy children and adults, but the essential common strand involves attuned connection with others. Dr Te Ahukaramu Charles Royal described how mana[6] lies at the heart of Maori, indeed human health and wellbeing—how mana fosters relationships. There's a connection here between two rich and crucial energy flows: mana, and attachment. It is beyond my current understanding to name the place of intersection.

What I do know is that without rich connection from those who love them, children will struggle to develop social and interpersonal skills, and will not grow up confident. These skills are the pre-requisites for healthy intimate behaviour. The relational hunger that arises from connection deficits leads to destructive efforts to fill a hole, in more ways than one. I most certainly grew up with this relational hunger. It felt like the picture on the left. But looking back on it now I would describe it more like the picture on the right. Having no understanding of it at all, I filled the hole inside me in the best way I knew—I ate hugely. This had the added advantage of placing a big layer of fat around my body so that I was less accessible and less attractive sexually.

The cruel fact is that relational hunger is self perpetuating: not only do you have a great big hole but you don't have the skills to fill it and your brain doesn't even have some of the neural connections necessary to learn the skills! It's been such hard work for those who love me, those who've worked therapeutically with me, as well as for myself, to grow as an adult. Hard, but definitely possible.

I would suggest to you that this is the core work of therapy. It's not the only way we can grow relational capacity but when it's going well, therapy is a safe, powerfully effective way to develop this capacity for intimacy and to rebuild breaches in relationship trust. I want to talk about ethical intimacy in therapy and about erotic transference but first I want to acknowledge some of the pivotal positive experiences in my life, some of which of course occurred outside of therapy and began to develop in me the capacity for intimacy.

Pivotal experiences in my life:

My fifth-form English teacher taught me to think. He also asked me to bring my emotional responses to poetry and film. I had no idea what they were, but that was such a valuable invitation, and it began a stirring in me that fortunately has never disappeared.

I married at nineteen. Over the last thirty years, Kevin has taught me how to love. I cannot find effective words to describe all that means to me. Because I'd hate in any way to reinforce the myths our society has about love, I also want to add that, as with every long term intimate relationship, there have also, of course, been times of frustration and disappointment for both of us.

Getting pregnant at twenty-two meant that for the first time ever I felt that my body was good, and worth looking after. Then, giving birth to our son Ryan, and for a couple of hours feeling like the cleverest woman in the world, then rapidly losing my newfound sense of worth, returning to an eating disorder as a symptom of my inner neediness. That led me into my first therapy. I didn't have the language or sense of self to be able to talk about a whole lot of what I needed help with but I made two major gains. Somewhere towards the end of that year I discovered emotions (I remember that day clearly!) and most important of all, I gained the sense that I existed. From the fact that this

therapist met with me regularly I grew a "me" that needed to be attended to, and I began to learn how to attend to that self from his modelling.

Why have I chosen to focus my professional life on sexuality?

It could be my history of living on the margins. I'm an incest survivor from a family that isolated itself. I'm the first in my family to get School Certificate, never mind tertiary education. (I'm currently one of two in my whole extended family who have now done that and we are still seen as very strange.) Living on the edge of being middle class, struggling to survive on one below-average income for many years until ten years ago, may have contributed. My late learning of the language of emotions and academia often left me feeling an outsider. From all of these experiences I may well be used to doing something different—standing alone. Or, it could simply be that it's a highly gratifying area to work in! Part of it would be that things left unspoken can be dangerous. No doubt some of this comes from my experiences of sexual abuse from four different men, and also from both parents' lack of intimate connection with me. What Myers, Berliner, & Briere et al (2002) call "acts of commission and omission". So I make it my business to talk about sex and intimacy because I want everyone to have the words and the skills to make life safe and healthy.

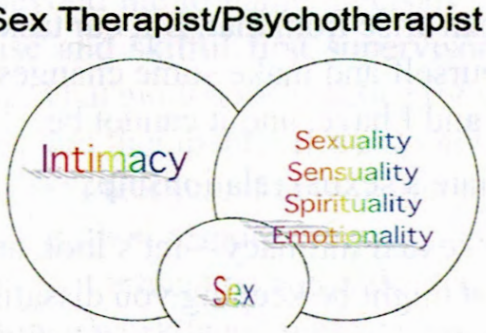
Years of involvement with private and Family Court separating couples has shown me what costly messes families and couples can get into when the adults don't engage in ethical intimacy with each other. Charles Annou, the French government minister responsible for ordering the bombing of the Rainbow Warrior, is reported to have had a messy divorce around the time of issuing this order. Hitler is reputed to have experienced ongoing relationship and sexuality problems. Given the centrality of sexuality and intimacy, I would be concerned if you're not all dealing with it in some way!

What is the difference between a sex therapist and a psychotherapist? How might that make my work different?

Well, I know a great deal about sexuality, sexual function and dysfunction, and sexual concerns. I'm not sure about you, but with any client I look through the lens of relationship. My focus is on the dance that goes on between partners, between an individual and the world, between each client and myself. At the risk of sounding obsessive and revealing a lack of objectivity, I see intimacy as being absolutely central to human wellbeing. It is our lifeblood. I've tried here to illustrate my definition of these words I use all the time. You can of course be sexual without being intimate. You can be intimate without being sexual;

our work demands that we do. I see sexuality as encompassing sensuality, spirituality and emotionality. It is the skills of life enhancing relating, through limbic connection, as Thomas Lewis (2000) tells us, which interest me.

I'm curious and sometimes frustrated that there is government funding for dealing with problem gambling and alcohol and drug problems but not for intimacy problems. I suggest that at the core of any substance abuse, any out-of-control behaviours, including sexual addiction, is a relational hunger—either the lack of capacity for intimacy, or the learning that it is not safe to let people get close.



Intimacy in the therapeutic relationship.

Ethical intimacy

This rich connection of one with another is a basic necessity: without it, therapy doesn't occur. It is a sad part of each of our human nature, our longing for connection, our human neediness and our powerful sexual drive that we have to add in this word "ethical" as a reminder. Effective therapy requires that we as therapists be ethically intimate with ourselves, that we be ethically intimate with our clients (helping them learn to do that if necessary), and that we help our clients be ethically intimate with others.

Erotic Transference

I experienced my first therapist as God, father, and lover, all rolled into one. I'm not sure that it's ethical for therapists to be so good-looking. I surprised myself somewhere during that year by expressing my sexual feelings to him very clearly. I was frustrated and disappointed by his response. He made a brief statement about professional boundaries and then a further one about how he would never seduce a client. I was left thinking "But…you wouldn't need to, I'm seducing you, don't you know." Now, twenty seven years later, I appreciate his willingness to maintain professional boundaries. I was wide open to being abused yet again.

I'm quite sure looking back on it, and having since then dealt with this issue with some of my clients, that what I was expressing was actually far more than sexual feelings. I think this applies to much erotic transference, if not all. I had a deep longing for intimate connection: notice me, know me, hold me, stroke me, kiss me, enter me, take over my body, enjoy me, love me,

adore me.

I see it as a healthy human response to be experiencing those longings. It's part of being alive in every cell of your body. We therapists need to be skilled at making clear, non-shaming, formative statements to address erotic transference:

> Yes, this work of therapy that you and I are engaged in is very intimate, isn't it, so of course sexual feelings can arise from that. But our task is to focus on helping you learn about yourself and make some changes. It's not a two-way relationship that you and I have, and it cannot be.

If our client persists in trying to initiate a sexual relationship:

> I can hear your longing for some sexual intimacy—let's look at that and see what we can learn about what might be keeping you dissatisfied in your life outside therapy.

We cannot banish the erotic at will; our own or our clients. We could try to ignore or suppress it, but it is far too valuable. Sex is not bad: it is people's abuse of it that is bad, both for themselves and others, for their victims. It is our professional responsibility to contain the erotic in the therapeutic relationship and to ensure it becomes a healthy transformational force. Sexual feelings aimed at us as therapists can be powerful and uncomfortable but, of course, if we stay in our comfort zone, we limit the possibility of change. I'm not sure why we as therapists differentiate between transference and counter-transference, as though longings and reactions brought into professional relationships are somehow qualitatively different from our responses to them. We therapists have our own erotic fantasy life. Falling in love is erotic transference and counter-transference. This occurs everywhere, in and out of the therapeutic relationship. Standing in love is doing the work of intimacy. Life is a Rorschach test. We all carry with us our interpretive filter, shaped by our unique internal world, into every single encounter throughout our life. For us as therapists, the "here and now" spontaneity of the ongoing, intimate, moment-to-moment therapeutic relationship is the essence of what brings about change. The onus is on us, as professionals, to both understand our own and our clients' reactions and needs, and then work to resolve or meet them in non-destructive ways.

Safety

It is enormously important that we make our clients safe. The NZAP's history includes some stories of that not happening and the damage that

was done. But, who gets to define what is safe? Us, or our clients? Safe for whom?

Throughout my own therapy I have received various experiences of touch. Some have been enormously therapeutic, both in triggering strong feelings that could then be worked through, and in meeting a need at an appropriate moment. Others were against my inner wishes but I didn't say anything about it. It's beyond me to name precisely the boundaries of ethical intimacy. My very wise and skilful first supervisor taught me that we can hold without touching. That guided my practice for many years. Now I wonder are we being authentic and therapeutic if we do not touch? If we do not allow expressions of our love? I feel sure that we cannot allow any sexual touching, but less sure that if my truth in response to my clients experiences of "I love you" is "I love you too" is it ethical to withhold that truth? Is it ethical to express it in any way? Do we work from our love anyway? Can therapy possibly be effective if we don't?

Conclusion

I look forward to the day when Pakeha New Zealanders such as myself have our own rich and moving songs, as do our tangata whenua that arise from this land and our culture. That will mean I will have to learn to sing in front of others and I've had enough challenges today, so instead, I will read you one of my favourite love poems written by Robin Healey, a man from my current home town, Palmerston North.

Pullover

I want to be your little black sleeveless pullover
so I can feel your ribs
pout gently for your boobs
sit neatly at your waist
and as you see yourself in glass as you pass

I can ask in a neatly knitted way
how you like me now dear sweet coz
And then at night when, ah, you ease me
over your head, flicking your clean
shiny hair as I go, you can fling me

into your chair. I'll lie about
all vee neck, armholes and contentment
hoping for a cold morning
and a warm wool ride all day long.
Smell me, I smell of you, think of me as stylish,
wear me into holes, cherish me, cherish me.

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(Endnotes)

1 Hui: Māori for large gathering of people –in this case the annual conference of the Aotearoa New Zealand

2 Awhina: Name of a Māori mental health service in Napier New Zealand.

3 Pākeha: New Zealander of European descent.

4 Whakawātea: clearing the way

5 This was the NZAP conference in Dunedin in February, 1999, where we met marae style and began a process of introducing ourselves which took almost the whole time of the conference

6 Mana: authority, influence, prestige, power.

7 tangata whenua: host people or original inhabitants of the land.

Contributors

Stephen Appel, Ph.D. is associate professor in the School of Psychotherapy, AUT. He also practices psychotherapy and supervision at the Apollo Centre.

Andrew Duncan has been on the staff of the School of Psychotherapy at AUT since 1995. He has practiced psychotherapy since 1973 and in Auckland since 1992 when he returned after 20 years in the USA. He espouses a relational analytic model without excluding the value of other models. Superego issues have been a particular interest for a number of years as he has become more aware of his own punitive superego. Andrew is a member of NZAP, a group member of the Group-Analytic Society (London), Member of Inst. Clin. Psych.of NZPsychSoc and a registered clinical psychologist.

Dr. Lucy Holmes is a lecturer at Elam School of Fine Arts at the University of Auckland, a psychoanalytic-psychotherapist with a clinical practice, and an analyst-in-training with the Centre for Lacanian Analysis. Her research is in the fields of psychoanalysis and the visual arts. She is an associate editor of the Journal for Lacanian Studies and a member of the Centre for Lacanian Analysis (www.lacan.org.nz).

Ingo Lambrecht PhD works at a major rehabilitation centre in an urban setting, which mainly supports clients with enduring psychosis and other severe and chronic mental illnesses within a recovery and strengths framework. Besides some psychotherapeutic training in Germany, Ingo completed his clinical psychology masters at Wits in South Africa. He has practised as a clinical psychologist for over 15 years, especially in the field of child and adolescent, family therapy, personality disorders, and psychosis. He has also graduated as a psychotherapist from the Sherwood Institute, London that supports an integrative approach. His PhD on shamanic trance states highlights another area of interest

Monique Nyemecz, MHSc (Hons) is a psychotherapist in private practice in Ponsonby. She has a particular interest in neuro-psychoanalysis and somatisation disorders.

Gustavo Restivo trained in Buenos Aires, Argentina as a clinical psychologist and as a psychoanalyst with a Lacanian orientation. He worked in this field from 1990 to 1999 in Argentina, and from mid 1999 in New Zealand. He has worked in the areas of analysis, supervision and teaching geared towards the training of psychoanalysts, as well as applied psychoanalysis in several areas. He has published on clinical and training issues. He practices in Auckland at the Lister Centre, and at AFCP.

Robyn Salisbury is a clinical psychologist and psychotherapist specialising in sex therapy and training. Author's Address: Seventh Floor, Axa Building, 1 Fitzherbert Avenue, Palmerston North, New Zealand, Phone and Fax: 00 66 354 2448

Andrew Shaw Dip SW also works at a major rehabilitation centre in an urban setting, which mainly supports clients with enduring psychosis and other severe and chronic mental illnesses within a recovery and strengths framework. . Andrew has worked as a Social Worker of 15 years in both the Public and NGO sector. Areas of experience are in physical ability, adolescent sexual offending, child protection and adult mental health. He has always held the view that in Social Work you are constantly working with individual's mental health and is currently enjoying this opportunity to do so, in a Mental Health setting.

Margot Solomon is a psychoanalytic psychotherapist, a member of NZAP, NZIPP, PPAA, IARPP and a group member of GAS. She is the head of school of psychotherapy at AUT University. Her teaching areas are psychoanalytic psychotherapy, group psychotherapy and clinical supervision. She has a small private practice that includes group work. Margot's email address is margotps@mac.com.

Teresa von Sommaruga Howard is an architect, systemic therapist and group-analytic psychotherapist specialising in working with larger groups. She is also an organizational consultant who lives in the UK but travels and works in many places around the world. Teresa was born in the UK during World War Two and at the age of five immigrated to New Zealand with her family. She grew up and was educated here. These multiple backgrounds have given Teresa a unique possibility to see that the world can be viewed in many ways. Teresa's main focus is on the way social and cultural experiences unconsciously influence our psyche. She is a member of the Board of IAGP and was Scientific Secretary to the Group-Analytic Society for six years. Email address: Teresa@JustDialogue.com.

Leon Tan is a lecturer at AUT. His research interests include online counselling and psychotherapy, digital and distributed arts, social and cultural software. He also works privately through Cogitatus Ltd. as a research director and information systems consultant. He is an independent mixed reality artist and founding member of the Centre for Lacanian Analysis.

Lisa Zimmerman graduated with her masters in psychotherapy (honours) in March 2007. She has been a practicing therapist since November 2006 and works within a residential drug rehabilitation facility in Auckland. It was from her work with addicted clients, and noticing the high levels of shame her clients carry, that she became interested in exploring superego related issues in treatment.

Guidelines For Contributors

The notes that follow are intended to guide contributors in preparing manuscripts for submission to Forum: The New Zealand Association of Psychotherapists.

Submission of paper for publication

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. Along with their submission, contributors are asked to include an **abstract** and an **autobiographical** note, each no longer than 120 words.

The closing date for the submission of papers for 2008 is **31st May**. Changes in response to the editing process must be completed by **31st July**.

The length of the paper is to be no more than 5000 words. Please send the paper as a document to the editor (margotps@mac.com) in word format

Required format of paper

Layout: Papers should be **single spaced** throughout on A4, with margins of at least 20mm all round. The font used should be **Times New Roman**, and the font size should be **12 point**. Use headings to structure the paper. Please do not add additional formatting styles.

Endnotes: These should be at the end of the document, and numbered consecutively throughout the text, with numbers positioned as superscripts.

Tables, drawings and photos should be attached as a separate jpeg file with a clear indication of where the table/photo/drawing is to be placed in the script. If a caption is part of this, make sure it is included.

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Quotations: These must always be acknowledged, and full references provided to identify their source. For quotations of 20 words or less, the quoted passage is enclosed in single quotation marks without a change in line spacing, e.g.,

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

Longer quotations should be set out, without quotation marks, as a separate paragraph, with single spacing and indented 7 spaces from the left margin (not from the right), without the usual opening-paragraph indent.

> 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, pp. 77).

Citations The source of ideas from the work of other writers must 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 Eissler, Masson and Swales to Freud's archival legacy.

References

These must include a full list of texts referred to, arranged with authors' names (and initials) in alphabetical order. A bibliography listing texts read but not cited in the essay is not required. The format for references is as follows. Please note that the author is responsible for providing all bibliographical material in its complete form. The place of publication for a book is always a **city** (not a state, province, or country).

A chapter in a book

Flanner, 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 (pp. 13-42). Washington, D. C.: American Psychiatric Press.

A journal article

Hoffer, M.A. (1975). Studies on how maternal deprivation produces behavioural changes in young rats. Psychosomatic Medicine, 37(3), 43-56.

Books

Culbertson, P. & Shippee, A. (Eds.). (1990). The pastor: Readings from the Patristic period. Minneapolis: Fortress Press.

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

Web sites

American Association of Pastoral Counselors. (1994). Code of ethics. Fairfax, VA: Author. At http://www.aapc.org/ethics.htm. Retrieved 7/05/06.

For further guidelines, authors should consult the Publication manual of the American Psychological Association (5th edition, 2001).

Peer review process

Manuscripts will be reviewed by three people. The first peer reviewer is a member of the editorial group and is the one who works with the writer to prepare the paper for publication. The second peer reviewer is anonymous to the writer and vice versa and has expertise in the relevant subject area. The coordinating editor prepares the finished manuscripts for publication.

Māori orthographic conventions

The Journal follows the convention as written by the Māori Language Commission. Briefly this means macrons are used consistently to mark long vowels. A copy of the document on Māori orthographic conventions can be obtained from the editor or from the source at: http://www.tetaurawhiri.govt.nz/english/pub_e/conventions.shtml

Orthographic conventions are a set of writing conventions that the Māori Language Commission recommends be observed by writers and editors of Māori language texts. The Commission believes it is essential for the survival of the language that a standardised written form be adopted by all those involved in the production of material in Māori, in order that a high quality literary base may be built up as a resource for the Māori language learners of today and of the future.

Māori fonts can be accessed through a Government site on the internet at: http://www.beehive.govt.nz/fonts/index.cfm.

Notes: