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Ata

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

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

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

Ata — used to express accuracy, or to validate.

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

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

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

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Editorial: The unconscious psyche and its fabrication in Aotearoa New Zealand

John O'Connor

Jungian Analyst, Psychotherapist, Auckland

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

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

In a paper I presented at our Association's recent Conference I suggested that "psyche is the socio-cultural writ small, and the socio-cultural is psyche writ large". In offering this perspective, my intention was to gesture to the possibility of a dialectic concerning the ways in which the intrapsychic and unconscious nature of psyche interacts with the wider sociocultural context within which it emerges, and that this dialectic is central to the analytic and psychotherapeutic task. It is with this central dialectic in mind that, with great appreciation for the work done by my predecessors in building our associative community of psychotherapists here in Aotearoa New Zealand, I take up the role of President of our Association for the next two years. In doing so I want to express my tremendous gratitude for the creativity and potency of recent Past-Presidents, including my dear friend, Gabriela Mercado, who undertook the role with such energy, warmth and intelligence; Lynne Holdem, who poured so much of her creative energy into reigniting opportunities for us to think and grapple together with the challenges of psychotherapy in contemporary times; Sean Manning who with love and determination, stepped in at short notice when Gabriela took some time-out for family reasons; and to all those Presidents who have preceded me, from Maurice Bevan-Brown in 1947, onwards. As I stand on the shoulders of those who have come before, I bring my mind to the many challenges which we all face, as psychotherapists, and as citizens of this country and this world, in challenging contemporary times.

I have previously suggested that we face as a profession and Association some significant challenges and opportunities, including, in no particular order: the distressing state of mental health treatment in this country; the need to ongoingly enhance depth of

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understanding in relation to clinical theory and practice and in relation to the unconscious nature of psyche, within and beyond our profession; development of educational opportunities for new and for experienced psychotherapists; continuing and focused engagement with te ao Māori and psychotherapy in ongoing dialogue; promotion of psychotherapy generally within public and political spheres; the imperatives of the climate crisis and its extremely imminent consequences for our profession and for all of us; and the disturbing consequences of horrific inequities in our society and its implications for our individual and collective emotional health, and for psychotherapy practice. All these challenges, I suggest, are intimately interlinked; for they all reflect the dialectical interaction of the intrapsychic and unconscious psyche within the context of our sociocultural and political forcefield.

In a book review in 2012, in which I reflected on Donald Winnicott's (1986) collection of papers in his posthumously published book, *Home is Where We Start From*, I commented,

> It is in the final paper, in which Winnicott reflects on the symbolic meaning of the monarchy for the health of Britain, that the themes throughout the book are brought to a potent synthesis. I have never been overly enthusiastic about the place of British royalty in our political sphere, much less our psyche; however, as Winnicott invites us to consider that the person on the throne [Queen Elizabeth II] is "everyone's dream" (p. 266), to be suspicious of the logic of rational thought, and to wonder about how this dream soothes and provides holding for us all, I felt drawn back into the poetic comfort of Winnicott's engaging tones. Once again, I felt invited to consider that, if the maternal environment is good enough, things will go well; that if the home that we start from is holding enough, then all will be well. It's a lovely dream, and Winnicott is a brave and evocative dreamer. For a moment at least, I felt lulled back to sleep, to dream this dream, and to feel held by the potency, clarity, and dedication with which Winnicott offers his vision. (pp. 106–107)

> Winnicott is ambitious, as he takes psychoanalysis from the couch to the world; the effect is both encouraging and disturbing… The disturbance inevitably arises from reading papers of their time, … Winnicott's unreflective consideration of his role in facilitating his patients' abortions, perhaps reflects Winnicott's time and context, and suggest that he, like his patients, may be influenced by things other than early maternal holding, or intra-psychic conflict; and that the structures informed by patriarchy provide him with access to authority many of his female patients do not have. Nevertheless, Winnicott's courage, his commitment to infant care, and his understanding of the impact on infants when this care is unavailable, is undeniable and moving. In addition, his emphasis on inviting the general public to consider the uncomfortable realm of fantasy, and unconscious motivations, as he takes psychoanalytic ideas into the public domain, is impressive. (p. 106)

There is much wisdom in Winnicott's reflections. An infant that is nourished by an attentive, loving caregiving other, has an opportunity to build a resilient emotional and spiritual self, an outcome which is impossible without such love, care, and attunement. At the same time,

the sociocultural and political structures which enable or prevent such individual attuned responsiveness, are crucial to the emergence or otherwise of such emotional care and consequent resilient emotional selves. Without a social fabric that is dedicated to the welfare of the most vulnerable amongst us we are all at risk of the inevitable disintegration of psyche and community which manifests in the trauma and dissolution that presents daily in our clinical offices, when body, mind and soul are under pressures that make it impossible for us to grow and develop in creative and resilient ways.

Thinking under emotional pressure

A story, perhaps apocryphal, comes to mind, about psychoanalyst Wilfred Bion, whose clinical practice and writing focused upon the difficult and creative challenge of thinking under emotional pressure. A participant at a conference was attempting to enter a room for a presentation, only to discover that the room had been accidentally double booked, by two different groups. A commotion erupted in the corridor as this error was discovered. The participant spotted Bion walking down the corridor towards this distressed gathering, and is alleged to have asked, "Dr Bion, Dr Bion, the room has been double booked. What do you think we should do?". To which Bion apparently replied, "I don't find the circumstances are conducive to thinking", as he continued to walk on. The sociocultural milieu in which we are all engaged in contemporary times, is, in a much wider sense, under analogous, though far more undoing emotional pressure; circumstances of economic fragility, climate crisis induced anxiety, and destructive political polarisation, make thinking so desperately essential, and so tremendously difficult.

Thus, both in clinical practice, and within our Association, I often see divisions emerging between those who are committed to the unconscious and intrapsychic nature of psyche and so attempt to understand and think with patients about how their intrapsychic conflicts, deficits, and terrors, are unconsciously replayed both intrapsychically and within interpersonal contexts, in ways which are often destructive to self, to others, and of the relationships we so desperately seek to create. By apparent contrast, there are those clinicians and Association members who focus particularly on how psyche is fabricated by the wider sociocultural context, be that for example, the horrors of colonisation, and its tremendous harm to indigenous people, and the blindness of neoliberal economics, and its construction of human beings as individuals required to consume, compete, and withdraw from community engagement, in the service of individual productivity and violent domination of the natural world, with horrific consequences for the destruction of our ecological environment. I perceive that these dialectical perspectives are often reduced to attacks from one side or the other, in which the "truth" of psyche, and thus of psychotherapeutic work, is perceived as either entirely a matter of intrapsychic disturbance, acultural, and separate from the social world, or entirely the creation of socio-political forces, with no focus on the inner and unconscious world of the individual. By contrast I suggest that it is essential that these perspectives be continuously in dialogue with each other, for the benefit of clinical work, of our capacity to associate together as a community of psychotherapists, and as of citizens of this world, in very challenging times.

The dialectics of the unconscious intrapsychic and the sociocultural

Therefore, as I take up the role of President of our Association, I ask for your help. I am asking you to engage with me and with each other, not to withdraw, or destructively attack each other when difference arises, but rather to attempt to understand our different perspectives; to continually consider that the nature of the unconscious is intrapsychic, interpersonal, sociocultural, and indeed, transpersonal, and that dialogue with, and exploration of, the unconscious nature of all these realms, is essential to the art and craft of our profession.

Carl Jung defined the nature of a symbol, arising out of a dialogue between opposites, such as between the known and conscious and the mysteries of the unconscious, as "the best possible description or formulation of a relatively unknown fact" (Jung, 1971, para. 814). As a Jungian Analyst, I find tremendous possibility in this simple and crucially creative perspective. If we are willing to engage with the tension of opposites and allow synthesis to arise between seemingly different perspectives, a symbol will emerge amongst us, perhaps somewhat murky and difficult to discern at first, but one that will eventually move us creatively forward.

In this spirit, I am proud of our new name, arising as it has from different perspectives. Whilst we mourn our old name, "the New Zealand Association of Psychotherapists" (NZAP), and embrace our new one, "the Association of Psychotherapists Aotearoa New Zealand" (APANZ), I feel invited to recognise more fully the place within which our Association and our psychotherapeutic work is located; to continually hold in mind both the intrapsychic nature of the individual unconscious psyche, and the context of this country, and its cultural, social and political fabric, within which our work with the inner world, the world of the unconscious, emerges, and is fabricated, a context that contains and continuously shapes intrapsychic possibilities.

Associating: An invitation to us all

There is so much work to do, and so much creative possibility before us. Our relatively recently elected government, and its Minister for Mental Health, Matt Doocey, have recently announced a range of mental health policy directions. My intention over time is to engage both in public discourse, and in dialogue within our Association, in order that we might offer our valuable contributions regarding the unconscious nature of psyche and its manifestation in contemporary times and contexts, as these manifest more widely within the unique context of Aotearoa New Zealand. I hope you will join me in this. For, if there is one thing about which I am certain, it is that we need each other, no matter how much we may disagree, hate and/or love each other; for it is within community that we have the best opportunity to counteract the isolating impulses that a neo-liberal economic ethos promotes.

APANZ Council is currently reflecting upon and looking to develop and enhance the vision for our Association, and the implications of this for our communications (digital and otherwise), both within our Association, and in the wider sphere. Our most recent initiative has been "Mind-fields: thinking spaces". Every third Monday of each month, from 7:00 pm

to 8:30 pm, via zoom, members gather to reflect together on all matters psychotherapeutic. In the spirit of asking for your help in developing our capacity to associate together, to think and feel, and feel and think, in challenging times, I hope you might consider attending these meetings. And whether you do or not, I look forward to working, being, feeling and thinking with you all.

This issue of Ata: Journal of Psychotherapy Aotearoa New Zealand.

And thus, in the spirit of associative dialogue, we are delighted to present the papers in this issue. John Farnsworth offers us a stimulating and evocative exploration of the notion of the unconscious, including contemporary ideas regarding this complex concept; Malik McCann and Keith Tudor consider the challenging territory of racialised microaggressions and the implications of these for psychotherapy; Evelyn Shackley movingly considers her learning in relation to Aotearoa New Zealand's colonial cultural history and its implications for her clinical work; Chris Milton reflects upon the nature of states of analysis and states of non-analysis, particularly in relation to education in analytic clinical work; Keith Tudor, Kris Gledhill and Maria Haenga-Collins consider the relevance and implications of the Pae Ora (Healthy Futures) Act 2022 for all psychotherapists in Aotearoa New Zealand; and John O'Connor explores the manifestation of intrapsychic persecutory dynamics within clinical and societal contexts; and in a second article John investigates the relationship between Melanie Klien's notion of reparation and C.G. Jung's concept of the coniunctio, including conceptualisations of the greater and lesser coniunctio, and the significance of all these analytic concepts for clinical work.

We thank Hineira Woodard for her generous and expert work providing te reo Māori interpretations of the abstracts; tēnā koe, Hineira. Our deep thanks to our creative, skillful, and eagle-eyed designer, Katy Yiakmis; tēnā koe, Katy. Thank you to Nikky Winchester for her dedicated and skillful work as assistant editor: tēnā koe Nikky. And we thank Luisa Maloni for her careful and unfailingly accurate work in assisting the editors in numerous tasks, large and small. Finally, we thank you, the reader (APANZ member or subscriber), for your continuing support of the journal; we hope you will find this issue an evocative, provocative, enjoyable, and engaging read, and we look forward to editing the next issue.

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

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What is the unconscious?

John Farnsworth

Psychotherapist, Dunedin

Abstract

The unconscious may seem a simple concept. This paper draws on recent literature to argue that, not only is it deceptively complex, but it is also a concept undergoing constant transformation and contestation. The paper demonstrates this by exploring several dimensions that shape current understanding and use. They encompass the early philosophy and history of the unconscious in shaping ideas of the modern Western self, and how, more recently, the concept has been constantly reworked and contested as a computational model in social psychology and neuroscience. A further dimension outlines profound counter-discourses of the unconscious, articulated primarily through the indigenous, and through postcolonial and anthropological studies. A third aspect discusses what is counted as evidence of the unconscious and how this shapes its understanding. The paper draws on the literature of intergenerational transmission to illustrate how these dimensions overlap and how they both shape, and are shaped by the complex embodied experience of individual and collective unconscious processes.

Whakarāpopotonga

Tērā te pōhēhē he ariā ngāwari noa iho te ariā mauri moe. E huri ana tēnei pepe ki ngā tuhinga o kō tonu ake nei ki te tautohe i tua atu i te kore e kitea o tōna hōhonutanga, he ariā kore e mutu te nekeneke me te tautohetohea. Ka tūhurahia ētahi huarahi whakaahunga mātauranga, whakamahi hoki hei whakaatu atu. Ka whakaurua mai ngā rapunga whakaaro ngā hītori tawhito whakapā atu ki te hinengaro, te hangana huatau whaiora o te tangata hauāuru hou, ā, e whakamahia haere tonuhia e tautohea tonuhia ana hei whakaahua tātai i roto i te hāpori hinengaro tangata me te pūtaiao. Arā atu anō tētahi wāhanga e whakaara kōrero rerekē atu e pā ana ki te mauri moe ahu mai ai i te nuinga o te wā mai i te tangata whenua me ngā rangahautanga mō te tangata whenua me ōna rangahautanga tikanga. Ka matapakia te mea e aroa ana hei tohu mo te mauri moe te huanga ake o tōna mātatauranga. Ka whāia ngā tuhinga e pā ana ki ngā kōrero tukua iho hei whakaahua i te pūtahitanga o ēnei ariā, ā, ō rāua āhua, te whakaahuatanga tahitia e ngā waiora hōhonu o te kotahi me te hātepe huinga mauri moe.

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Keywords: unconscious; intergenerational transmission; trauma; psychoanalysis; post-colonial; cybernetic.

Introduction

> Over the ensuing several sessions, these traumatic family experiences were explored. Celine called the constellation of unspoken family trauma, the "Big Family Secret". As she began to speak about knowing the Big Family Secret, she felt anger for the silencing of it. She began to make links to her own inexplicable lifelong anxiety, the silenced experiences of parental trauma, and the alien within. The alien living inside was becoming known. At one point she made the direct connection between the alien and the mother's unspoken trauma. (Knight, 2017, p. 121)

What is the unconscious? This simple question, so central for analysts and psychotherapists, turns out to be surprisingly difficult to answer. Yet most practitioners would immediately recognise its powerful impact in the passage above. They would also recognise its silent, sinuous passage through Celine's generations. I return to this below.

How, though, would they recognise the following passage?

> the Qur'anic therapist who has been a pivotal interlocutor in my ethnography over many years formulates the concept of "soul choking" (taḍyīq al-nafs) — a kind of medical–spiritual phenomenology of the soul, inspired by the Qur'anic depiction of the "constriction" and "expansion" of the nafs [soul] as an opening or sealing of the heart to the knowledge and the path of God. (Pandolfo, 2018, p. 8)

This passage also articulates intergenerational transmission, but in a formulation and style so alien to much western psychotherapy that it demands some introduction. Its implications are central to a variety of radical accounts of the unconscious I develop later around the sensual and sensate, the cultural and postcolonial. Here, Stefanie Pandolfo speaks to an unconscious grounded in the collective, the spiritual and the cultural, articulated as much through the interpretative social sciences as through psychology. Its Islamic voice heralds a mode of unconscious communication profoundly at odds with conventional Western scientific discourse (Berardi, 2021). As I outline in later sections, such modes unsettle customary ideas about unconscious process. They also resonate with challenges to an increasingly cybernetic, neuroscientific approach to the mind that I explore below. Yet, each perspective articulates in its own language the ideas of intergenerational transmission, suffering and the unconscious which I have already introduced.

What do such perspectives offer practitioners, to whom this paper is addressed? I argue that it opens up alternative ways of encountering this disturbing figure, the unconscious. Doing so widens the therapeutic frames we bring to bear in clinical practice. Indeed, the very term, 'the' unconscious implies it is a single, timeless idea, one founded in Freud's original thinking. That, in fact, is far from the truth, as the examples below will illustrate.

Instead, this review essay describes the evolution of the unconscious not as timeless but

as subject to constant transformation and contestation. Conceived well before Freud (Ffytche, 2011, p.284), the unconscious has continued to develop through two, largely incompatible, forms of existence.1 One form involves an increasingly scientific passage through social psychology and, currently, neuroscience. I draw on Weinberger and Stoycheva's *The Unconscious* (2019) as a way to illustrate these developments. Yet, the dominant assumptions of this scientific project have attracted sharp responses and divergent alternatives, and I take these up in a section that follows. The other perspective investigates unexamined Western assumptions through the critical social sciences: it does so primarily by way of non-Western, cultural and, often, politically postcolonial investigation. Ironically, some of these traditions were alive in the West long before the arrival of psychoanalysis (Ellenberger, 1970; el Shakry, 2018).

Both perspectives are incompatible in another important way: what each counts as evidence. In the scientific version, evidence is quantitative, data-driven and increasingly microscopic, often shaped by the demands of psychology and neuroscience. It may, or may not, include direct reference to the unconscious (Cook et al, 2017). By contrast, sociocultural enquiry, typically encompassing the social sciences, anthropology and psychotherapy, emphasises qualitative material: subjective experience and the interpretation of what the significance of these patterns of experience might mean (e.g. Lee et al, 2021).

The consequence of both approaches has been a vast and constantly expanding literature (e.g. Smith et al, 2021). In the last five years of book publication alone, the unconscious is interpreted as interpersonal, capitalist, geographical, political, postcolonial, optical, new, aesthetic, transnational, internet, environmental and 'third'. To prevent the reader being engulfed in a tide of references, this paper restricts itself, as best it can, to representative samples. What is significant, however, is that what counts as evidence is crucial to such an elusive concept as the unconscious. How do we detect what, by definition, is out of conscious awareness? Commonly, it is registered by means of proxies (e.g. Yakushko et al, 2016) and that takes up some of the discussion here.

Intergenerational transmission: Celine and the big family secret

If we return to Celine's experience described by Knight (2017) above, we can begin to understand it from both the perspectives I outlined. From the first, the alien within, and the Big Family Secret, clearly involve unconscious or repressed experience. These aspects articulate Celine's individual suffering. Yet, it is also suffering experienced long before, by way of trauma across generations. In this case, it is identified with Celine's mother. Such patterns of suffering are often verified through intergenerational investigation: the intensive accumulation of 'hard' data, such as trauma metastudies (Yehuda & Lehrner, 2018). Intergenerational transmission cross-culturally requires ethnography and careful interpretative work to make sense of what is being presented (Gibbon & Lamoreaux, 2021). Suffering, too, is often picked up by therapists as sensate evidence; a 'felt' presence as Knight herself does in this piece.

Of course, Celine's experience and her Big Family Secret don't, on the face of it, appear 'cultural', but that depends on how 'cultural' is translated through Western or non-Western

frames of reference. Writers such as Ethan Watters (2011), for instance, describe the powerful cultural shaping and export of mental illness, such as anorexia, from the west to Hong Kong, where it was formerly unknown. Equally, seen through a different lens, Celine's 'alien within' would be understood in earlier Western history as a form of possession;[2] possession is equally familiar within a range of non-Western contexts as the Pandolfo quotation suggests (Anderson et al, 2011; Herzog, 2016).

Lastly, Celine's unconscious is indicated through proxies: for instance, her incomprehensible lifelong anxiety is a signal of the unconscious but an unarticulated one. It is only when it is translated as "the silenced experiences of parental trauma" (Knight, 2017, p. 121), an interpretative move, that meaning emerges. This is how such social science research identifies evidence: consistent patterns which, otherwise, would remain silent and invisible.

How did we get to such a complicated place when considering the seemingly simple unconscious? Weinberger and Stoycheva (2019) answer the question through contemporary Western psychology and neuroscience.

The unconscious in Weinberger and Stoycheva (2019)

What is the unconscious for Weinberger and Stoycheva? It is "normatively arational, unconscious, and can be flawed without our realizing it" (2019, p. 4). This working definition allows them to ask a question which might surprise psychoanalysts:

> Did we develop sophisticated methods of exploring the "subterranean of the mind" in the 20th century? In a word, no. Not only did advances in understanding unconscious processing not match the revolutionary growth of the physical and natural sciences of Bergson's time, the 20th century did not offer a unified (let alone accepted) view of unconscious events. (Weinburger & Stoycheva, 2019, p.7)

In their view, such study really arrived only in the 21st century with computational models and the detailed study of massive modularity, parallel distributed processing and neural modularity (Weinberger & Stoycheva, 2019, p. 6). These models are distant to everyday clinical practice but they do represent current research science. Such models also expand what counts as unconscious: not simply the arational or the repressed, but routine lightning-fast neurological processes, which enables us to cross the road, choose our next spoken words, drive with relative safety, digest our food or pick out a conversation in a crowd: everything, in effect, which we take for granted in daily functioning.

These are generally of less interest to psychotherapists, but for neuroscientists in particular they exert a continuing fascination. Such processes form a massive model of parallel neural processing that takes place, seamlessly, out of awareness (Benjamin et al, 2020).

To arrive at this point, Weinberger and Stoycheva chart the long road from the pre-conscious to the present. They trace, for instance, psychology's emergence from a philosophy of the subject rooted in Romanticism and German idealism. Here, in parallel with Henri Ellenberger's earlier and magisterial *The Discovery of the Unconscious* (1970), they outline two

"models of the mind" (2019, p. 23) developed in the era of Dynamic Psychiatry from 1775 onwards. In these models the conscious and the non-conscious alternate, as earlier ideas of possession gave way to animal magnetism, hypnotism and somnambulism, representing "a clash between supernatural Baroque and rational Enlightenment" ideas (2019, p. 20). The book recounts the emergence of psychologists who, from the 1870s and 1880s, sought instead, "a laboratory-based, experimental foundation" for the unconscious (2019, p. 23). In many ways, these became the tensions that Freud attempted to navigate, depicting psychoanalysis on the one hand as a scientific method yet, on the other, one that could interpret powerful individual and collective urges and how these were repressed (Freud, 2006).

Weinberger and Stoycheva outline what became an unending struggle during this era and beyond. Philosophical debate circulated around a new concept of the self and, along with it, tensions between its conscious and unconscious expression. Equally, the idea of the self emerged through the new European middle-class, constituted through the new practices of "self-talk" in France (Goldstein, 2008). These practices themselves reflected massive social change as rural, aristocratically-controlled communities gave way to the rise of the urban, commercial metropolis and to new forms of private and public behaviour (Ellenberger, 1970, p. 183; Sennett, 1977). These new 'rational' selves of the emerging consumer were undermined either by atavistic, impulsive urges, or by powerful, non-rational sentiments towards others or nature. It was this that exercised philosophers including Fichte, Schlegel, Schelling, Schopenhauer and Neitzsche amongst others, who attempted to account for the balance between conscious and unconscious forces (Ffytche, 2011). For instance, von Hartmann, in his popular *Philosophy of the Unconscious* (1884), took up Schopenhauer's argument for a blind driving force ("will") that permeated the universe. Nietzsche extended these ideas, in advance of Freud, defining the mind as:

> a seething cauldron of complementary and contradictory similar ideas, an arena of confused thoughts, emotions, and instincts. It is the realm of wild, brutal instincts derived from the early stages of individual and species development. (Weinberger & Stoycheva, 2019, p. 13)

Neitzsche went on to coin the term "the it" (das es) which Freud took over as the id (Weinberger and Stoycheva 2019, p.13), the source of the impersonal, irrational unconscious.

Against this, however, the rise of academic psychology, coupled with an insistence on positive measurement (as Positivism), was to reject altogether "the existence or importance of unconscious processes" (Weinberger & Stoycheva, 2019, p. 29). The earlier tensions, then, translate into battles that see the idea of the psyche, let alone the unconscious, rise and fall from favour, most famously obliterated in Watson and Skinner's post-World War II behaviorist theories (Schneider and Morris 1987).

The psychoanalytic legacy occupies two chapters in *The Unconscious*, with scant reference to Jung and none to Lacan. Instead, it refers to six major schools, 'classical psychoanalysis, ego psychology, object relations, self psychology...and relational psychoanalysis.' Since 'Ego psychology and classical theory have more or less merged,' 'we treat them as one' (Weinberger & Stoycheva, 2019, p. 38).

By contrast, the second part of *The Unconscious* traces the rise of experimentalism in psychology, which attempted to specify unconscious processes with great exactitude. Two developments are notable. One was the sheer volume, and ingenuity, of experimental work. This "veritable explosion" of studies (Weinberger and Stoycheva 2019, p. 60) included word association tests, subliminal and unconscious defensive strategies, how individuals avoided taboo or suggestive words, priming studies and much else. They strengthened the claim to a scientific approach, and one which privileged definable, large-scale data.

The second development came by redefining the unconscious; first, as "automatic processing", "subception", or subliminal activation; later, through concepts such as cognitive dissonance, attribution theory, bystander intervention or expectancy studies (2019, pp. 111–120). From a psychoanalytic perspective, the unconscious becomes increasingly alienated from itself and atomised into discrete components that can be microscopically examined.

Such discrete components form a relatively short step towards constructing computer models of the mind subsequently explored through neuroscience. Increasingly, these models depict the brain as a biological machine with numerous modules, massive high-speed parallel processing and a complex neural architecture (e.g. Dehaene, 2023). One such illustration, drawing on earlier ideas of the self is, for instance, Northoff and Schaefer's influential *Who Am I: The Conscious and the Unconscious Self* (2017). Such complex models of the mind still grapple with issues of self, inner experience and unconscious process as demonstrated, for example, in Antonia Damasio's work (2018). Perhaps it is unsurprising, then, that there are currently "at least twenty-two supported neurobiological explanations" for the basis of consciousness alone (Friedman et al, 2023, p. 345).

An alternative tradition rethinks such cybernetic issues from its very origins. The French Groupe de Dix, containing "some of France's most original and ambitious thinkers" (Dicks, 2019, p. 170) rejected the premises of the post-war American Cybernetics Group out of which the neuroscience tradition developed. The Groupe de Dix flatly contradicted Norbert Weiner's seminal analogy between cybernetic machines and living beings as wrong in concept (Dicks, 2019, p. 170). The brain was not a kind of (cybernetic) machine, a parallel processing technology different to anything in nature. On the contrary, the natural world itself provided radical models far more supple and far-reaching than cybernetics could offer, such as Maturana and Varela's ground-breaking work on autopoesis (1973). They studied self-production across every form of ecosystem, including human societies. This approach subsumed the human within the natural, not the other way round, nor as standing against it. This challenge led to "a radical re-thinking of three fields largely neglected by the Cybernetics Group: physics, philosophy and poetics" (Dicks, 2019, p. 171) and has paved the way for ideas of the machinic unconscious.

In short, these perspectives provided a groundwork to radically rethink the unconscious. First, by linking the unconscious to the non-human, anticipated by Henri Bergson (1911) and through later developments in critical theory. Secondly, by offering profound flesh-and-blood encounters familiar to therapeutic practice in the overlap of anthropology and psychoanalysis.

The machinic unconscious

Weinberger and Stoycheva depict the brain as a biological machine, but the autopoetic tradition and its alternatives frame the brain within a vastly wider canvas. This canvas encompasses the whole impersonal universe as a set of dynamic systems, from the molecular (viruses and cellular organisms) to the macroscopic (weather patterns, sea currents or galaxies). These often unstable systems shape, from a human perspective, how we experience reality (Prigogine & Stengers, 2017). They also depict the brain and body itself as simply a set of complex machines out of our awareness; the machinic unconscious. As Michel Serres (1982, p.81) writes:

> The body is an extraordinarily complex system that creates language from information and noise… And this holds true whether I describe the system in terms of chemistry, physics, thermodynamics, or information theory, and whether I situate myself as the final receptor of an integrated apparatus.

The important implication is that the unconscious is now impersonal — machinic. It is also trans-species: viral, cellular or mammalian, each species in a constant process of competition or collaboration, often entirely out of our awareness. Consequently, these traditions rethink experience and unconscious activity in unimagined ways (Neidich, 2014).

For instance, new digital developments enlarge how we can understand the psyche: the creation of digital organisms, computer immune systems, artificial protocells, evolutionary robotics, and swarm systems potentially reimagine both the human and the machinic unconscious (Johnson, 2010).

For this generation of thinkers, such as Serres, everything becomes a signal, much broader than Freud's original signal anxiety. Such sensory signals communicate autonomic, neurophysiological and social cues similar to those identified in polyvagal theory (Porges, 2021). In this tradition, Deleuze and Guattari in *Anti-Oedipus* (1983) create a spectacular image of the unconscious, translating Freud's *id* into an organic, entirely impersonal *it*:

> It is at work everywhere, functioning smoothly at times, at other times in fits and starts. It breathes, it heats, it eats. It shits and fucks. What a mistake to have ever said the id … The mouth of the anorexic wavers between several functions: its possessor is uncertain as to whether it is an eating-machine, an anal machine, a talking-machine, or a breathing machine (asthma attacks). Hence we are all handymen: each with his little machines. (p. 1)

Their unconscious is both global and "machinic". Coupling it with an excoriating critique of an impersonal capitalist order producing endless psychic distress, they paint the unconscious as an implacable force of a pre-personal desire which, nodding to Schopenhauer and Nietzsche, runs through every system, social or biological, large or small (Marks, 2006).

Such a radical analytic theory joins with contemporary neuroscience, but in a forcefully political and critical way (Featherstone, 2020; Herzog, 2016). Significant for our purposes, however, is that these molecular forces are, increasingly, being found to shape intergenerational transmission (Branje et al, 2020), a point to which I return below.

If such machinic, impersonal models of the unconscious seem incompatible with the human-centred picture that Weinberger and Stoycheva (2019) paint, then the contrast with the cultural unconscious could hardly be sharper.

The cultural unconscious

Stefanie Pandolfo (2018) starkly illustrates the gulf: a psychoanalyst and ethnographer, she writes on 'madness' through the idioms of psychoanalysis and Islam. Madness, here:

> is the result of a slow transformation of the gaze in the give and take of my ethnographic work, which made the psyche and the psychoanalytic cure appear through the lens of the *nafs*/soul, its carnal and spiritual life, its vulnerability, and its ontology of the Invisible (*al-ghayb*). What this disclosed was not just the possibility and actual presence of a contrastive dialogue between the psychoanalytic and the Qur'anic cure, but a spiritual-metaphysical dimension of the psyche itself. (p. 3)

Pandolfo's serpentine language appeals to history, culture, difference, vulnerability, uncertainty, the spiritual, the ethnographic and to dialogue. It is written at the intersection of psyche, soul, tradition and the body: in Pandolfo's phrase, as *'ilm al-nafs*, the science of the soul. Such a framing could hardly be more different than the machinic, datafied model above. More than that, it paints a different picture of the unconscious; as the Egyptian psychoanalytic scholar, Fethi Benslama (2009) writes, drawing from accepted understandings of the medieval Sufi philosopher, Ibn 'Arabî:

> Ibn 'Arabî's unconscious is not the Freudian unconscious, even if it often comes close to it. It is the condition of the spiritual veiling and unveiling of the multiple forms of man. (p. 31)

So, is this simply a quite different *model* of the unconscious?

What I want to capture above all, as the quote does, is the experiential quality connected to the unconscious. And necessarily, this is messy, as Pondolfo acknowledges: provisional, uncertain, incomplete, suffused with feeling and shaped by personal, interpersonal, spiritual and collective resonances. As she commented,

> I set out with different questions: what is it to register an experience of madness? And how to inhabit culture in its aftermath? I met patients and psychiatrists in that suspended space, where multiple claims and voices emerged and could be heard, voices recalcitrant to description, or even inscription, which refused to occupy the place of the object of study and instead asked back troubling questions…That is a vulnerable place — and not exactly one of knowledge. (Iqbal & Pandolfo, 2022, n.p.)

Constructing the unconscious

What this mode of investigation breaks open is not simply the ambiguity of the unconscious

but the frames of reference we use in attempting to register it. What, in effect, is the very terminology we employ to identify unconscious processes? Answering questions of frame and terminology has been central in recent postcolonial anthropology — an anthropology very much alive to the damage its long colonial psychiatric history has wreaked on numerous peoples. Katie Kilroy-Marac (2019) writes vividly, for example, of the Fann Clinic in Senegal, with its forcible transportation of 'lunatics' from Senegal to Marseilles. She describes a haunting, borne of local memories, surrounding the colonial legacy of the clinic. Haunting also inhabits accounts of ethnopsychonalysis: colonial questions of whether the Dogon in Mali or Trobriand Islanders possessed an Oedipus complex (Herzog, 2016). Colonialism brought frames of reference illuminating as much about its own unconscious presumptions as it did about the peoples it was studying:

> the notions of the unconscious as a forbidden zone of irrational desire and passionate violence relied on imperial imaginings that continued to structure colonial space in starkly opposing terms. The dichotomy between the cool exterior of the autonomous bourgeois ego and the inflamed turmoil of the colonized unconscious reflected the tensions of a "self-conscious" European modernity that defined itself against the unchanging "primitivism" of non-Western civilizations. (Anderson et al., 2011, p. 3)

In response, recent postcolonial anthropology has opened up two kinds of questions, both of which concern the unconscious. One, in rejecting the colonial, asks what we understand as "reality" at all (Kohn, 2015, p. 312): how we go about "conceptualizing and composing worlds" across different societies (Morita, 2014, p. 311). Anne Salmond (2014, p. 294) illustrates these questions by drawing on contemporary debates in Aotearoa on how something as simple as fresh water is understood. She illuminates how, for te ao Māori, "people, land, waterways, and ancestors are literally bound together". Rivers act as "plaited ropes", whose currents and vortices entwine people and cosmos as a continuity (Salmond, 2014, p. 295). By contrast, for Pākehā, rivers and fresh water are, commonly, distinct entities, primarily forms of property exchange and common law (Salmond, 2014, p. 299).

It is the reflective capacity of anthropology (Morita, 2014) to bring to light what constitutes, in effect, disparate forms of unconscious that are collective. They remain unconscious, because such forms, whether Western or not, are invisible until given a vocabulary which articulates them. In this context, as writers have long emphasised, the collective unconscious trumps the individual unconscious as it has long been studied worldwide (Tubert-Oklander & Hernández-Tubert, 2021 and Jacob Moreno's investigation of collective unconscious sociometric patterns, Fleury & Knobel, 2011). Each emphasises how the individual unconscious is fused with group, family, community or the larger socius (Hopper & Weinberg, 2019). The same collective emphasis infused the work of Francois Tosquelles and the radical psychiatry movement (Robcis, 2016).

The second question postcolonial anthropology highlights is how unconscious experience undergoes continual transformation: it is not a static essence of 'the' unconscious. Herzog (2016, p. 179), for instance, lists "six or seven (if not more)" ideas about the Oedipus complex circulating in the 1960s (an inverted form in Brazil, matrilineal forms in southern Italy) (Herzog, 2016, pp. 179–211).

David Howes (n.d.) goes further to describe a reorganisation of the erotogenic zones altogether: for Trobriand Islanders, the nose replaces the genitals; "the nose, and not the oral cavity or mouth, is the primary 'erotogenic zone' of the Trobriand body" (Howes, n.d.). Consequently, the repression of sexuality and the primal scene, central to the Oedipal Complex, simply fails to function in Trobriand society. Instead, the Trobriand version "centres around 'the image of children excreting'" (Howes, 2003, p.180). By contrast, "sexual acts are not shrouded in secrecy or necessarily hidden from young eyes"; instead, "it is a source of amusement". For Howes (2003, pp. xv–xix), the key issue is how different senses shape different forms of unconscious in and across different cultures. Herzog (2016, pp. 191–192) reports a variety of different configurations across other cultures, such as the Anyi, where a constellation of primal fear or suspicion was linked directly to sanctioned early experiences of acute pain. Consequently, Batja Mesquita (2022) can show how emotions themselves, such as anger, joy or lust, are not pre-existing essences but are shaped by the relational contexts in which they take place.

The ethnographer Francois Laplantine (2015) suggests how the unconscious extends beyond the ambit of the body altogether. He writes of how the body's whole sensorium may be attuned, beyond language, through the body's multiple modes of sensory perception:

> What we might call the linguistic paradigm gives an account of only a minute part of the sensible. It does not manage even to approach that which is non-propositional, non-predicative, non-categorical in experiences such as the rhythms of dance, acts of love, modulations of voice, astonishment, surprise, enthusiasm, love at first sight. These are behaviors that are most often unconscious and involuntary, that psychoanalysis has studied through processes of transfer and counter-transfer, and which maintain great closeness to the animality within us. (p. 116)

Laplantine's choreographic model of the sensuous body challenges the Cartesian separation of mind and body. So does David Howes' multisensory ethnography (2019) which provides numerous other powerful instances: for example, where the Yirrkala people from one moiety "rub the sweat from their armpits on the eyes of the other moiety to empower the latter to 'see with sacredness'" (quoted in Howes, 2019, p. 23). Howes describes these as "audio-olfactory" and "visuo-olfactory" communication: at once chemical, aural-vibrational and visual (2019, p. 23).

The ethnographer Eduardo Kohn goes further and, by doing so, introduces the supra-human. In *How Forests Think* (2015), he entirely reworks the human/non-human divide, exploring "the interactions of humans with (and between) animals, plants, physical processes, artifacts, images, and other forms of beings" (Descola, 2013, p. 268). Kohn shifts "beyond human" and "beyond language" (Latour, 2014, p. 262). "Beyond language" recasts the whole process of symbolisation and representation — yet, not beyond meaning. Instead, communication is via the sensate: vibrations include river catchments, forests, the dead, dogs, colonial history, biological lineages, even pumas, and dreams (Latour, 2014, p. 262). Anne Salmond (2014, p. 167) explores similar extensions in Māori sensibility: "what could initially appear as animals, plants, artifacts, texts, and even landscapes are all potential candidates for relational engagement and elucidation."

At stake here is an unconscious not bounded by the body but co-extensive with the whole environment, the earth, and all its resonances. Communication is via non-symbolic forms of representation (Herrera & Palsson, 2014, p. 238). Such perspectives, and modes of being, reconfigure how illness, even psychosis, is articulated. In Vincent Ward's documentary, *Rain of the Children* (2008), the central character, Niki, diagnosed as schizophrenic, is portrayed very differently by his Tuhoe iwi:

> When you talk about *patupaiarehe* [fairies/spirits], we're talking about in Niki's case having a mental illness. We're talking about a person who hallucinates and hears voices. That's when he was getting sick from a Westernised perspective of the illness. But from a Māori perspective of the illness, he would actually see those things as being real, and so it would be cross-spoken with the elders who would understand that *patupaiarehe*, or fairies as such, were real things.

Salmond (2014) concurs in writing of Te Aitanga a Hauiti whakapapa which:

> often made it impossible to determine who was the "subject" and what was the "object" of investigation at a given moment — who or what was being compared, and on which terms. (p. 157)

These perspectives constitute "incommensurable epistemes", or frames of reference (Fisher & Hokowhitu, 2013). For Salmond (2014) and others, we are faced with profound issues of translation between different modes of being. The questions they raise are far from concluded (Kohn, 2015a), but parallel, nonetheless, the experience that Pandolfo or el Shakry describe in relation to the Islamic unconscious. Similar tensions and translations around the unconscious appear between Freud's Western vision and long-standing traditions of Muslim mysticism (el Shakry, 2017). Each asks, again, what is the unconscious and how do we know it?

Modelling the unconscious

If it were possible, how might such disparate approaches to the unconscious be reconciled? One way is to return to the question of intergenerational transmission with which I began. It combines the sensory, the somatic and the collective with the individual, and it attempts to marry two forms of evidence: intensive data gathering and broader sociocultural patterns. What it cannot do is reconcile differing modes of being or languages of representation. Attempts to do so, such as calls for global trauma response (Ratnayake et al., 2022) risk repeating the same struggles around politics and domination that Anderson et al. (2011) noted with postcolonialism.

Intergenerational transmission is a way of tracing the unconscious from the molecular to the macroscopic. It also offers possibilities for integrating aspects of the neuroscience models outlined by Weinberger and Stoycheva (2019). For instance, Branje et al (2020) describe how parenting behaviour in the next generation can be shaped by a mix of preceding genetic and family factors. This transmission blends invisible systemic markers

and human interaction across households, entangled as they are with other socioeconomic factors, "household chaos, and cultural factors" (Branje et al, 2020, p. 2). In other words, such research offers some hope for tracing complicated unconscious influences interlaced across multiple dimensions, including dysfunctional family styles (Neppl et al, 2020) or the transmission of addictions over generations (Taccini et al, 2021).

Such wide research raises the question of exactly what the term "intergenerational transmission" means. Celine's vignette, outlined at the start, illustrates individual experience. M. Gerard Fromm's moving book, *Lost in Transmission* (2012) charts it cross-nationally: depicting a disparate variety of "horror, intimacy, and uncanny re-emergence" of unspoken trauma expressed through family and communal experience. He writes how subtly it can be transmitted: "the unnamed trauma of 9/11" could be communicated to the next generation simply "by the squeeze of a hand" (Fromm, 2012, p. 71). His book also references Henry Krystal's classic work, *Massive Psychic Trauma* (1968), where Holocaust trauma is so extensive and collective it almost dwarfs the concept of the unconscious:

> The survivors form abnormal families and communities. The families tend to be sadomasochistic and affect-lame. The communities are laden with the burden of guilt and shame, and preoccupied with the past. The imprinting of inferior status can be perpetuated by a number of generations. (p. 346)

A whole nation's collective trauma can even deform language: the Chinese sign *yi* (barbarian), is one such instance; it emerged to describe the British after China's profound national shaming at Britain's hands in the 1850s (Liu, 2006).

"Intergenerational transmission", then, may describe but also struggle to encompass all the tensions around the unconscious with which we began. These are shaped, translated and even symbolised through the pressures of history and culture. As noted, Celine's experience of the "alien within" (Knight, 2017) could refer as much to the older ideas of possession recorded by Ellenberger (1970) as to current ideas of intergenerational transmission. Howes' (2019) Yirrkala people rubbing their armpits is, just as much, a form of intergenerational transmission, but it is entirely sensory. The common ground in each case points back to the rise of Western modernity, attempting to assemble post-Enlightenment ideas of self and identity, and then organising these around scientific forms of enquiry (Ellenberger, 1970). As Ffytche (2011) details, it also involved efforts to reconcile discordant ideas of rational and irrational selves in the work of Schelling, Fichte and others.

Yet, from the perspective of cultural anthropology, the West becomes just one culture amongst others, and its forms of science and evidence-gathering simply a different set of rituals (Berliner et al, 2013). It recalls the paradox expressed by the title of Bruno Latour's critique of the sciences: *We Have Never Been Modern* (1993).

Discussion

Where, then, does this leave the unconscious? What every approach acknowledges is the unconscious only becomes evident through communication, whether this is languaged, linguistic, sensorial, impersonal or cross-generational. Each approach registers this

communication through different forms of evidence; but for a practitioner, the principal concern is how it articulates expressions of suffering. Whether suffering is individual or communal, it is registered through the complex patterns of communication outlined above. Yet, so elusive is unconscious communication that, as Hadley Freeman (2023) describes, subtly gendered conditions such as anorexia sometimes defeat efforts to make sense of it.

However, psychopathology is not the only form of intergenerational transmission. In *The Ancestor Syndrome* (1998), Anne Schutzenberger traces patterns of invisible loyalties to ancestors expressed through objects, tokens or rituals spanning as far back as the Napoleonic era. Such patterns may be benign or malign but, necessarily, they are unconscious. Similarly, the unconscious permeates every aspect of contemporary life: studies of the technological unconscious, for example, (Keating, 2022; Thrift, 2004) describe how human beings are shaped by every aspect of their built and digital environment in ways of which they are rarely aware. In *Thumbelina* (2014), Michel Serres describes how these silent environments entirely reconfigure the experience and orientation of new digital generations: Thumbelina's devices make available to her "an entirely new form of cognition, one that is not tainted by the categories of thought bequeathed by Enlightenment rationality" (Howles, 2015, p.327).

There is one last perspective to consider. This has already been foreshadowed by numerous references to the spiritual. The spiritual can be aligned with non-Western or historical traditions, but there is a powerful critique which places the spiritual within Western modernity and psychology: a critique which runs from William James onwards. It argues that modern psychology is, in effect, rootless, and that psychoanalysis is itself a substitute for the spiritual — a critique which comes both from the margins (Nasr, 1994, writing on Islam) and from the centre of modernity (Oldmeadow, 2004). It is rootless, in this view, because it fails to recognise that the Greek etymology of the word "psyche" is "soul." In abandoning this recognition, Sotillos (2013) argues it has not only lost touch with humanity's spiritual essence but, worse, psychology in all its forms continues to obscure that loss. Whilst this recalls Pandolfo it is, of course, precisely the emphasis that Islamic psychoanalysis makes in celebrating the ancient writings of Ibn 'Arabî (el Shakry, 2017).

Critiques such as these highlight a final tension around the concept of the unconscious. If we accept the critique, we are confronted with a renewed struggle about spirituality, psyche and the unconscious. Has psychotherapy smuggled in the psyche, the soul, despite a modernised, bureaucratic, secularised Western society phrase (Cascardi, 1992)? Or has it foregone the capacity to reflect on the psychological dynamics of the spiritual itself? Ricouer (2008, p. 3) points to Freud's "hermeneutics of suspicion" around religious claims which he, Freud, understood as illusory. On the other hand, if we reject the spiritual critique, we are left with the dilemma that all psychologies, themselves, may simply be sophisticated, ungrounded technologies of the self. This dilemma returns us to where we began: where the concept of the unconscious arises at the same time as the formation of Western modernity. In short, we are left with a paradox which, fittingly, resembles the paradox of unconscious experience itself.

Conclusion

It is clear that unconscious processes are shaped, organised, articulated and apprehended very much according to the context in which they are situated. Cultural, social, political, neuroceptive or environmental, these contexts have one immediate implication for practitioners: the diverse settings within which their work takes place is key to how they engage with unconscious processes (Bleger, 1967). 'Setting', here, has to be understood in its most fluid sense: all the intersecting influences discussed earlier contribute to the setting and, by definition, transcend awareness. For practitioners, a major mode for sensing what is out of awareness is, paradoxically, through their own unconscious — their own elusive sensory instrument, which alerts them to the unformulated. Yet, in beginning to formulate, they themselves are subject to forms of intergenerational transmission. These are the influences of their own profession, community, culture and history which shape what remains in or out of awareness. For all these reasons, the question of the unconscious, so deceptively difficult to resolve will, most likely, continue to be.

Notes

1. Ffytche (2011, p. 274): "The conventional view of Freud is that he overturned the theory of selfhood, so that the I is no longer master in its own house; but this gesture had already been made many times throughout the nineteenth century, at the very least by Schelling, Schopenhauer, Carus and von Hartmann."
2. Ian Hacking's (2002) account of walkers' bizarre fugue states in eighteenth century Europe is such an historical illustration.

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The enigma of unintentional racial microaggressions: Implications for the profession of psychotherapy

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Abstract

Unintentional racial and cultural microaggressions towards indigenous and minority peoples while injurious to recipients, are characteristically not recognised by the perpetrator and when challenged, are often not able to be met with curiosity or the capacity for reflection. The difference in racial and cultural realities exposed in these encounters can lead to breakdowns in recognition and polarising dynamics which perpetuate structural oppression. They also represent missed opportunities for greater understanding of the ways socially sanctioned norms, assumptions and beliefs reinforce the implicit positioning of self and other as racial and cultural objects. Through consideration of the societal, interpersonal and intrapsychic aspects of the first author's experience through heuristic enquiry (supervised by the second author), we consider unintentional racial microaggressive encounters and challenges as the observable outcome of implicit racialisation into colonial society. This article presents some discussion and implications for the discipline or profession of psychotherapy.

Whakarāpopotonga

Ko te whiu kōrero whakaiti, kaikiri ki tangata taketake ki iwi iti ahakoa ehara koirā tē whāinga e kīia ana kāre taua tangata e kite i tērā āhuatanga ā, inā tohua atu kāre tonu e kite e whakaae i tōna kaikiritanga. Ko ngā rerekētanga ā-iwi me ngā tikanga ahurea ka puta ake i ēnei tūmomo āhuatanga te huarahi whakawhānui ake i te kūare ngā mahi wehewehe, ā me te mau tonu o ngā whakarite whakaiti. He take whakatakaroa anō hoki ēnei i te kitenga

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tikanga noho hāpori, ngā whakaaro mau ngā whakapono whakahōhonu i tōna me ō ētahi atu tuakiritanga. Mai i ngā whakaarohanga hāpori o te kaituhi tuatahi, ō ōna ake wheako whaiaro ā-tinana, ā-hinengaro (ko te kaituhi tuarua nei te kaihautū) ka āta whakaarohia ēnei momo whakaititanga, werohanga ko te hua o te kaikiritanga e tauna ana te porihanga taea te kitea e puta ake ana. Ko tā tēnei tuhinga he hora kaupapa whakawhitiwhitinga kōrero me ngā whakatūpatotanga mā te roopū whakaora hinengaro.

Keywords: racial microaggressions; racism; psychosocial issues; implicit racialisation; cultural competence; decolonisation; colonisation; implicit bias; unconscious bias.

Introduction

Microaggressions are defined as "the identifiable outcomes of racism, whether conscious or unconscious, and are brief and commonplace daily verbal, behavioural, or environmental indignities that communicate hostile, derogatory, or negative racial slights and insults toward people of colour" (Sue et al., 2007, p. 273). In the landmark paper "Racial microaggressions in everyday life: and their implications for clinical practice", Sue and colleagues (2007) popularised this term and its taxonomy as speaking to the spectrum of overt to covert forms of racism as experienced by minorities in contemporary society.

Research on microaggressions tends to focus specifically on covert, subtle, unconscious and "out of awareness" forms of racism, i.e., "micro-insults", which Sue et al. (2007) define as "communications that convey rudeness and insensitivity and demean a person's racial heritage or identity" (p. 274), and "microinvalidations" as "characterised by communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of colour" (p. 274). The introduction of the term racial microaggression has resulted in a proliferation of research and academic literature over the ensuing years in a range of disciplines with some interest from psychoanalysis (Fleischer, 2017; Pacheco, 2021; Taffel, 2020). The significance of this concept and the body of work it has produced is that it has foregrounded the voice of minority experiences of this phenomenon, thereby creating a distinctive picture of the themes, dynamics and tensions characteristic to the microaggressive encounter.

A dilemma commonly identified in the dynamics of racial microaggressions is the clash of racial realities (Sue, 2008a). Sue (2003) states that subtle racism is "more problematic, damaging, and injurious to persons of colour than overt racist acts" (p. 48) precisely because they are insidious and often leave the recipient questioning themselves (Fleischer, 2017; Sue, 2008), while perpetrators tend not to view themselves as racist or capable of racist behaviour (Sue, 2008) and, if anything, perceive racial microaggressions to cause minimal harm (Sue, 2007).

Part of the nature of this phenomenon is that interracial conversations about race and racism can bring deep anxiety, defensiveness, fear, guilt, shame, thought paralysis and aggression for all parties, resulting in rupturing impasses (Dalal, 2012; Sue, 2005; Taffel, 2020). Because microaggressions are often invisible to perpetrators, who are likely to react defensively when challenged, recipients often feel put in a bind and pressured to stay silent (Sue, 2007). This relational dynamic ensures that the beliefs and attitudes expressed by

perpetrators in microaggressive moments remain largely unexamined and, therefore, unprocessed and unchanged.

In societies with a history of colonialism and oppression of indigenous and minority peoples, subsequent generations are prone to inherit the racial bias of their forebears (Sue, 2005). Greenwald and Krieger (2006) suggest that unconscious bias produces "behaviour that diverges from a person's conscious or endorsed beliefs or principles" (p. 951) and, thus, can sit alongside the subject's conscious beliefs in social justice (Burkard & Knox, 2004). Furthermore, individuals often "display implicit attitudes that appear more concordant with their general cultural milieu than with experiences of their individual upbringing" (Rudman, 2004, p. 80). Research confirms the widespread existence of unconscious racism in well-intentioned progressives (Dovidio & Gaertner, 2004); thus, the assessment of whether a racist act has occurred is most accurately identified by the marginalised (Jones, 1997; Keltner & Robinson, 1996).

The research on which this article is based has its origins in a racial microaggression experienced by the first author, which, eventually, led to her conducting a heuristic enquiry into this, supervised by the second author (McCann, 2022). From that research, the authors have published one article that focused on the psychodynamics of racial microaggressions, specifically with regard to the social unconscious (McCann & Tudor, 2022), and have written another that focuses on the heuristic process of (re-)discovering the racial enactments and unconscious associations the microaggression represented (McCann & Tudor, 2024). This article focuses on the implications of this research for the profession of psychotherapy, introducing this by positioning the first author (who is the first person "I", "me", "my" and "myself" in this article), and acknowledging the context of the research. This is followed by some comments on racism written with a psychodynamic lens.

Positioning

I (Malik) identify as a mixed heritage Aotearoa New Zealander. The first generation born in Aotearoa New Zealand on my Father's Irish side, and the second generation on my Mother's Niuean, Samoan, Chinese side, I am phenotypically brown. In multicultural societies such as Aotearoa New Zealand, prescribed assumptions of ethnicity are often rigid, and don't take into consideration the complexities, evolution and fusion of shifting self-identified or mixed ethnic affiliations (Bryce, 2020; Keddell, 2006). On a Venn diagram (Venn, 1880) I would place myself somewhere between Western and Pasifika cultures, overlapping in parts but not fully fitting essentialised identity constructs of either of my cultures. I feel most accurately positioned in-between these cultural worlds, in a third space.

It was through the focus on social and cultural issues in a predominantly psychodynamic psychotherapy training that I became curious to my own social and cultural conditioning and to recognise the impact that essentialised cultural constructs and normative racism in the form of microaggressions have had on my own internalised racialisation and of my position in the wider world. I began to recognise how I had been conditioned to accept normative assumptions and behaviours in the form of racial and cultural microaggressions, to override my emotional responses, and to leave them unspoken. Over time, I began to pay attention to my internal experience when I felt culturally wounded or unsafe and to

experience the complex mix of anger, hurt, confusion, paralysis and shame that would arise when microaggressions occurred.

I don't doubt that the psychotherapy education/training environment — or, at least, the one I experienced — genuinely aims to provide cultural safety, embrace non-Western worldviews, and practice the cultural competence it advocates. I recognise that my cohort and the teaching staff generally and consciously held egalitarian values, and I appreciate having had the space to explore racial and cultural dynamics as well as our historic and socio-cultural context during training. I began to trust that this environment would support challenging conversations about race and culture.

Over the course of training, I began at times to address microaggressions as I encountered them, seeking to decolonise my own mindset from the pattern of silent complicity and accompanying shame I had recognised as part of my own social conditioning. I also felt a responsibility to raise awareness of these issues with my peers, who might one day work with clients like myself in clinical practice.

However, and consistent with existing research on microaggressions, I found that confronting these issues, however delicately, often led to defensive responses which foreclosed further reflection or discussion. I experienced a troubling dissonance between the cultural competence and inclusivity to which training environments aspire, and the actual practice of these ideals in the moment when microaggressive tensions arise.

Sue (2007) highlights the Catch-22 of responding to microaggressions, the "damned if you do, and damned if you don't" dilemma. While challenging microaggressions does not often lead to reciprocal reflection or deeper understanding, not challenging them reinforces patterns of accommodation and silence in recipients and further reifies and normalises damaging beliefs and prejudicial behaviours, not only for those who are directly involved, but for all who witness such interactions.

Coming into the original research (for my Master's dissertation), I wanted to find words to voice these experiences and to understand my own complex internal process in response to microaggressions. I also wanted to understand how, in a discipline in which understanding unconscious dynamics were a key focus and conscious egalitarian beliefs prevailed, there was such strong resistance to considering other cultural or racial perspectives during microaggression interactions — and/or for reciprocal reflection on the unconscious relational dynamics that might be at play in these interactions.

Armed with these questions, I chose a heuristic self-search methodology for my Master's dissertation on which this article is based (McCann, 2022). Heuristic research is a qualitative phenomenological research methodology and method, which aims to discover meaning in significant human experience (Douglass & Moustakas, 1985). It is a process of exploration which emphasises the interiority of experience (Sela-Smith, 2002). Douglass and Moustakas (1985) describe it as "a passionate and discerning personal involvement in problem solving, an effort to know the essence of some aspect of life through internal pathways of the self" (p. 39). In the heuristic process the researcher's attention "is focused *inward* on feeling responses of the researcher to the outward situation" (Sela-Smith, 2002, p. 59), though Tudor (2023) argues that heuristic research can and should also face outward. In any case, heuristic research requires that the researcher experiences or has experienced the subject under enquiry in a vital way, and that new

understanding discovered through the heuristic process result in self-transformation (Moustakas, 1990).

Sela-Smith (2002) speculates that it is not the thinking-observing self, but rather the I-who-feels who is experiencing the feeling that provides access to the aspects of the tacit dimension of nonverbal thought. This ability to reconstruct tacit knowledge to fit new experiences as they are felt and given meaning is particularly pertinent with regard to this present topic. It also highlights the dilemma of the dynamics of microaggressions. In other words, it is not the fact that microaggressions occur — in fact, we suggest that they are an inevitable outcome of living in a colonial society — it is that the assumptions, stereotypes, and, ultimately, the beliefs they embody are not able to be reflected on; and, that this being so especially in relationship, we wonder how implicit social conditioning can be examined in order to reconstruct tacit knowledge in a way that aligns with one's conscious values. This wondering offers the first implication for psychotherapy, which is the focus of this article, that, as a reflective practice, psychotherapy needs to be able to examine and to help clients examine social constructions and conditioning precisely in order to make tacit knowledge explicit.

While the primary focus of this introduction is on the positionality of the first author, I (Keith), the second author, also have a position with regard to the first author (academic supervisor and, now, colleague), and to racial microaggressions — as a participant; sometimes, no doubt, as a perpetrator or bystander; hopefully, more often, as a facilitator of the processing of such transactions and of some repair of ruptures caused. As a practitioner (a health care provider), supervisor, educator/trainer, and academic, and especially as one holding certain privileges, I consider it important to name such positioning, a view I have explored in a number of publications and presentations Tudor (2021, 2023, 2024b).

Context

In Aotearoa New Zealand, the colonial foundations of our prevailing social order continue to resonate through our systems, social and political structures, and interpersonal engagements. Initially, relations between Māori and Pākehā were characterised by trade and diplomacy. However, these interactions deteriorated into unjust treatment of Māori as conflicts over resources and power escalated (Barnes & McCreanor, 2019). Despite the existence of foundational documents such as *He Whakaputanga* (The Declaration of Independence, 1835) and *Te Tiriti o Waitangi* (1840), which outlined the terms of agreement between Māori and the Crown, Māori endured ongoing prejudicial treatment, cultural oppression, and marginalisation, which escalated after the signing of Te Tiriti. The Crown's commitments to the protection of Māori interests and self-governance, as outlined in these agreements, were largely disregarded for over a century (Houkamau et al., 2017; Taonui, 2012).

Before the British arrived in Aotearoa in 1769, Europeans had a long history of conquest and colonisation (Waswo, 1996). By that time, racist and Eurocentric beliefs were deeply entrenched in the British Empire, which had developed complex justifications for colonisation, including the supposed duty to spread Christianity and civilization to what were deemed "heathen" and "savage" peoples (Waswo, 1996). This "racial worldview" facilitated an unequal distribution of political and economic power (Lovchik, 2018, p. 3).

The term "new racism" or "cultural racism", originally coined by Barker (1981), has been used to describe the shift from assumptions of superiority regarding perceived biological differences based on race, to prejudice and discrimination based on cultural differences between ethnic or racial groups (Barker, 1981; Haenga-Collins & Tudor, 2021; Hopkinson, 2020). Inherent in the complex history of colonial Aotearoa New Zealand is the deeply entrenched normalisation of negative stereotypes of firstly Māori and later Pasifika people and culture(s), and a privileging of the Eurocentric worldview. Racist beliefs were normalised in the general population (McCreanor, 1999), becoming what Fanon (1952) terms myths, which became self-perpetuating. In his historical overview of Māori/ Pākehā relations, McCreanor (1999) notes split constructs of "good Māori", i.e., "those who fit successfully or unobtrusively into Pākehā society" (p. 42) and "bad Māori", i.e., "those who protest, agitate or fail in Pākehā society" (p. 42). This discursive flexibility provided the means to label Māori selectively depending on their level of compliance to Western norms, exerting pressure on Māori to assimilate (McCreanor, 1999). The active dismantling of Māori culture, confiscation of land, negative profiling and second-class citizenship under the guise of civilisation and "progress": resulted in widespread displacement, economic disadvantage, psychological trauma, and transgenerational consequences for Māori in Aotearoa New Zealand's colonised society (Mutu, 2019; Shepherd & Woodard, 2012).

Pasifika peoples had varying experience of colonisation and European intervention in their own homelands, exposing them to assumptions of a binary racial, ethnic, and spiritual hierarchy which favoured the Western world view before their arrival in Aotearoa. In the 1950s and 1960s, access to immigration was opened up to Pacific people as demand for cheap labour increased, resulting in an influx of Pasifika to Aotearoa New Zealand (Phillips, 2005). However, in the 1970s, when economic conditions deteriorated, scapegoating and stigmatisation of Pacific peoples as a drain on the economy was touted by politicians and reinforced through the media (Loto et al., 2006). Populist opinion regarded Pacific Islanders as taking the jobs of New Zealanders and they were blamed for the deterioration of inner-city suburbs, and for problems of law and order (Spoonley, 2011). Between 1974 and 1980, many Pacific Islanders with short-term work visas were subjected to invasive "dawn raids" by the police, despite the fact that it was European migrants who were more frequently working on expired visas (Pearson, 2021). At this time, Pasifika were objectified as the scapegoat for the ills of society (Loto et al., 2006). Although Pacific people have been marginalised in Aotearoa for a much shorter period of time, the outcomes in wellbeing and socio-economic measures are staggeringly similar to those of Māori. Essentialist constructs regarding Pacific culture are formed in a similar vein to Māori as uncivilised and inferior in relation to a civilised and superior Western culture.

As a politically bi-cultural society with a colonial heritage and a multicultural population, over the past 50 years, this country experienced a gradual cultural and political shift, with increasing intolerance for racism (McCann, 2022). This shift has prompted significant efforts to address the impacts of racism on Māori and Pasifika, including the implementation of affirmative action and equity schemes to create a more diverse workforce (Curtis et al., 2015); the establishment of policies and practices to combat racism and discrimination (Houkamau et al., 2017); and initiatives in health and mental health (Harris et al., 2018;

Talamaivao et al., 2020). Current statistics continue to show stark disparities and poorer outcomes for Māori and Pasifika across various social wellbeing indicators including health, mental health, and education (Ministry of Treasury, 2019). Discrimination has been shown to be an ongoing contributor to inequitable treatment of minorities (Cormack et al., 2018). Despite well-intentioned efforts to address such inequities, they persist and, in some cases, have increased (Marriot & Sim, 2015; Walsh & Grey, 2019).

With the election of the more conservative right-wing coalition government in this country in 2023, there has been a troubling acceleration in the dismantling of policies and structures designed to address inequities for Māori and Pasifika communities, with a particular focus on initiatives that empower Māori and Pasifika to address the needs of their communities in ways that are culturally responsive to these communities. The current government's narratives and actions increasingly normalise racism while, at the same time, denying its existence, thereby contributing to a socio-political climate where such attitudes are again emboldened. This shift not only undermines hard-won progress but also reflects a broader trend toward the re-normalisation of racial discrimination and the erosion of efforts aimed at fostering equity and social justice.

Finding solutions to the outcomes of colonialism and imperial ideology without addressing the problematic foundational beliefs and frameworks of that ideology may help to explain why the "progress" towards racial and cultural equity appears to be unravelling so quickly.

A psychodynamic lens on racism, its origins and purpose

The development of theory and research on racial microaggressions provides both an observable foundation and language for their exploration. In my research, I used a psychodynamic lens to explore the deeper processes of unconscious racialisation (i.e., the internalisation of imperial ideology as it exists in the individual) as they are expressed in interactions when microaggressions are encountered and challenged. I was — and am — interested in unconscious racialisation as revealed through exploring what is discovered in the space between realities which become visible during racial microaggressive encounters.

van Dijk (1993) defines racism as:

> a complex system rooted in unequal power relations by 'race', ethnicity and culture that involves shared social cognition (prejudice), as well as social practices (discrimination), at both the macro level of social structures and the micro level of specific interaction and communicative events. (p. 47)

Racism is woven into the foundation of our society and is intimately tied to an asymmetry in power, control and privilege (Dalal, 2002). Despite being socially constructed, race remains a complex and enduring social dynamic with significant real-life impacts that must be acknowledged and addressed (DiAngelo, 2018). It has profound implications, influencing aspects such as survival rates at birth, educational attainment, income levels, and life expectancy (DiAngelo, 2018).

Psychoanalysis often uses Kleinian object relations theory (Klein, 1928, 1952) to explain

the intrapsychic mechanisms of racism (Altman, 2000; Balbus, 2004; Caflisch, 2020; Dalal, 2002; Goedert, 2020; Kovel, 1995; Rustin, 1991). Klein's conceptualisation of the paranoid schizoid position, the relationship between love and hate, guilt and rage, and the emphasis on shifting self-states captures some key aspects of racialised dynamics (Rasmussen, 2013; Stephens, 2020). As Hart (2017) puts it:

> The problem of racism and discrimination largely comes from a defensive process of disavowing one's unwanted parts, one's unwanted impulses and insecurities, locating them in the other person and then hating that other person in order to protect one's self. (p. 13)

Being of infantile or psychotic intensity, these projections are highly resistant to rationality or reason, while the return of projected content threatens annihilation and must be avoided at all costs (Rustin, 1991). This projection of the disavowed implies that the object of racism is strongly compelled to contain it through projective identification (Davids, 2006). On the receiving end of racism, introjection or internalisation is the mechanism by which what is projected comes to reside in the self. This introjection results in the splitting of the self in the face of the projective gaze of the other (Fanon, 1952; Stephens, 2020).

Many contemporary theorists argue that race is a social construct and that racism has a sociogenesis (Altman, 2000; Dalal, 2002). Altman traces modern conceptions of "race" to imperial ideologies formed during the Enlightenment era in 17th and 18th century Europe (Altman, 2000). This period was characterised by an intellectual shift away from the authority of the church, with reason increasingly privileged over faith, thus creating a dichotomy between the rational and the irrational (Altman, 2000). According to Fanon (1952), colonialism constructs its own discourse and perpetuates itself through creating a powerful divide between the coloniser and the colonised (Dalal, 2006). Foucault and Gordon (1980) assert that such social dichotomies create hierarchies that place one category above another in order to facilitate domination and control. The divide between the "civilized and rational" Europeans and the "uncivilized and irrational" natives served as the philosophical justification for European colonialism (Altman, 1995, p. 138). However, Layton (2020) contends that, within the resulting power asymmetry, subordinate group identities are not entirely determined by the power of dominant groups. Instead, minorities can forge their own identities, which may be healthier and more resilient than those conforming to "split cultural ideals of whiteness" (Layton, 2020, p. 193).

Having set the social, cultural, psychological, and personal context for the original enquiry and this article, the discussion that follows considers the unconscious aspects of imperial ideology inherent in cross-cultural relations as manifested in racial microaggressive dynamics. It critically reflects on the interpersonal nature of such dynamics in and of perpetrators as experienced by me as a recipient — and a challenger — of microaggressions. This discussion and the implications for the discipline and profession of psychotherapy is structured with regard to the socio-political environment; interpersonal racial microaggressive encounters; and the first author's intrapsychic process.

The socio-political environment

The current sociopolitical context in Aotearoa represents an ambivalent picture which reflects the dissonance between conscious, progressive efforts and unconscious resistance in cross-cultural dynamics, for instance, as I experienced them in the education/training environment. Just as standards of cultural competence are defined and expected to be upheld, social-political initiatives such anti-discrimination legislation and policies are in place to rectify disparities and increase equity. Yet, here again, there is a dissonance between the aspirations and actual outcomes of these initiatives. This incongruence suggests that conscious attempts to address inequities (often from a Western perspective) are like a band-aid, addressing the surface but not the root of the injury and trauma. While consciously striving for progress towards racial and cultural equity, tacit colonial dynamics work unconsciously to undermine these initiatives, further perpetuating racial and cultural oppression.

Brown (2001) describes processes of the social unconscious as manifesting in the form of common assumptions, disavowals, social defences (such as projection, denial and avoidance), and structural oppression (see also McCann & Tudor, 2022). According to Layton (2006), "normative unconscious processes" refer to "that aspect of the unconscious that pulls to repeat patterns that uphold the very social norms that cause psychic distress in the first place" (p. 241). Layton (2019) also suggests that, in order to recognise and disrupt normative unconscious processes which keep racial oppression in place, we need to embrace an ethic of disillusionment. Disillusionment, the undoing of disavowal is a painful process. It first entails a willingness to become conscious of historical trauma (Salberg & Grand, 2017):

> It is a process that renders visible the ways this trauma, alive in intersectional ghosts, haunts all of our institutions… including the theories and practices of psychoanalysis…. The alternative is disavowal, turning a blind eye to painful truths; this lies at the heart of perversion, repetition, and the inability to learn from experience. (Layton, 2019, p.110)

Steiner (2018) adds to this exploration by using the story of Oedipus to speak to the role guilt plays in the psychic retreat of idealised illusion in response to trauma. The trauma in this case may be the reality of racism, and the psychic retreat, an idealised illusion that we personally do not carry the racialised scars of colonisation in our own psyches. Disillusionment comes as an awakening via a new event which reveals the disavowed trauma, where its impact can no longer be denied (Steiner, 2018). Unintentional racial microaggressive encounters and challenges can be considered a potential awakening event as an entry point for both recipient and perpetrator to explore reciprocally their disavowed, implicit social conditioning, racialisation, and its impacts.

Steiner's (2018) thoughts on the working through of disillusionment can be applied to the process of working relationally with microaggressions. He asserts that working through first shame and then guilt is essential in reaching the depressive position, but offers the caveat that the guilt must be bearable and that responsibility must be taken without denying the guilt of others (Steiner, 2018). Without this, a return to denial, idealisation, and omnipotence are inevitable. Steiner also notes the importance of guilt being neither

minimised or exaggerated, but recognised as appropriate to the truth of what happened. When guilt is faced in this way, it often turns out to be less severe than one's unconscious phantasies imply, and persecution lessens as guilt gives rise to remorse and the wish to make reparation (Steiner, 2018).

Steiner gives some direction about how this can be worked through in therapy, which can be applied to working through microaggressive tensions in a therapeutic relationship:

> The analyst has not only to help the patient accept his guilt, but also help him to attribute guilt where it is appropriate, and this may require that the patient is free to hold the analyst responsible for his errors and enactments. True reparation does not then recreate ideal objects, but accepts real ones and strengthens the capacity to discriminate between them. (Steiner, 2018, p. 565)

This implies that, in order to explore the affect, tensions, realities and projections that come alive in a microaggressive encounter, the therapist must be prepared for this exploration to be reciprocal and be willing — and able — to be held responsible for their part in the dynamic, while holding space for the client to explore their own projections and assumptions. This may lead to reparation based on the acceptance of two fallible subjects rather than reinforcing idealised objects.

The drive towards cultural equity on a societal, institutional and interpersonal level over the last four decades may reflect elements of the manic reparation to which Klein (1940) refers. Perhaps in the rush to repair in order to avoid disavowed feelings of guilt and anxiety (Dalal, 2012), a true reckoning with the trauma of colonisation and the recognition and grieving of its imprint on the self has been sidestepped. As Caflisch (2020) puts it:

> Reparative guilt can often become focused more on self than other; inspiring ways of thinking and acting that…have less to do with repair than with protecting ourselves from a sense of persecution by others, and by our own thoughts and feelings. (p. 582)

Manic reparation involves a fantasy of omnipotence and erasure (Caflisch, 2020; Klein, 1935, 1940; Mitchell, 2000), a desire "to repair the object in such a way that guilt and loss are never experienced" (Segal, 1973, p. 95). Caflisch (2020) describes this as a narcissistic goal of restoring ourselves to "an idealised state of goodness" (p. 591). To get to the reparative guilt of the depressive position, we must begin to synthesise destructive impulses and feelings of both love and hate from both sides of this polarity towards each other as integrated objects (Balbus, 2004; Klein, 1940). Functioning from the depressive state of mind, Caflisch (2000) suggests that reparative guilt can instead serve as a compass, guiding us to take responsibility within the limitations of our "ordinariness" (p. 591).

> It will necessitate acknowledgement of our own aggression and destructiveness, without collapsing into a view of ourselves as irredeemably harmful or broken; and in respect and concern for those we have harmed, maintaining an awareness of their separateness, rather than identifying with their suffering in an appropriative or masochistic way. (Caflisch, 2020, p. 582)

In navigating the microaggressive encounter Caflisch cautions that, as well as acknowledging our own destructive impulses, we must resist collapsing into a sense of paranoid schizoid badness or appropriative over-identifying with the one we have harmed. The limits of what Caflisch refers to as our ordinariness in the context of microaggression dynamics may refer to accepting that, despite our best conscious intentions, we are not immune from internalising and perpetuating racism. In accepting this reality, reparative guilt felt from the depressive position may become the compass that leads us to be more curious and willing to self-reflect rather than solely project, in the desire for reparation.

Interpersonal racial microaggressive encounters

Morgan (2008) describes the well-established system of assumptions and patterns of uncritical thought of colonial Western culture with regard to racism which, she asserts, needs to be aggressively broken through to "challenge the squatting rights of our internal colonizer" in the unconscious (p.39). Both Hogget (1992) and Sue (2015) discuss how uncritical thought isn't passive; rather, it actively resists any views that contradict it. This resistance can manifest as wilful ignorance, where individuals refuse to acknowledge or understand the racial realities faced by others (Sue, 2015). The following discussion explores several interrelated themes about the dynamics of microaggressions, including racialised ones, the responses to them, and the psychological mechanisms at play in both.

The dynamic of "doer" and "done to" proposed by Benjamin (2004), whereby and wherein a mutual breakdown in recognition occurs, is useful in considering microaggressive encounters and challenges. In this interaction, each person feels victimised or "done to", rather than seeing themselves as active agents in a shared reality. This dynamic is evident in microaggressive encounters in which the recipient feels wronged, and the perpetrator feels attacked or misunderstood. Benjamin notes that this dynamic is marked by unresolved opposition due to each party's use of psychological splitting, the cognitive process of dividing experiences into either/or categories, which prevents nuanced understanding (2004). In the context of microaggressions, this might manifest as the perpetrator refusing to acknowledge the harm they've caused, while the recipient feels dismissed or invalidated.

Hoffman (2006) builds on this dynamic, suggesting it can result in a complementary impasse, a symmetry where both parties struggle with acknowledging the other's reality. This struggle for recognition and validation often leads to an ongoing contest for dominance and self-regard at the expense of the other (Shaw, 2018). Benjamin (2004) describes this dynamic as a power struggle where the options seem limited to submission or resistance. The doer and done to dynamic highlights how microaggressions can trap both parties in a conflict where neither can fully recognise the other's reality. Understanding this dynamic can help find ways to bridge the gap in racial realities that are revealed in these moments and to work towards more constructive and mutually empathic interactions:

> In the doer/done-to mode, being the one who is actively hurtful feels involuntary, a position of helplessness. In any true sense of the word, our sense of self as subject is eviscerated when we are with our "victim," who is also experienced as a victimizing

> object. An important relational idea for resolving impasses is that the recovery of subjectivity requires the recognition of our own participation. (Benjamin, 2004, p. 11)

In Western society, the doer/done to dynamic occurs in the context of a societal power asymmetry in which the denial of responsibility by the perpetrator is a normative and often socially-sanctioned enactment. This means that the complementary impasse as defined by Hoffman (2006), in which each party struggles to acknowledge the other's reality, is weighted towards imposing the reality of the perpetrator (i.e., the person in the centred or dominant position) over that of the recipient (i.e., the person who holds the minority position). This adds further complexity to the doer/done-to dynamic. Yet, even within the context of this structural power imbalance, if both recipient and perpetrator can hold the other's reality alongside their own, it becomes more possible to explore the space between these realities (i.e., the other's racialisation and positioning as well as one's own).

When challenging microaggressions as a recipient, the sense of being perceived as a "victimizing object" (Benjamin, 2004, p. 11) resonates with my own experience. No matter how gently this is conveyed, it often appears to be experienced as an attack on the perpetrator, triggering various defences which are likely employed unconsciously but which minimise, dismiss or invalidate my reality.

The invalidation of a recipient's reality in response to challenging microaggressions can be understood as a form of gaslighting. This occurs when a person or group sows seeds of doubt in the recipient, causing them to question their own memory, perception, or judgment (Dorpat, 1996). Gaslighting employs tactics such as denial, misdirection, contradiction, and disinformation to destabilise the recipient and delegitimise their beliefs (Dorpat, 1996). In the context of unintentional racial microaggressions, gaslighting acts as a second micro-aggressive act which compounds the harm of the initial transgression (Rini, 2018; Williams, 2020). Despite the recipient's attempts to address the issue sensitively, they are often met with increased aggression or heightened emotional responses from the offender (Minikel-Lacoque, 2013). This may be considered as a normative unconscious process: a defence enacted to shield the perpetrator from reflecting on their own disavowed aggression and/or racism.

> While perpetrators can acknowledge that racism and even unconscious racism exist in greater society, there often appears to be an assumption that the self is somehow excluded from this equation. This is reflective of Matte-Blanco's (1988) asymmetrical and symmetrical bi-logic, the abstraction and manipulation of similarity and difference relating to the formation of group identities (cited by Dalal, 2002). This sophisticated form of splitting is a common element of modern racism. Much of the damaging racism in contemporary society is committed by individuals who acknowledge society's racism but deny their own (Caflisch, 2020; Dalal, 2002; Davids, 2011). As Altman (2000) asserts, If we said that racism is 'out there,' in racist society, and not 'in here,' in our very psyches, we would be splitting off and denying an important 'bad object' experience between us. (p. 597)

Following on from this form of splitting, which places racism "out there", microaggressions can be made from an implicit positioning of the speaker as a protector or rescuer. This

patronising approach positions the speaker as a protector and the minority as a Victim (Karpman, 1968) over elusive racist perpetrators who exist "out there". Despite coming from a place of protection, this form of over-identification places the speaker in a position of power who is speaking for a helpless "other". This can be understood as an interpersonal form of paternalising benevolence (Gilbert & Tiffin, 2008) whereby, under the conscious narrative of protection, the speaker unintentionally undermines the other. However, this only reinforces asymmetrical power relations as the speaker requires the other to be in a Victim state as a counterpoint to our Rescuer state (Karpman, 1968; Straker, 2018), which can all too easily switch to becoming the Persecutor. This approach can be differentiated from that of an ally in that it involves speaking for, as opposed to listening to the minority voice (Tudor, 2024).

Dominance and oppression are hierarchical positions that can be utilised in moments of conflict by the person in the dominant position to gain, restore and/or maintain supremacy — and the disavowal of that supremacy (DiAngelo, 2018). Challenging microaggressions is risky for recipients, as it can provoke anger, defensiveness, and denial from the perpetrators (DiAngelo, 2012; Sue et al., 2007). This risk is magnified when challenging individuals in positions of power who may retaliate or abuse their power to maintain their supremacy (DiAngelo, 2018). Williams (2020) notes there is often strong social pressure to endure these encounters without recourse. Morgan (2008) argues that those in positions of power must recognise their own ignorance about racial issues and suggests the person of minority race is likely to be far more knowing regarding the issues of race and racism. For learning to occur, the person in power (such as a therapist) must acknowledge their lack of understanding and resist projecting their unconscious incompetence onto others (Morgan, 2008). Relating this to microaggressive encounters and challenges, when the perpetrator is able to approach these moments from a place of acknowledging their not knowing, deeper understanding and reciprocal reflection of these issues for both the recipient and perpetrator become possible.

The first author's intrapsychic process

Through immersion into the societal and interpersonal aspects of the experience and phenomenon of racial microaggression, I was able to contextualise my internal experience in response to both specific and general microaggression dynamics in the context of this country, and to explore aspects of my own racialisation through identifying and differentiating the various racial and cultural self-states that come alive in me during microaggressive encounters.

In microaggressive encounters and challenges I can find myself in the position of both recipient and perpetrator at different times and in different contexts. In these interactions, I can experience an internal fragmentation (Dalal, 2002) or, in Fanon's (1952) words, a splitting of the self into dual self-states. Alongside the "I who feels" (Sela-Smith, 2002), as the recipient of a microaggressive encounter, I can experience the awakening of an internalised gaze of my Pasifika self through Pākehā eyes. Moreover, when challenged as a perpetrator of microaggressions, I can experience an awakening of an internal gaze of my Pākehā self, through Pasifika eyes.

The awareness of myself as a Brown Pasifika object as seen through the Pākehā gaze

reflects aspects of the concepts of double consciousness as described by Du Bois (1903); the colonial gaze, a term coined by Fanon (1952); and the internal oppressor as described by Alleyne (2007).

Du Bois (1903) describes this "peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others" (p. 2), which is felt intra-physically by the marginalised on whom the disavowed is projected. Fanon (1952) states that one of the mechanisms of colonial ideology is the day-to-day repetition of myths or stereotypic assumptions about the other achieved through social discourse. He posits that these myths become part of the belief system of those they denigrate and are also repeated and perpetuated by them (Fanon, 1952). The colonised person internalises the colonial gaze, causing an internal fragmentation, a splitting of the self (Dalal. 2002; Fanon, 1952). As Fanon (1952) puts it:

> In the colonial situation, the black person has to look in the white man's eyes to give himself substance, to find himself, but instead of himself he finds the white man's perception of himself, in effect he is torn asunder and becomes an object to himself. (Fanon, 1952, cited in Dalal, 2002, p. 97)

Alleyne's (2007) concept of "the Internal Oppressor" enhanced my understanding of this experience, where the struggle involves not only external racial oppression but also psychic conflicts with an internal adversary awakened by oppressive situations. Voicing my experience in the microaggressive moment represents a victory over this internal oppressor and an act of decolonising my psyche from its conditioning to stay silent in these moments.

At times I find myself in the position of the perpetrator of microaggressions, whereby, despite my own egalitarian beliefs and societal positioning as a mixed heritage minority woman, I have made an assumption based on essentialist constructs or stereotypes which has been hurtful to an other. In response, at times, I can find myself enacting defensive invalidating behaviour as I defend against recognition of the disavowed racism in myself. Recognising the existence of these "internal racist organisations", as Davids (2011, p. 37) puts it, in myself was by far the most difficult self-state to acknowledge and explore over the course of this research, but also the most important. As Dalal (1998) suggests:

> The power of ideology is such that the "whiteness" as organizing principle is unconscious. In other words the white ensign at the centre is invisible, and it is only the black ensign at the margins that is able to be seen. Thus those at the centre feel themselves to be innocent, unfairly assaulted from without. (p. 206)

The view of myself as a Pākehā object as seen through Pasifika eyes is akin to the term "white double consciousness" introduced by DiAngelo (2018), which describes the dual awareness that white people may experience regarding their racial identity. It reflects the internal conflict between acknowledging systemic racism and the discomfort or defensiveness that can arise when faced with the implications of one's own racial privilege.

This concept supports Sartre & MacCombie's (1964) observations of the internalisation of the colonised gaze on white subjectivities: "Today, these black men are looking at us, and

our gaze comes back to our own eyes" (p. 13). With this statement, Sartre is describing the interpersonal impact of people of colour on White subjectivities in the context of decolonisation (Stephens, 2020). Sartre describes how the "shock of being seen" as a White subject (1964) prompts an experience of White double-consciousness, a sudden and confronting self-awareness which holds up a mirror to what has been disavowed. This may foster persecutory guilt, which can feel unbearable and annihilating when, as Caflisch (2020) puts it, "reparation is felt to be impossible" (p. 578). We suggest that the White double consciousness self-state is not exclusive to those who are White, and can exist as a Western double consciousness self-state in any member of Western society who has been exposed and, therefore, conditioned into Western social norms and implicit colonial ideologies:

> When we stop relating to racism as something abstract and outside ourselves, and begin to reclaim some of our own projections, another possibly irreparable fact emerges: namely, that the history and present-day realities of racism are inscribed in our own minds, permeating and shaping our thoughts, feelings, perceptions, and relationships, at times outside our conscious awareness, or at the edges of this awareness. (Davids, 2011. p. 132)

The insights from this intrapsychic exploration suggest that racialisation is multi-dimensional, dynamic, intersubjective, and context-specific.

Relating this sense of double consciousness to Bromberg's (1996) multiplicity of selves, a microaggressive encounter and challenge may awaken experiences of double consciousness in both recipient and perpetrator, bringing awareness to dissociated self-states. These shifting, racialised self-states represent not only how we are seen by the other but also how a part of us might view ourselves as racialised objects in the moment of microaggressive encounter and challenge.

My disavowed self-states constitute the negative stereotypes of both Pasifika and Pākehā. Layton (2006) defines the regressive force of racial/cultural identity constructs as the normative unconscious processes pushing for the "right" kind of identity involving both idealisation and denigration. Internalised negative beliefs, which exist out of conscious awareness form representations that become introjected and organised into a set of object relationships and form "bad" cultural objects to whom we counter-identify (Davids, 2011). Both idealisation and denigration are at play in societally-constructed hierarchical identities, defining different aspects of self and other to which we identify and counter-identify, and which we project (Layton, 2006).

Layton (2009) suggests that narcissistic wounding is present on all sides of racialised enactments, and that it results from attempts to defend against, or align with, societally-constructed racial/cultural identity norms. Perhaps "I am racist" is disavowed and defended against by Pākehā in the same way that "I am inferior" is defended against in recipients. Similarly, a perpetrator may fear recognising or owning that they are racist as a defence against annihilation, just as a recipient defends against an internalised but disavowed belief that they are inferior.

The sense of narcissistic injury and responding defensiveness in the dynamic of racial microaggressions (which we consider occurs in both recipient and perpetrator), are a

response to the sense of double consciousness experienced in moments of conflicting interracial engagement by both parties. The view of ourselves we "see" through the other, might evoke a form of double consciousness which includes projections of the way a part of us sees disavowed aspects of ourselves, exposing or challenging the racialised traits with which we identify and counter-identify. In response to the sense that we have become the "bad" cultural object, we may project these judgements as coming from the other.

Considering double consciousness from the perspective of intersubjectivity, Stephens (2020) suggests that in racial engagements, "projective identifications and affective enactments around racial identities are seen as engaging simultaneously, next to, and alongside each other" (p. 216). Double consciousness is an essential component of the psychodynamics of intersubjectivity (Bromberg, 2008), a form of consciousness which, according to Stephens (2020), is formed through the "the experience of one's relationship to one's internal, disavowed 'not me's', and the stimulation by a real, experience-near, interaction with a racial other" (p. 219).

During the course of the original research, I had a profound conversation with a supervisor in which we discussed parts of my dissertation in which we had different perspectives, shaped by our own life experiences and positioning in society as a mixed-Pasifika/Palagi female and a Pākehā male. It was uncomfortable at times, as "not me" parts were reciprocally exposed and I experienced and perceived moments of shame and tension that came and went between us. The power of the exchange was that we were able to stay in relationship: to bear witness to ourselves and the other in a way that felt curious, sad at times, but with an unspoken acceptance of the reality of our social conditioning to different cultural identities and positions. I had a sense that alongside this "I–Thou" engagement (Buber, 1937), we were witnessing the interaction between our shifting racialised self-states as they were enacted in the moment.

Within the holding of these self-states occurring between and within us simultaneously, I believe we were able to create a cross-cultural intersubjective third which facilitated a deeper knowing of the "not me" of ourselves and the other. As Swartz (2020) suggests, if both parties can embrace the mutual sense of double consciousness that emerges, it becomes possible to create a space where both can "sit (together) with sadness and a sense of mutual containment and recognition" (p. 619). If we are able to tolerate this, we suggest that double consciousness — for both perpetrators and recipients in the microaggression dynamic — may provide a rich and holding space in which both parties might come to experience and explore their unconscious racialisation as it arises in the moment(s) together.

The discipline and profession of psychotherapy

While being an enigma in the sense of being difficult to understand, and notoriously difficult to navigate productively, the encounter and challenge of unintentional racial microaggressions represents a moment of opportunity, not only for fostering mutual recognition but also for exploring intersubjective racial and cultural conditioning as it manifests and is reflected through the cultural/racial self and other in microaggressive interactions.

The discipline of psychotherapy, with its appreciation for the dynamic and reciprocal

interplay of unconscious processes, is well-oriented to apply these foundational aspects of the profession to a consideration of racialisation and social unconscious processes as they arise in microaggression dynamics. However, in order to do so, we must look critically at the way these issues are currently approached, theorised, practiced, and resisted in educational/training environments and, following from that, in clinical practice.

We suggest that, as a profession, we must start by acknowledging the contradictions that occur between the aspirations and the reality of cultural safety and inclusivity in the discipline and profession of psychotherapy and to accept that, although we genuinely want to do better, it is an ongoing journey and that we're not there yet. We must acknowledge and consider the influence of society and its colonial foundations on the self, and normalise the existence of unconscious aspects of racism and structural oppression as something to which we are all prone. Rather than trying to avoid microaggressions, and then feeling deep shame and defensiveness when we do, we may focus on developing curiosity, self-awareness, and critical consciousness, as well as the tolerance to be able to meet the disavowed aspects of ourselves that reveal themselves in these moments, and to embrace and learn from experiences of mutual double consciousness, through the creation of a cross-cultural intersubjective third.

As therapists, educators/trainers and supervisors, we must reckon with the illusion that racism exists outside ourselves, and accept that education regarding historical context, and social and cultural issues and holding egalitarian beliefs do not necessarily protect us from enacting racism. Importantly, we must also reckon with the illusion that we do not enact colonial dynamics or reinforce damaging narratives simply because we are not aware of how we do so. As Layton (2019) suggests, an ethic of disillusionment is required in order to recognise that, alongside genuine attempts at progress, normative unconscious processes are at play which work to undermine genuine equity and cultural parity. Letting go of these normative illusions and reframing unconscious racialisation and bias as potential and possibly inevitable, may open up the possibility of making use of microaggressive encounters for deeper reciprocal exploration.

Exploration of the unconscious aspects of our socialisation must begin in education/training. The way microaggressive encounters are navigated in this context demonstrate how they will be navigated in the therapeutic relationship, so how they are approached is important. In order to facilitate exploration of unconscious racialisation with student/trainee psychotherapists, it is vital that educators/trainers and supervisors continue to explore and reflect on the unconscious aspects of socialisation to Western society as manifested in themselves. This may require these colleagues to have facilitated relational engagement in the kind of challenging conversations regarding race and culture that are normally avoided precisely in order to foster double consciousness and to come to know their own shifting racialised self-states. This engagement will also be beneficial for building tolerance and capacity to hold, explore, and understand their own affective responses to microaggressive interactions before they are required to facilitate this process for others. Through these experiences educators/trainers and supervisors may be better equipped to guide students to navigate microaggressive encounters and other moments of cultural tension productively as they arise in the classroom and/or supervisory relationships.

We suggest that the burden of responsibility to transform microaggressive moments

into learning opportunities lies with the person in the position of power. In the context of a therapeutic relationship, this power asymmetry is weighted to the therapist; in the education/training environment, it lies with the educators/trainers and supervisors. It is also important to note the power that comes with being centred in Western society, regardless of the position one holds and the intrapsychic privilege that comes with holding a seat on the "superior" side of superior/inferior binary constructs. Alongside and, perhaps, as a result of this power, it is likely that those who hold centred positions may be less aware of how they are personally implicated in and perpetuate damaging narratives and positioning as expressed through unintentional microaggressions, which is why it is so important that they are and remain open to learning. If those challenged as perpetrators are primed to the possibility of their not knowing with regard to normative assumptions, beliefs, disavowals and defences, and are aware of the realities of structural oppression in the wider social-political context, they may be more open to discovering what they do not yet know.

For minorities, challenging a microaggression of which the perpetrator is unaware can be extremely difficult and deeply exposing. The intrapsychic disadvantage that may come from holding a seat on the "inferior" side of racial binary constructs suggests that, for some, a battle against the internal oppressor has already taken place in order to initiate a challenge. These moments occur in the context of compounding experiences of previous cultural and racial invalidation and minimisation, and may come with an affective intensity that does not belong solely to the current microaggressive moment. This highlights the need for those in positions of power to be available as allies to recipients, to facilitate reflection and learning by perpetrators, and to be able to contain the volatile affect for all parties involved in microaggression interactions.

The ability to contain and tolerate the intense affect that can arise in microaggressive encounters (in both perpetrator and recipient) is crucial in being able to make use of these moments. Experiencing, exploring, and building tolerance for the discomfort which arises in microaggressive moments during education/training will provide student/trainee psychotherapists with the opportunity to explore their own unconscious racialisation, their disavowed, and their resistance (Sue, 2013). Facilitated and considered experiences of navigating microaggressions during education/training will provide a framework for students/trainees to navigate these moments with clients as they arise in their own therapeutic practice. Emphasis must be placed on the fact that it is not the microaggression itself, but the navigation of rupture and repair in these moments which determines the ability to maintain relationships (Caflisch, 2020; Lee et al., 2018; Sue, 2013; Taffel, 2020).

The therapeutic relationship has the potential to provide a reparative experience for both perpetrator and recipient. Developing awareness of one's dissociated and shifting racial and cultural self-states as a therapist and building tolerance for the uncomfortable affect that comes with these states can be highly beneficial in experiencing microaggressive dynamics as they arise with clients. It can mean being able to stay in relationship, and the ability to listen and reflect on others experience when they are different from one's own. Therapists may have the capacity to acknowledge and take responsibility for any harm that is caused by their own unintentional microaggressive behaviours, and to stay curious to the self-states and experiences of double consciousness that may arise in themselves and in the client. These encounters, navigated in relationship, can facilitate an exploration of

unconscious racialisation and exploration of the differing societal experiences and world views which racial positions entail.

Awareness of normative unconscious processes and the interplay of unconscious racialisation may facilitate the therapist's ability to acknowledge unintentional racial microaggressions non-defensively, if and when challenged in the clinical encounter. If the therapist can neither deny, enact manic reparation, or collapse into a view of themselves as bad or fragile, these moments may provide a pathway to deeper trust in the therapeutic relationship; to clients' deeper understanding of their racial and cultural selves; to healing validation of their lived experience; and an understanding and exploration of both clients' and therapists' racialisation as an outcome of holding differing racial and cultural positions in Western colonial or post-colonial society.

Dalal (2002) suggests a model to explore internalised aspects of racialisation which moves from the outside (acknowledging the social realities of racism and its inevitable impact on both therapist and client), in, by building sufficient trust for the client to explore the internalised aspects of this phenomenon. With the creation of an intersubjective cross-cultural third, both therapist and client are more likely to be able to explore the aspects of unconscious racialisation as experienced through the relationship and reflected by the gaze of the other in a way that is understood to be reciprocal. Understanding the regressive and damaging influence of these constructs while acknowledging those aspects which are protective and positive may help both therapist and client to grieve the realities of racism together and to take ownership of both the me and the not me of their racial and cultural identities.

This article has examined unintentional racial microaggressions and suggested that they hold a potential entry point into exploration of the deeper unconscious processes of racialisation for both perpetrator and recipient. In order to turn these moments into opportunities, we as educators/trainers, supervisors and therapists (who, by definition, hold positions of power) must be prepared to confront our own resistances and internal racist organisations (Davids, 2011); to explore and reflect on the implicit racist beliefs we may hold unconsciously as reflected back to us in microaggressive moments; and to develop the capacity to remain in relationship in the face of the intense affect that arises in these uncomfortable interactions. If we are able to embrace our ordinariness, these explorations may be a valuable therapeutic endeavour, but to do so, the spotlight must be held on the imprint of colonial ideology on the psyches of all involved.

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Klein's Reparation and Jung's Coniunctio: Encountering the unconscious

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Abstract

Many patients report experiencing some form of intrapsychic attack, often manifesting in psychological and physical self-attack, and destructive interpersonal dynamics. Writers such as Melanie Klein (1940), Sigmund Freud (1917/1950), and Henri Rey (1994) offer hypotheses regarding the origins of such intrapsychic self-attack, and it is from these that the first ideas regarding the concept of the impulse to repair arise. However, an exploration of the relationship between Jungian perspectives, particularly in relation to the concept of the coniunctio, and psychoanalytic ideas regarding reparation of the inner world, is notably lacking. This paper explores both psychoanalytic and Jungian analytic theoretical perspectives, and the relationship between these, in articulating the ingredients which might contribute to true repair of the inner world within the patient, the analyst, and the therapeutic relationship. Clinical case material generated will be utilised to illustrate the clinical and theoretical material explored, and will illustrate my articulation of the elements which might contribute to true repair of the inner world within both the patient and the analyst, and within the therapeutic relationship.

Whakarāpopoto

He rahi ngā tūroro kōrero ai mō tahi tukinga hinengaro whaiaro, ā, mutu rawa ake ka puea ake ngā āhuatanga patu hinengaro, ā tinana ā-wairaua ki a rātau. Kua whakatakotohia mai e ngā kaituhi pēnei i a Merenia Kereina (1940), Hīmona Wherete (1917/1950), me Hēnare Rei (1994) he whakapae e pā ana ki te tīmatanga o ēnei tūmomo kaiākiri, ā, te pueatanga ake o ngā whakaarohanga tuatahi o te ariā whakatikatikahanga ohorere. Heoi anō, i kitea kāre i whakahuahia ake ngā ariā Huneiana (Jungian) e pā ana ki te whakapiripiringa me ngā whakaaro whakaora iho roto. Ko tā tēnei pepa he wherewhera ngātahi i te wetewetenga hinengaro me ngā momo putanga wetewetenga Huneiana me tō rāua piringatahi ki te whakaara ake i ngā mea ka whai pono te tapitapinga i te ao ā-roto o te tūroro, te kaiwetewetenga me te hononga ki ngā rongoā. Ka whakamahia ngā kitenga hei whakaatanga i ngā whakaaro whakapae me ngā mahi mahia, ā, ka kitea ngā pūmotu e kōrerohia ana e au e kitea ai he tapinga pono o te ao ā-roto o te tūroro me te kaiwetewete, i roto anō hoki i te hononga ki te rongoā.

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Keywords: Jung; Klein; coniunctio; reparation; destructiveness; the greater and lesser coniunctio.

Introduction

In exploring the nature of a symbol, C.G. Jung noted, "A symbol always presupposes that the chosen expression is the best possible description or formulation of a relatively unknown fact, which is none the less known to exist or is postulated as existing (sic)" (Jung, 1971, para. 814). Symbol formation is of course traditionally considered the domain of the Self, in its dialogue with the ego, arising as it does out of the transcendent function. However, Milton (2014) suggests the Mercurius complex in which the capacity for precocious "symbol formation" can be overtaken by the ego in certain developmental contexts. Milton (2014) commented:

> The archetypal image of the psychic potential for symbol formation is the Mercurius (Jung, CW 12, CW 16) (sic) … [and] for a young child the emergence of archaic possibilities causes immense psychic turbulence that may manifest as profound anxiety (Sidoli 1989, p. 9): … So the reception of these possibilities needs to be mediated by adults … the Mercurius complex is a particular response to a less than good enough mediation of archaic experience. This complex arises when, threatened by anxieties such as abandonment and shame, the ego heroically and defensively identifies with the process of symbol formation itself … Symbolic capacity, normally a dynamic function of the self … becomes defensively appropriated "into" the ego (sic). (Milton, 2014, pp. 2–3)

It was these precocious "mercurial" capacities which were generated in me in response to my own disturbing early environment. Then, in mid-life, my world, and the egoic shell which contained my terror, and the soul of a frightened boy, literally, emotionally and metaphorically, like Icarus, came crashing down.

The accident

I had gone for a run, demanding that my body perform, and persecuted into action yet again. But this time psyche demanded I pay attention. I did not see the car that hit me. I remember thinking, "someone's had an accident" as I heard the crash. Only when I landed did I realise the "accident" had happened to me.

The accident had an enormous impact on my physical body, the consequences of which took three y\ears to fully resolve. More frightening was the emotional and spiritual descent. Previously, I had been able to perform my body as a vehicle for omnipotent and omniscient action, both in clinical work and in my life, as I sought unconsciously to heal the damaged feminine both before me and within me. But now my body had incapacitated my ability to inhabit the heroic wounded healer archetype and to split off the suffering into the other. Now it was me who was suffering. My intrapsychic and interpersonal capacities and precocious "symbol formation" abilities collapsed. I had no choice but to descend. The terror of the infant self I had so protected from the world for so long, erupted within me. I was indeed terrified.

Early in my analytic training I was both frightened and a little reassured by the discovery of Jung's (1961) own terrifying encounter with the unconscious which also brought him to his own emotional knees. The creative illness that was my accident and its consequences invited me to embrace rather than disavow the vulnerability of the child that I was, and discover the humanity of my divinity and the divinity of my humanity.

Perhaps inevitably, given the disintegration of my mind and soul following the accident, a theme of my personal analysis has been the concept of "reparation". My own journey of descent and inner repair profoundly informed my experience as an analyst and inevitably my deep and growing interest in the question underpinning this article: "What contributes to true repair of the inner world, within analytic work?"

Intrapsychic attack and the possibilities of true repair

As I encountered my own protective and persecutory "self-care system" (Kalsched 1996, 2013), I encountered these in my patients. Indeed, many if not most patients report experiencing some form of intrapsychic attack, whether this be the cruelty of anorexia, the viciousness of self-harm, the emotional and sometimes physical destructiveness of fraught interpersonal relationships, the desperate loneliness of an isolated self, or any one of countless other presentations reflecting a persecutory inner world.

Early psychoanalytic writers such as Melanie Klein (1935, 1940) and Sigmund Freud (1917/1950), and later Henri Rey (1994), offer hypotheses regarding the origins of such intrapsychic self-attack, and it is from these that the first ideas regarding the concepts of the impulses to repair arise. However, a detailed exploration of the intrapsychic, interpsychic and interpersonal processes which might contribute to intrapsychic "reparation proper" (Rey, 1994, p. 219) within both the analyst and patient, and within the analytic clinical dyad, have not been thoroughly canvassed, nor the possible relationship between psychoanalytic and Jungian perspectives on this complex art. This article explores both psychoanalytic ideas regarding reparation and Jungian analytic perspectives regarding the coniunctio, and the suggested relationship between these, in attempting to articulate the ingredients which might contribute to true repair of the inner world. I begin by briefly reviewing early psychoanalytic writings regarding the aetiology of internal persecution, and then explore Jungian perspectives on the coniunctio. I then consider these bodies of theory in relation to each other and to the central analytic challenge if true repair of the inner world is to be a possibility; how to respond analytically (rather than to react) to these terrors. In so doing, this article reflects the ongoing dialogue between analytical psychology and psychoanalysis, particularly between Kleinian perspectives in interface with classical and contemporary Jungian perspectives. Throughout this article I weave the personal relevance of these ideas for my development as an analyst. Clinical case material from a 12-year case will be utilised to illustrate the material explored[1].

Perhaps most significantly, the article reflects another step towards an inner coniunctio, between the boy who longed to be a priest but felt unable to as I met a painful conflict between the urges of my sexual body and the spiritual faith within which I had grown up, and a self that nevertheless longed to find a spiritual home.

1 All names and other identifying information have been altered to ensure patient confidentiality.

Aetiology of internal destructiveness and reparative impulses: Early writings

Of the early psychoanalytic writers, it is Klein (1923, 1929, 1935, 1940, 1946) who first grappled most disturbingly with the intrapsychic attack and consequent annihilatory terror that she perceived haunts the psyche of all infants. She perceived that the baby experiences their somatic distress as inevitably and inherently persecutory.

Klein's infant experiences their somatic distress of hunger, pain, tiredness et cetera as introjected intrapsychic attacks which produce internal annihilatory terror, perceiving via projection that the attack as coming from the external "bad breast", the frustrating other hatefully attacking the self. Such terror threatens what Donald Winnicott (1963) described as the infant's experience of "going on being" and thus produces annihilatory dread, necessitating the paranoid schizoid splitting of the object into good and bad, to prevent the fantasised destruction of the good by the bad. As the ego matures, Klein (1946) hypothesised that paranoid schizoid splitting reduces, as the infant comes to realise that the loved object is also the hated and aggressed against object. This leads to "depressive affect", that is guilt, and ideally the capacity for mourning, the realisation that aggression will not overwhelm love, that the bad will not overwhelm the good, and/or that repair of the object is possible if damage occurs. By contrast, she notes the impulses towards manic reparation when guilt and anxiety regarding previous paranoid schizoid sadistic attacks overwhelm the psyche[2].

For example, Klein (1927) noted in child analysis:

> One moment after we have seen the most sadistic impulses, we meet with performances showing the greatest capacity for love and the wish to make all possible sacrifices to be loved (p.175).... Sometimes he tries to mend the very same men, trains and so on he has just broken. (Klein, 1927, pp. 175–176)

Hinshelwood (1989) noted Klein's distinction between manic reparation and a deeper more creative reparation. He commented:

> Klein showed there to be various forms of reparation: (i) manic reparation, which carries a note of triumph, as the reparation is based on a reversal of the child-parent relation, ... ; (ii) obsessional reparation, which consists of a compulsive repetition of actions of the undoing kind without a real creative element, designed to placate, often in a magical way; and (iii) a form of reparation grounded in love and respect for the object, which results in truly creative achievements. (Hinshelwood, 1989, p. 105)

Henri Rey (1994), building on Klein, similarly distinguished between manic reparation and what he terms reparation proper, noting:

2 Klein (1935) suggested: "The ego feels impelled (and I can now add, impelled by its identification with the good object) to make restitution for all the sadistic attacks that it has launched on that object. When a well-marked cleavage between good and bad objects has been attained, the subject attempts to restore the former, making good in the restoration every detail of his sadistic attacks." (Klein, 1935, p. 149)

> The role of the internal object is the key to reparation proper … It is the internal object that must respond to the reparative efforts … the achievement of forgiveness through the internal object seems to be a vital aspect of reparation proper … This would mean that both mourning and tolerance and the capacity for maintenance and care have replaced intolerance and depression. (Rey, 1994, p. 223)

Suicide

Bell (2001), in building on Klein's ideas, and also Freud's (1917/1950) consideration of the internal attack characteristic of melancholia, explored the inner world of suicide. He suggested that with every suicide there is a homicide. As Freud observed, "The ego can kill itself only if … it can treat itself as an object" (cited in Bell 2001, p. 23), and Anna Stekel commented, "No one kills themselves who has never wanted to kill another, or at least wished the death of another" (cited in Bell 2001, p. 23). In all these, a primitive attack by one part of the self is enacted upon another part of the self. As Bell (2001) observed:

> Some suicidal patients, and this is typical of severe melancholia, are continuously internally persecuted by an archaic and vengeful superego from which there is no escape: psychic claustrophobia. Its punishing quality is merciless. It inflates quite ordinary faults and failures turning them into crimes that must be punished. In this situation suicide's submission to the internal tormentors may be felt as a final release. (Bell, 2001, p. 27)

Implications of a Kleinian perspective for clinical work

Rey (1994) suggested that in analytic work transference enactments or disruptions occur in response to patients' (and I would suggests analysts') primitive anxieties and splitting dynamics, and that due to the guilt that emerges in relation to the destructive impulses of our hatred, patient and/or analyst can be compelled towards manic restorative action in order to restore the interpersonal homeostasis of disturbed interpersonal relations; that is manic reparation (p. 219), in which the self of the analyst or patient is persecuted by internal anxiety to attempt to repair the perceived damage done[3]. But the more difficult challenge is not of speedy restoration of interpersonal disruption, a quick restoration which avoids any real transformation of the internal world, but rather of a deep and disturbing grappling with my own and the patient's destructive aggression, in order to seek a deeper reparation, one in which the vulnerability of my and my patient's internal terror is received and surrendered to, the inner persecuting and persecuted object is repaired, matured and softened, and compassion for our vulnerability generated, in order that a more honest meeting with the interpersonal other may also be possible. I suggest that Rey's repaired inner object within the analyst, capable of both aggression, forgiveness,

3 As Tom Main (1957), illustrated in his seminal paper "The Ailment," in which he described staff working in a therapeutic community with patients we would now perceive as struggling with severe early relational trauma: "Denial of guilt was accompanied by compulsive reparative efforts and omnipotent attempts to be ideal. … As a persecuting damaged object, the patient received frantic benevolence and placating attention until the controls of increased hatred and guilt in the staff became further threatened." (Main, 1957, p. 140)

being forgiven, and love, is crucial to the psyche's capacity for recognition of the other within the clinical dyad. As Rey (1994) observed:

> Only when the superego becomes less cruel, less demanding of perfection, is the ego capable of accepting an internal object that is not perfectly repaired, can accept compromise, forgive and be forgiven, and experience hope and gratitude. Perhaps it is then that love has won the day … (Rey, 1994, p. 227)

Contemporary developmental theory

Whilst a full review is beyond the scope of this article, I note here that Jungian and psychoanalytic developmental theory and research has subsequently placed much greater emphasis on the importance of the mediation of these intrapsychic persecutory terrors by the early relational environment, early relational experience now being perceived as midwife (Adern, 1998) to the emergence of the self, or indeed of selves. For example, Wilfred Bion (1962) placed more emphasis on the mind of mother as a containing other, Donald Winnicott (1965) emphasised the necessity of the facilitating environment, whilst Heinz Kohut (1979) focused on the essential need of self-object provision, and attachment theorists beginning with John Bowlby (1969) explored the crucial need for secure attachment figures. Anthony Bateman and Peter Fonagy (2004) emphasised the self-reflective capacity of the minds of the infants' caregivers. Michael Fordham (1963, 1993), in attempting to retain Jung's conceptualisation of the transpersonal self, posited the notion of a primary self *a priori* of the earliest relational encounters. Nevertheless, he emphasised the importance of the early relational environment if the potential of the primary transpersonal self is to be realised. Jean Knox (2004) similarly provided a developmental lens.

Projective identification

In particular, in considering the nature of internal attack and its manifestation within the analytic dyad, Bateman and Fonagy (2004), influenced by the ideas of Bion (1962), take a more interpersonal perspective regarding projective identification, suggesting that in response to the introjection of alien emotional states and persecutory tormentors in traumatising environments, projective identification, the process by which the infant and then adult patient evacuates alien states of helplessness and persecution into another, is the psyche's creative attempt to survive this internal persecution via the relief of experiencing it, if only temporarily, in another. Their formulation graphically captures the experience of internal persecution and the interpersonal and interpsychic challenges it presents. In the following I attempt to articulate a terrifying inner conflict that such patients experience, and which arrives in my mind in the crucible of the clinical moment:

> I hate myself and everything about myself. I have taken this in from a traumatising attacking environment that not only fails to congruently recognise the internal states I experience, but actively attacks these states, invading me with an alien self that persecutes my very being. My only relief is to find a potentially caring other

> with whom I can get close enough to hate. If another comes close, they represent the deep longing I have that someone somewhere might care enough to reach my terror. And yet they also represent the inevitability that this so-called caring other will become another persecutor determined to attack, abandon, abuse and hurt me. So, I will hurt them first. With all my might. I will attack the attacker that I know is in them. And then they can feel my powerlessness, and I will be relieved, if only briefly, of the terrifying terrorist and their powerless, dissociated victim within me.

All the above theorists leave me as an analyst with a central challenge. Given the prevalence of vicious self-attack, and the deeply disturbing transference dynamics this evokes, how am I to respond? Jung and other Jungians offer creative possibilities to guide this demanding task.

Jung and reparation: The coniunctio

I found only one reference to the term reparation in C.G. Jung's Collected Works, and this in a manner different to the ideas I am exploring in this article.[4] However, I suggest that the concept of coniunctio and Jung's articulation of the alchemical processes which underpin it allow a portal through which to engage in a dialogue between Kleinian notions of reparation, and Jungian notions of the coniunctio.

In his extraordinary exploration of alchemical processes, Jung noted the projective processes at work in alchemical explorations. He commented:

> The real nature of matter was unknown to the alchemist: he knew it only in hints. In as much as he tried to explore it, he projected the unconscious into the darkness of matter in order to illuminate it … while working on his chemical experiments, the operator had certain psychic experiences which appeared to him as the particular behaviour of the chemical process. Since it was a question of projection, he was naturally unconscious of the fact that the experience had nothing to do with matter itself. … but what he was in reality experiencing was his own unconscious. (Jung, 1953, para. 345).

In his impressive overviews of alchemical processes, and in particular the coniunctio and their relevance for analytic work, Edinger (1993,1994) explores the deep symbolism involved in the alchemical processes of prima materia, calcinatio, solutio, coagulatio, sublimatio, mortificatio, separatio, and ultimately coniunctio. Edinger (1993) quoted Jung from a 1952 interview:

Alchemy represents the projection of a drama both cosmic and spiritual in laboratory

4 Jung (1916) commented: "When, therefore, the demand for individuation appears in analysis under the guise of an exceptionally strong transference, it means farewell to personal conformity with the collective, and stepping over into solitude, into the cloister of the inner self … but inner adaption leads to the conquest of inner realities, from which values are won for the *reparation* (emphasis added) of the collective." (1916 para.1097) Thus Jung emphasised that the solitude of individuation can lead to possible reparative values which can be enacted for the benefit of the collective.

> terms. The opus magnum had two aims: the rescue of the human soul and the salvation of the cosmos … this work is difficult and strewn with obstacles: the alchemical opus is dangerous. Right at the beginning, you meet the "dragon" the chthonic spirit, and the "devil" or, as the alchemist called it, the "blackness", the nigredo, and this encounter produces suffering … in the language of the alchemist, matter suffers until the nigredo disappears, when the "dawn" (aurora) will be announced by the "peacock's tail" (cauda pavonis) and a new day will break, the leukosis or albedo. But in this state of "whiteness" one does not live in the true sense of the word, it is a sort of abstract, ideal state. In order to make it become alive it must have "blood", it must have what the alchemist called the rubedo, the "redness" of life. Only the total experience of being can transform this ideal state of albedo into a fully human mode of existence. Blood alone can reanimate a glorious state of consciousness in which the last trace of blackness is dissolved, in which the devil no longer has an autonomous existence but rejoins the profound unity of the psyche. Then the opus magnum is finished: the human soul is completely integrated. (Jung, cited in Edinger, 1993, p. 147)

Whilst a full review of the processes of alchemy, and their relevance for analytic work, is beyond the scope of this article, the above overview speaks to the excruciating disturbance involved in the alchemical process of analysis. In the spirit of this task, it also gestures to the centrality of coniunctio for a "reparation proper". The repeated exploration and distillation of psychic contents as they arise over time between analyst and patient, each exploration gradually contributing to a purification, the recovery of projected material, and the slow transforming of the human mind. In this transformational process the coniunctio is central.

The coniunctio

Andrew Samuels, Bani Shorter and Fred Plaut (1986) define coniunctio as:

> An alchemical symbol of a union of unlike substances; a marrying of the opposites in an intercourse which has as its fruition the birth of a new element … [Jung saw] … coniunctio … as the central idea of alchemical process. He himself saw it as an archetype of psychic functioning, symbolising a pattern of relationships between two or more unconscious factors … within the psyche. (Samuels et al., 1986, p. 35)

The greater and lesser coniunctio

Edinger (1993) describes the notions of the "lesser coniunctio" and the "greater coniunctio", very relevant I suggest, in relation to the process of what Rey has termed "reparation proper". As Edinger wrote:

> In attempting to understand the rich and complex symbolism of the coniunctio, it is advisable to distinguish two phases: a lesser coniunctio and a greater. The lesser coniunctio is a union or fusion of substances that are not yet thoroughly separated or discriminated. It is always followed by death or mortificatio. The greater coniunctio,

> on the other hand is the goal of the opus, the supreme accomplishment. In actual reality, these two aspects are combined with each other. The experience of coniunctio is almost always a mixture of the lesser and the greater aspects. (Edinger 1993, p. 211)

Inner repair and the coniunctio of aspects of psyche, as in alchemy, do not occur in a single analytic encounter, but in repeated encounters with the unconscious, interpersonally, intrapsychically, and interpsychically within the analytic dyad. Such encounters resonate with Rey's description of reparation proper, as opposed to the reactive responses of "manic repair" and the "lesser coniunctio". Edinger (1994) notes that the coniunctio can occur intrapsychically within the individual, interpersonally within the clinical dyad, and/or between groups, and is an engagement towards a resolution of opposites in the psyche, for example, conscious and unconscious, love and hate, ego and self.

Building on Edinger, Kalsched (1996) noted that the "two stage process portrayed in the fairy tales [he reviews], describes the healing of a split between the human and divine, the ego and the self, which is the inevitable result of traumatic rupture in transitional processes" (p. 149). He reflects, for example, on how Rapunzel falls under the spell of the witch:

> The narrative's hero or heroine then falls under the spell of this transpersonal figure and gets trapped in a tower … in these "transformation chambers" the traumatised ego is "the witch" trapped by the negative side of the primal ambivalent self … what alchemy refers to as the "lesser coniunctio" — a stage of union between two substances which have not yet been sufficiently differentiated and which is therefore highly unstable. (Kalsched, 1996, p.149)

Kalsched (1996) noted that:

> The dangers of the "lesser coniunctio" are primarily addictive. This first stage seems to be necessary for everything that follows — at least for the traumatised ego — but it is possible to get stuck here, and if this happens, then numinosum turns negative and destructive … used to escape from the rigors of real life … in the traumatised psyche, addiction to the lesser coniunctio is the usual result and an ever present danger, as we have seen. We might say that preliminary "bewitchment" is a stage of twoness and oneness, but not threeness. It is not yet "potentiated" as symbolical or dialectical process. (Kalsched, 1996, p. 146)

This is reflective of Thomas Ogden's (1999) exploration of the notion of the analytic third, in which he describes the dialectical interplay of oneness and twoness, the oneness of solutio, in which patients' and analysts' minds merge, and the frightening possibility of twoness, of difference, in which analyst and patient differentiate and find their own minds, their reverie becoming an object of analysis, giving rise to a potential third.

Clinical implications of the greater and lesser coniunctio

Milton (2015) notes the powerful unconscious invitation, if not demand, from patients whom he describes as borderline (and whom I might, in keeping with Kalsched's descriptions,

perceive are trapped in a protective and persecutory archetypal selfcare system), to maintain interpersonal homeostasis via the compromise of the lesser coniunctio. Hidden in their "selfcare tower", unable to let down their hair and enter the world, for such patients, Milton (2015) suggests, "Ultimately the primary dysfunctional coping mechanism is trying to modify the [relational] environment or their bodies in such a way as to reduce their intense anxiety" (p. 4). Under this "bewitching spell" the experience of the analyst having their own separate mind evokes the annihilatory dread of abandonment within the patient and the disintegrating fantasies that accompany this, leading the patient to unconsciously demand that the analyst contort themselves in order to calm the inner attachment disturbance the analyst's separate mind evokes. A premature union manifests, in which patient and analyst unconsciously engage in states of implicit relational knowing (D. N. Stern et al., 1998), as each reads the other's mind and responds to the unconscious pressure each puts on the other. As Jung noted:

> Alchemy describes, … the same psychological phenomenology which can be observed in the analysis of unconscious processes. The individual's specious unity that emphatically says "*I* want, *I* think" breaks down under the impact of the unconscious. So long as the patient can think that somebody else (his father or mother) is responsible for his difficulties, he can save some semblance of unity (*putatur unus esse!*). But once he realizes that he himself has a shadow, that his enemy is in his own heart, then the conflict begins and one becomes two … consciousness is depotentiated and the patient is at a loss to know where his personality begins or ends. … the patient has to cling to the doctor as the last remaining shred of reality; … often the doctor is in much the same position as the alchemist who no longer knew whether he was melting the mysterious amalgam in the crucible or whether he was the salamander glowing in the fire. (Jung, 1946, para. 399)

In the heat of such disturbing dynamics, Milton (2015) observed:

> Instead of transforming the mind, the patient insists on trying to change the environment. This is doomed to ultimate failure … it means that the client is not in fact working on transforming their mind but using multiple strategies to change/shape the response of the therapist. This often takes the form of intense pressure to configure the relationship with the therapist so that the therapist acts in such a way that it directly relieves the pain and intense enduring anxiety: to seek … soothing gratification rather than … 'inner' transformation. (Milton, 2015, p. 7)

As Lorna Smith Benjamin (1996) succinctly put it, "my misery is your command" (p. 115). In this merger state, reflective of Jung's picture five of the "Union Manifestation of the Mystery", in the Rosarium pictures, there is a state of fusion, and a premature collapse of difference, reminiscent of Klein and Rey's manic and sometimes compulsive reparation.

However, Edinger (1993) does not make the lesser coniunctio wrong, and indeed emphasises that it must always precede the greater coniunctio: that mortificatio always follows a lesser coniunctio and that there is a repetitive cycle of lesser coniunctio to be worked through each time deepening towards the greater coniunctio. As Edinger (1993) noted:

> Lesser coniunctio occurs whenever the ego identifies with contents emerging from the unconscious. This happens almost regularly in the course of the analytic process. The ego is exposed successively to identifications with the shadow, the amina/animus, and the self. Such contaminated coniunctios must be followed by mortificatio and further separatio. These identifications are contaminated mixtures containing both the individual's potential for noble loyalties and object love and also unregenerative desires for power and pleasure. They must undergo further purification before the greater coniunctio is possible. (Edinger, 1993, p. 215)

The demands of the greater coniunctio are much greater than the lesser coniunctio. As Jung emphasised:

> The alchemist's endeavour to unite the *corpus mundum*, the purified body, with the soul is also the endeavour of the psychologist once he has succeeded in freeing the ego-consciousness from contamination with the unconscious…. [It comes about through the] separation of the ordinary ego-personality from all inflationary admixtures of unconscious material. This task entails the most painstaking self-examination and self-education, which can, however, be passed on to others by one who has acquired the discipline himself…. [It] is no light work; it needs the tenacity and patience of the alchemist, who must purify the body from all superfluities in the fiercest heat of the furnace. (Jung, 1946, para. 503)

It is the application of heat which enables the process of nigredo, and necessitates a death, before any rebirth that might lead to the greater coniunctio. In the container of the vas, the analytic room and relationship, in the heat of transference disturbance and enactments, if the analyst is to have their own mind, separate and different from the patient's mind, and bear the disruption that this brings, mortificatio must be endured. As Edinger (1994) notes:

> Psychologically it corresponds, in smaller ways anyway, to what happens when any sizable identification or projection breaks down … when a person or object dies for us psychologically — it doesn't have to be a literal death. There's a psychological death when the projection that has been carried for us drops off. A piece of on-going life we were used to has disappeared, and we are in effect dead until that missing piece of our psyche is recovered. (Edinger, 1994, pp. 74–76)

Huskinson (2002) captured the disturbing experience of the greater coniunctio with her exploration of the inherent violence of self. For ultimately the greater coniunctio involves profound challenges to the ego attitude, intended from a Kalschedian perspective to protect, but ultimately persecutory of the fragile soul so wounded by early relational violence. Huskinson (2002) noted:

> The self is violent because it is experienced as an overwhelming force that violates the self-containment of the ego, and forces the ego, often against its will into a new identity …Self … must interrupt and effectively destroy the self-containment of the

> ego in order to express its hitherto unconscious meaning and creative capacity. (Huskinson, 2002, p. 438)[5]

Therefore, essential to the experience of the greater coniunctio, is the relationship of the ego and self. Edinger (1993) noted:

> The ego needs the guidance and direction of the unconscious to have a meaningful life: and the latent philosopher's stone, imprisoned in the prima materia, needs the devoted efforts of the conscious ego to come into actuality. Together they work on the great magistery to create more and more consciousness in the universe. This is the aim of the opus. (Edinger, 1993, p. 230)

In the heat of the clinical moment, greater coniunctio involves a potential encounter between the self of the analyst and the emerging self of the patient. Rather than the asymmetry of the lesser coniunctio, the minds of both patient and analyst are invited to exist together, differentiated, and intimately connected.

Whilst empathic attunement and the building of a secure attachment relationship are essential, particularly in the early stages of analytic work, Kalsched's and Edinger's lens on the greater coniunctio recognises that there is a danger in a sole focus on empathic immersion, that empathy on its own lacks the potency necessary to take on the destructiveness of the "antichrist" within the self (Jung, 1959, para. 79). For patients with persecutory annihilatory terror who often communicate unconsciously the belief that the analyst should implicitly recognise their unbearable emotional states, and 'do something', a central task in analytic work is to retain ones own analytic mind in the face of intense and terrifying persecutory anxieties and, more than this, to take on the task of transforming such disturbing inner torments, rather than changing the relational environment. Milton (2015) noted that alchemically this analytic work is painstaking:

> A process of circulatio or refluxing. There is a seemingly endless process of positive connection or interpersonal coniunctio, the frustration of mortificatio and its accompanying intense and enduring anxiety, processes of the lesser coniunctio on behalf of the client, dysiunctio, and dysruptio, followed by engagement, attempts at empathic attunement, clarification, even confrontation, interpretation and ultimately reparation of the relationship, establishing some small element of the greater coniunctio. Over a very long time if they can hold true to that insight and work at it, and if the therapist survives their own mortificatio, dysiunctio and dysruptio, and if the relationship survives these as well, then a more permanent and pervasive and enduring greater coniunctio might, deo cocedente, emerge. (Milton 2015, p. 8)

More poetically Kalsched (1996) suggested:

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5 As Jung comments (1934–39): "Whoever has suffered once from an intrusion of the unconscious has at least a scar if not an open wound. … for it became obvious he was not alone: something which he did not control was in the same house with him and that of course is wounding to the pride of the ego personality, a fatal blow to his monarchy." (Jung, 1934–39, p.1233)

> In this gradual deconstruction of the self-care system in the transference there is a constant movement back and forth between unconscious bewitchment, on the one hand, and reality on the other… Needless to say, this *rapprochement* [sic] stage is difficult to negotiate. The danger lies always in losing the tension between the two worlds previously separated by the 'wall' of the self-care system. If the therapist gets lazy, he finds himself in the garden of the enchantress and a collusive entanglement begins. If the therapist does too much interpreting, the wall comes down again and we finds ourselves in the sterile world of the wife before her pregnancy. Always the goal must be to maintain the tension between the two worlds .., so that the personal spirit, carried by the Rapunzel-part of the patient, can gradually emerge to animate life in the world. (Kalsched, 1996, p.154)

Reparation and the greater coniunctio: Similarities and differences

I suggest that the above review reflects analytically rich similarities regarding "reparation proper" and the "greater coniunctio" which are as follows:

1. Both reparation and the greater coniunctio are processes which focus on a repair of the *inner* world. They are intrapsychic in nature before they are interpersonal or intergroup. For reparation this is conceptualised using Kleinian language as the process of the integration of split part objects, good and bad, hate and love, into whole objects. The Jungian notion of the greater coniunctio focuses on integration of the tension of opposites, conscious and unconscious, sol and luna, ego and self, enabling the manifestation of a creative third.
2. Both perspectives recognise the profound and disturbing disjunctions (dysjuntio) that can occur in the interpersonal realm as a result of the intrapsychic tensions, conflicts and violence within the inner world of the patient.
3. Both perceive that the possibility of true repair of the inner world arises out of repetitive exploration and working through of disruptions and enactments, as they manifest in the analytic dyad. That is, true repair of the inner world (reparation proper and the greater coniunctio) requires dedicated ongoing efforts by both analyst and patient, to experience solutio, dysruptio, and mortificatio in the service of new birth.
4. Both recognise a greater and a lesser potential for repair as attacking states manifest in the interpsychic analytic dyad, and which reflect the terror of the persecutory and frightening inner world. The Kleinian view, as emphasised by Rey (1994), describes the temptation in response to guilt and the perceived damage of previous aggressions for a manic or obsessive approach to repair in which omnipotent efforts are made to quickly restore the homeostasis of interpersonal disruption, and to avoid the terror that is required to be faced for a deeper repair of intrapsychic contents.
5. The Jungian view of the lesser coniunctio, as articulated by Edinger (1993), Kalsched (1996; 2013) and Milton (2015), reflects the temptation to submit to the unconscious demands of the other. The archetypal saviour and powerless victim, with all the healing potential in the analyst and all the need in the patient, rather than to face the necessary

mortificatio and separatio as patient and analyst discover their separate minds, with the terror of abandonment that this can produce in the traumatised soul, and the ongoing working through of these terrors necessary for movement towards the greater coniunctio.

6. Both recognise, as Kalsched, Jung, Klein and Rey in particular emphasise, that mourning, grief and loss, as we face the loss of the fantasy of the omnipotent "monarchy of the ego" (Jung, 1934–39, p. 1233), are central if the truth of our vulnerability is to be given birth, the sequestered child to be freed from their imprisoned status, and the soul to be released to express its creative potential.
7. Both reparation proper and the greater coniunctio are recognised as ongoing processes, never completed accomplishments.

The central difference

The central difference between the reparation perspective of Kleinian psychoanalysis, and the Jungian perspective of the greater coniunctio, is the view of the psyche which each brings. For each produces a different "myth" of the psyche. For the Kleinian the inner world is made up of part and whole objects, the result of early infant introjective and projective processes that arise out of the material physical body, the body of the infant, with all its projective terrors.

For Jungians of a classical perspective, psyche is the home not only of body and mind but of soul incarnate. The concept of the greater coniunctio assumes the archetypal substrata of mind, and the organising archetype of wholeness, the Self, and all the transpersonal resources and dangers of the transpersonal realm, as articulated and made manifest in dreams, myths, fairy tales and images that reflect universal archetypal themes.

Kalsched powerfully makes this point in his reflection on the self-care system. Rather than perceiving, as John Steiner (1993) does in his notion of the psychic retreat, that the retreat from the world of the schizoid, borderline or narcissistically oriented patient, is a purely defensive retreat into a barren emotional and spiritual landscape, the protective aspects of the selfcare system are preserving the soul of the child as it awaits the conditions that may make possible its rebirth and in this place of retreat there are both destructive and creative resources.

Kalsched (1996) notes:

> The retreat of Rapunzel to her inner sanctum is not just a retreat to previously introjected "archaic inner objects" or a regressive defense in pursuit of infantile omnipotence but, as Jung emphasized, a regression to a world of mythic and archetypal "objects with its own healing order and efficacy. Although frequently beginning as a defense and later placed in service of defense, this fantasy world also provides these patients with genuine access to the collective psyche and to inward mysteries … This is the transpersonal or archetypal meaning of the self-care system. (Kalsched, 1996, p. 156)

Of course, for some Jungians the original archetypal tradition is not one to which they hold any more. Knox (2004) for example, whilst attempting to retain the archetypal perspective, argues for the view that psychic innateness is purely reflective of emergent structures that

arise in interaction between genetic heritage and environmental contact.

I suggest (as Kalsched also argues, 2013), that whether we take a developmental and emergent lens, a Kleinian intrapsychic conflict lens, or a traditional archetypal lens, all are equally mythic in their attempts to understand psyche. For mind and psyche are not things we can ever definitively know, they are ultimately a mystery about which we create myths to match realms we can only experience.

For me, all of these "myths" are valuable. Early object relational perspectives, with their links to Bion and other developmental understandings, enable me to think deeply about how the early relational environments mediate Kleinian anxieties, or if they fail to do so, how this is introjected into the terrifying inner world of the traumatised patient, leading to the unconscious guilt which generates manic reparative impulses. At the same time, the archetypal realm offers transpersonal perspectives which provide a home for mythic and archetypal encounters in my analytic work, as the archetypal emerges in my own and in patient's dreams. The resources and potential dangers of the self care system and its link to the transpersonal realm, and the centrality of the ego self dialogue, are made meaningful via the words of Jung, Kalsched, Milton, Edinger etc: they enrich me as an analyst.

Clinical principles to guide repairing the inner world

With these multiple lenses in mind, I have gradually developed a set of principles that guide my clinical approach to true repair of the inner world, distilled in my dialogue between the boy who was captured by the mercurius complex, and the gradually individuated soul that I continue to discover.

Principle one: The analytic attitude — receptivity and surrender

Robert Snell (2013) links the origins of the deeply receptive stance of the analytic attitude to the development of Romanticism, a stance he described as an 'undirected but somehow actively receptive state of mind', one which provides "a commitment, founded in respect, to maintaining a radically open-minded stance: a suspended state somewhere between passivity and readiness for emotional and verbal activity" (p. 1). As Keats famously observed, "I mean Negative Capability, that is, when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason" (1817, cited in Ou, 2011, p. 1).

Snell (2013) provided a poetic evocation of the analytic attitude. He began with Freud's description of the foundational psychoanalytic pairing of the patient's free association and the therapist's evenly suspended attention, a pairing which Bollas (2007) suggested articulates the beginnings of relational intersubjectivity in psychoanalytic thought. Snell admired Bion's (1967) reverie without memory or desire. He movingly affirmed Symington's (2008) emphasis on spiritual generosity within analysis in which the analyst's presence provides "the mind of the patient with what, if it were a matter of physical experience, one could say was good food" (Bion, 1990, cited in Snell, 2013, p. 52).[6]

6 Snell (2013) also appreciated Winnicott's (1965) primary evocation of maternal preoccupation as capturing the analyst providing a mind "as an open space available for the patient to move into, come and inhabit, and crucially shape as his own" (p. 52).

But perhaps most prescient of early analytic writers in relation to the deeply disturbing and intersubjective nature of analytic work is Jung, who passionately advocated what we now refer to as a relational approach many decades before the relational turn was alleged to have commenced. Indeed, Jung famously proposed that crucial to the analytic task is allowing the patient to influence the analyst:

> By no device can the treatment be anything but the product of mutual influence, in which the whole being of the doctor as well as that of his patient plays its part … For two personalities to meet is like mixing two different chemical substances: if there is any combination at all, both are transformed. In any effective psychological treatment the doctor is bound to influence the patient; but this influence can only take place if the patient has a reciprocal influence on the doctor. You can exert no influence if you are not susceptible to influence. (Jung, 1946, para. 163)

> Doctor and patient thus find themselves in a relationship founded on mutual unconsciousness. (Jung, 1946, para. 364)

> [The doctor] too becomes affected and has as much difficulty in distinguishing between the patient and what has taken possession of him as has the patient himself. This leads both of them to a direct confrontation with the demonic forces lurking in the darkness. (Jung, 1946, para. 375)

> The touchstone of every analysis that has not stopped short at partial success or come to a standstill with no successor at all, is always this person-to-person relationship, a psychological situation in which the patient confronts the doctor on equal terms. (Jung, 1928, para. 289)

Clark (2006) builds on Jung's ideas, observing that of critical significance is our own wounding as a portal through which to receive the wounding of the other: "the wounded healer actually heals through his or her … survival, management and recycling of his or her [own] wounds" (p. 81). It is this which enables containment and processing of the wounds of the other.

In this I am reminded of Ghent's (1990) writing on surrender but not submission: "the sense of giving over, yielding the defensive superstructure, being known, found, penetrated, recognized" (p. 118). As James Hillman (2013) notes in relation to the threat of suicide, "This involvement goes beyond medical responsibility for a charge: it is rather a participation in the other as if it were one's self" (p. 21).

Ghent (1990) noted that surrender involves an act of faith, one which I suggest is enabled by the capacity for faith in the possibility of inner transformation and the greater coniunctio (Edinger, 1993; Milton, 2015; Rey, 1994; Steiner, 1993). Ghent suggested, as Jung (1946), Edinger (1993), Kalsched (1996) and Winnicott (1969) emphasised, that surrender requires the therapist experience the patient within their own mind, including the patient's attack, neither retaliating nor submitting, and crucially that the therapist survives. As Winnicott described, "I destroyed you, I love you. You have value for me because of your survival of my

destruction of you" (p. 713, cited in Ghent, 1990, p. 123). Ghent noted the uniquely disturbing yet profoundly rich opportunity our profession offers:

> What other occupation requires of its practitioners that they be the objects of people's excoriations, threats and rejections … When the yearning for surrender is, or begins to be, realised by the analyst, the work is immensely fulfilling and the analyst grows with the patient … [This] involves an act of surrender and risk-taking on the part of the infant (or later, patient), as well as a degree of surrender on the part of the facilitating care giver, or later analyst. (Ghent, 1990, pp. 133–34).

Again, Jung (1946) anticipates Ghent's ideas with his emphasis that:

> This situation is difficult and distressing for both parties; often the doctor is in much the same position as the alchemist who no longer knew whether he was melting the mysterious amalgam in the crucible or whether he was the salamander glowing in the fire. Psychological induction inevitably causes the two parties to get involved in the transformation of the third and to be themselves transformed in the process, and all the time the doctor's knowledge, like a flickering lamp, is the one dim light in the darkness. (Jung, 1946, para. 399)

In Ogden (2004) I discover an eloquent contemporary advocate of the possibilities of this most complex of interactions. In his concept of the analytic third as it emerges via the intermingling of the patient's and analyst's body-mind-psyche, we discover the possibility of something new emerging, a third arising from the matrix of the patient's and analyst's minds.

> The individuals engaging in this form of relatedness unconsciously subjugate themselves to a mutually generated intersubjective third for the purpose of freeing themselves from the limits of whom they had been to that point. … The act of having oneself "given back" by the other is not a returning of oneself to an original state; rather, it is a creation of oneself as a (transformed, more fully human, self-reflective) subject for the first time. (Ogden, 2004, p. 189)

Ogden (1999) commented, that poetry can convey "what I can only talk about":

> Not so much looking for the shape
> As being available
> To any shape that may be
> Summoning itself
> Through me
> From the self not mine but ours.
> (R. Ammons, "Poetics", 1986, cited in Ogden, 1999, p. 491)

Such deep receptivity is foundational to my work.

But when the poetic beauty of such evocative invitations towards negative capability meets the reality of a patient wracked by vicious self-hatred and potentially lethal impulses, what does such a stance really mean? Is a receptive mind enough? And beyond receptivity, how and what do I make available to my patient?

Clinical Vignette 1: Jenny

Jenny had a violently neglectful childhood. Early in our work, whenever a break occurred, she would retreat into silent withdrawal before threatening suicide. On my return she would refuse to engage, sitting, motionless, silent, rageful and withdrawn. After 18 months of therapy Jenny wrote what I found to be a powerful evocation of the phenomenology of projective identification:

> I wanna be stubborn. I want you to feel inadequate and incapable. I want you to feel like you failed, because that's how I feel. Failed. I might be resentful towards you. You say you'll do things and then you don't. I can't trust you, rely on you. Ever since I told you it makes me anxious when you lean forward, not a single session has gone by without you doing that. You don't take me seriously, you want to intentionally hurt me. That's OK, I'll hurt you back. How do I show you? By creating as much distance between us as possible. I still get anxious though. I really am scared that you're gonna leave — hand me over — lock me up — die soon. I can explain the fear, rationalise it but it doesn't make the fear any less intense. So I'll leave you before you leave me.

Later she drew a picture with a lightning bolt through the centre reflecting the violence she experienced in these breaks.

She explained:

> You're literally holding a little part of me, the infant part of me. On the right I drew the little part of me when you go on a break. All by herself, no clear features, just a black outline that I want to attack.

Jenny also drew an image of inner violence, which captured how she had introjected not just her early relational history, but the archetypal violence of the self-care system (Kalsched, 1996) that both protects and turns upon the soul of the child within.

The requirement to stay close to this terror, hidden within a persecutory retreat, is daunting and deeply disturbing. The temptations of "manic repair" and the "lesser coniunctio" are considerable. Whilst bringing an analytic attitude of receptivity, indeed surrender without submission to Jenny's inner world was foundational, I needed more than this to guide my work.

Principle Two: Staying close to the terror

In his seminal paper "Fear of Breakdown", Winnicott (1974) noted that "the clinical fear of breakdown is the fear of a breakdown that has already been experienced." Winnicott (1974, p. 104) described the analytic opportunity such terror presents:

> The way is open for the agony to be experienced in the transference, in reaction to the analyst failures and mistakes … There is no end unless the bottom of the trough has been reached, unless the things feared have been experienced… The patient needs to remember this, but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to … The only way to remember in this case is for the patient to experience this past thing for the first time in the present. (Winnicott, 1974, p. 105)

This is resonant with Kalsched's (1996, 2013) hypothesis that the soul of the child that the patient was has retreated to the inner sanctum whilst longing for a relational environment into which the soul of the self might re-emerge. Similarly, I suggest that in the patient's confrontation with the unconscious, with an alien tormentor to whom their vulnerability is addictively bound, and with the archetypal energies which sequester the patient's soul, there is the possibility that the patient is returning to a vulnerability which has previously been disassociated, obliterated into powerlessness, a terror that has never been formulated (D. B. Stern, 2009). Jenny represented both the intrapsychic and archetypal nature of this addictive bond in an image she drew depicting her experience of a job interview in which she experienced the interviewers as is prosecutorial.

To accept the invitation to stay close to such terror, so often disguised by vicious attack of self and other, is disturbing for both patient and analyst. And it is also essential if I am to enable the symbolisation of what has never been symbolised and, more than this, that the shared labour of intrapsychic and relational mourning may give rise to something new. To accept this opportunity, or at least receive it, is I think an act of extraordinary emotional courage on behalf of both analyst and patient. To do so, I must navigate the emotional terror of my own inner world as well as that of my patients, and the often fraught interpsychic encounter that emerges between myself and my patient.

Principle Three: Know thyself — the wounded healer and the interpsychic challenge of staying close to the terror

It is not just the patient who is filled with the anxieties of self-persecution. In line with Jung's archetype of the wounded healer, the child in me was often required to care for the very adults on whom my survival depended. Thus when the wounded patient meets my wounded analyst, the unconscious to unconscious interaction of these wounds leaves me open to the disturbing possibility that in the emotional forcefield of projective identificatory dynamics the patient who communicates to me that "you are a dangerous abusing other" may well meet the wound in me that says "I am bad if I am not providing love." Such unconscious to unconscious communications have been highly likely to lead to states of manic reparation and the premature union of the lesser coniunctio. The impulse to react with manic attempts to submit to, serve and save the other, is sometimes overwhelming. Patients' disturbed states land in my mind and body not as an empty, unsoiled container (to use Bion's (1962) metaphor), but as a psyche with my own complex filled inner world, a point well made by Donnel Stern (2009) but articulated many years earlier by Jung (1946), who noted:

> Even the most experienced psychotherapist will discover again and again that he is caught up in a bond, a combination resting on mutual unconsciousness. And though he may believe himself to be in possession of all the necessary knowledge concerning the constellated archetypes, he will in the end come to realize that there are very many things indeed of which his academic knowledge never dreamed. (Jung, 1946, para. 367)

Indeed, I believe I have been interacting with the terror conveyed in the images in my patient's pictures my whole life. Thus, I must negotiate the labyrinth of my own mind including the powerlessness and fear that gripped my body whenever Jenny withdrew into apparent suicidal retreat. These affective disturbances met an inner world within me already populated by maternal distress, and an infantile demand within me that I fix, heal, and save the distressed other.[7]

Creating a space to find my own mind, rather than to be compelled to act has been a hard won, and ongoing analytic achievement, requiring faith in the possibilities of inner transformation, and the capacity for intrapsychic forgiveness. Rey (1994) emphasised the capacity of the superego within the therapist and patient to soften, to accept and forgive the humanity and vulnerability of what Rey termed the ego, and Jung described the self. (Indeed, Bion, 1962; Edinger, 1993; Jung, 1946; Kalsched, 2013; and Klein, 1940, all emphasise the centrality of "inner" repair, in notable contrast to the contemporary relational emphasis on interpersonal reparation.)

This process of self-acceptance, self-forgiveness, self-compassion, is the same task for me as it is for my patients. Such tenderness towards myself allows me to also trust my more potent aggressive states, to use these in service of describing and introducing the patient to their own tortured inner world, neither fleeing from the forcefulness of our own minds, lest I fear a potent clinical authority might damage the already damaged other, nor unconsciously projecting my vulnerability and fear into the patient, and seeking to save the damaged other from the challenging work of softening their own inner world. Jung (1946) emphasised this inner repair in describing a process in which the heat of the alchemical vessel enables a dialogue, not between ego and superego, but between ego and self. This I suggest is resonant with Edinger's greater coniunctio:

> This is the highest degree true of psychotherapeutic work (sic). A genuine participation, going right beyond professional routine, is absolutely imperative, unless of course the doctor prefers to jeopardize the whole proceeding by evading his own problems which are becoming more and more insistent. The doctor must go to the limits of his subjective possibilities, otherwise the patient will be unable to follow suit. It must be a genuine process of purification where "all superfluities are consumed in the fire" … No longer the earlier ego with its make-believes and artificial contrivances, but another, "objective" ego, which for this reason is better called the "self." … These first indications of a further synthesis of personality. (Jung, 1946, para. 400)

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7 Rey (1994) noted, "in states of manic reparation [the ego] seeks to defend against the internal attack of the punishing superego, by seeking to enlarge the ego via defences of omnipotence and omniscience', enabling the self to thus 'feel superior to the menacing and punishing [inner] object … by being bigger than the object; by making the [inner attacking] object smaller" (1994, p. 209).

In this I feel invited to compassionately accept my own complexes and the inevitable mutual enactments they evoke.

Clinical vignette 2: Jenny continued

Three years into my work with Jenny I was ill and had to take a month off work. On my return, Jenny inhabited a very different self state. Often wordless, withdrawn and angry, she let me know she could not take me in. I felt powerless, impotent, and fearful. She then began to aggressively attempt to sexually seduce me, and when this did not happen, she approached a man who she knew was dangerous and who then violently sexually assaulted her. I felt ashamed. I had failed her. I felt unable to make use of rather than to be encumbered by my shame, fear and anger. Jenny's trauma, both cultural and personal, intrapsychic and interpersonal interacted with the matrices of our known and unknown relational histories, separate and shared, emerging between us as the lost fragments of experience: vulnerability, hatred, love, care, sadistic and masochistic aspects revealed to ourselves and to each other. I found myself thinking "How can you do this to yourself?" I found a refusal to understand why she did what she did, a refusal to understand myself as her tender and hated and hateful selves. I found a temptation to shut off. Her hate and my mind fused. And yet they created a compatible internal relational matrix in which I was invited to let her vulnerable self and its attacking other find a place in my mind. To accept this invitation I had to give something up; I had to give up the stable coherence of my own mind. In so doing I allowed myself to keep Jenny company in her shame and her despair. An excruciatingly disturbing experience.

Principle Four: Finding my own mind and the analyst's act of inner freedom

The capacity to be influenced, to surrender and to recognise the fear camouflaged by attack, is not on its own sufficient. I also need the capacity to find my own mind, to undertake what Neville Symington (1986) described as the analyst's "act of inner freedom". Symington (2003, 2007) wrote eloquently of the tendency of therapists to be obedient to the dictates of internal and external injunctions, of avoiding the necessity to go beyond these internal commands, to find an emotional truth similar to Bion's (1963) "selected fact" that might arise if the therapist can courageously find their own mind. Symington (2003) noted:

> There is one group of therapists who embody an imprisoning attitude, and another group who, when they are confronted with the patient's own imprisoning attitude, do not address the problem, do not hear the patient's declaration of what is hampering his or her freedom. So, we get, within the psychotherapy world, those schools of psychotherapy who imprison their patients through embodying the inner disapproving critic, and the other school that does not help the patient face and transform their inner tyrant. The first school looks persecutory and is so: the other school, in oppositional revolt, is kind and benign to patients. But in each case the core problem remains: the patient is imprisoned through a powerful inner critic. If therapists of all kinds value freedom and have a concept of it in them, then when it is being hampered, they would address the issue. (Symington, 2003, p. 22)

Symington advocated:

> I follow Fairbairn (1958) in saying that emotional contact is what people deeply yearn for (p. 11) … [P]atients sense whether interpretations have been arrived at through internal struggle … When a patient senses that it is the product of [internal struggle], he feels at a deep level the union of souls in a common endeavour (pp. 21–22) … The analyst's task is to reach his own feelings … To reach his own feelings means pain and loneliness. If, however, he reaches his own feelings, it frees the patient and favours his emotional development. This inner task is a life's work for the analyst. (Symington 1996, p. 34)

The resonance with Jung's emphasis on the analysts dialogue between ego and self and Edinger's (1993) emphasis that such a dialogue aspires towards the greater coniunctio, the "aim of the opus" is notable. And whilst truth of course is a complex notion, the emotional and phenomenological experience of truth speaking is of intimacy.

Transcending the injunctions of obedient "therapeutic action" is essential if the potential for true healing is to be realised. The shy and obedient boy in me is often tempted by internal and external injunctions to be the "good" analyst. Increasingly the crucible of my analytic training is enabling something freer: the capacity to receive the unformulated states of my patients, receive states of terror, hatred, love, sexual desire, primitive anxiety, and desperate persecution, all as they intermingle with the internal states of my own mind, populated by the states of hatred, love, sexual desire, and persecutory terror as they have emerged in my own life. And more than this, to find my own separate mind and speak from this.

Creating a space to find one's own mind

Reparation and the greater coniunctio requires a thinking, "containing" analytic mind if the distillation of psychic contaminants is to be "purified". Foundational to Wilfred Bion's (1962, 1963, 1967/1988, 1970) exploration of this capacity for thinking under emotional pressure were his experiences as a very young tank commander in the First World War when trapped in a shell hole with a mortally wounded runner. As Brown (2012) noted:

> Sweeting started incessantly to beg Bion to be sure to write to his mother and these appeals appeared to grate on Bion's already frayed nerves, "Oh, for Christ's sake shut up," shouted Bion, revolted and terrified" (p. 255). Then later, "I wish he would shut up. I wish he would die. Why can't he die?" … Sweeting's horrific injury and his panicked desperate entreaties for Bion to contact the boy's mother confronted Bion with an overwhelming in vivo experience from which he learned about the nature of alpha function and its limitations. (Brown, 2012, p. 1199)

From these terrifying war experiences Bion (1962, 1963, 1970, 1997) spent the rest of his life reflecting on the nature of thinking under emotional pressure, how we might find thinking for "thoughts without a thinker", and symbolise beta elements of somatic, emotional, affective horror. Like Bion, Jung's own life, specifically his "confrontation with the unconscious" (Jung,

1961) and willingness to surrender to this, is testament to this "Courage under Fire" and willingness to "learn from experience". I think in my own way, my courage to face the heat and emotional disintegration that followed my accident was an alchemical fire that brought me to my knees, to mortificatio, and that has proved to be an extraordinary resource in the difficult clinical moment. For in the heat of clinical intensity, if I am not to succumb to omnipotent restorative impulses and the interpersonal lesser coniunctio, I must continually seek to create a space in my own mind, to dream my own thoughts, under the emotional pressure of the twoness of the clinical encounter.

Principle Five: The dialectics of secure attachment, interpretation and phenomenological exploration

The emotional pressure of the wounded other evokes the impulse to provide emotional resonance, but how to do this without succumbing to the "unconscious" pressure to contort oneself to the others unconscious demand I suggest requires moving dialectically between differing analytic stances. In finding my mind, I find myself moving between empathetically attuned phenomological explorations and more interpretive and sometimes confrontative work. Bateman and Fonagy (2004) in their mentalising-based therapy emphasised staying close to the patient's phenomenological experience. More poetically Meares (2000) emphasised "a form of conversation in which 'aliveness' emerges out of deadness … a form of language, resembling the artistic process as Susan Langer (1957, p. 112) defined it, which strives towards the finding of 'expressive forms to present ideas of feeling'" (p. 145). I often discover a dialectical tension between offering my patients' experience near, empathically attuned phenomenologically focused explorations, and offering more depth interpretive work, and that relaying between these two modes of intervention gradually enables a creative expansion of the patient's mind. To do so is not to succumb to the emotional pressure of the lesser coniunctio (Edinger, 1993), but to create space to think and feel together and to think and feel about our thoughts and feelings. This also relates to the delicate ongoing balance of provision of empathic attunement, and secure attachment reliability, alongside interpretive offerings and confrontation, as trust increases. In offering these differing interventions, I find the following formulations of the traumatised patient's tortured inner world provide a helpful roadmap for the analytic use of my own aggression and vulnerability.

Principle Six: Aligning myself alongside the trapped child and against the internal-attacker — the therapeutic use of aggression

I suggest that in working with traumatised patients I am often working with an intrapsychic pair that has been diverted from its developmental path. On the one side there is aggression, essential to the infant's capacity to communicate its need. The infant, when hungry, tired, sad, scared, in pain, frightened, angry, communicates often unbearable affect through somatically aggressive gestures. As Sidoli (1993) noted, "A potential to generate meaning for affect-loaded discharges is innate in the human infant" (p. 176), but that in the early stages it needs to be "guided and sustained by the mother [and/or relational other]. She serves as a model for symbolic functioning whenever she is able to offer a safe container for the infant's instinctual attention" (p. 176).

If these affect-laden states are well mediated by the infant's early relational childhood

environment the infant gradually begins to build the personal self to which Meares (2000) referred. This aggression is thus transformed from its primitive origins in early life to the potency and capacity for agency which we all need in adulthood, the capacity to stand loyal to one's own need, to take potent creative action. But if these psychosomatic and relational communications fail to be received, the infant is left with no choice but to turn potentially creative aggression against themselves, to make their own need bad, and disavowed. In traumatised environments, this aggression is converted against itself. As Kalsched (2013) noted:

> With this traumatic splitting, aggression that should be available to the child to protect itself against its persecutors is diverted back into the inner world to attack the very vulnerability that threatens the "old order" of control. As Fairbairn (1981, pp. 114–15) writes, the child, unable to express either its neediness or its rage, "uses a maximum of its aggression to subdue a maximum of its libidinal need". (Kalsched, 2013, pp. 83–84)

As Jenny once painfully explained, "My mind is constantly going 'to cut or not to cut, to cut or not to cut?'" Foundational, as Winnicott (1949) potently articulated, is the necessity that the therapist survive, and more than this that the analyst's capacity to think survives the relentlessness of the attack. But to do so I think it is necessary for the analyst to mobilise their own creative aggression in the service of aligning with the distressed infant trapped by the hatred which is turned on the self, whilst vigorously engaging with the violence of the self-destructive aspects attacking the self. It is a delicate but also forceful engagement. As Kalsched (1996), reminiscent of Symington (2007), noted:

> Often in this process we must struggle with our own diabolical impulses, developing enough neutralised aggression to confront the trickster's seductiveness of the patient and ourselves, while at the same time maintaining "rapport" with the patient's genuine woundedness and need. The struggle constitutes a genuine "moment of urgency" in the therapeutic process and many treatments have been shipwrecked on the Scylla of too much confrontation or the Charybdis of too much compassion and complicity with the undertow of the patient's malignant regression. If the patient's traumatised ego is to be coaxed out of its inner sanctum and inspired to trust the world again, a middle way will have to be found between compassion and confrontation. Finding this "middle way" provides both the daunting challenge and the enormous opportunity of psychotherapeutic work with victims of early trauma. (Kalsched, 1996, p. 40)

In the face of persecutory hatred, I need on the one hand to receive and be influenced, and at the same time I am called upon to speak the truth, as best I know it, often forcefully, to the destructiveness. I often attempt to convey, "The hatred of the vulnerability you experience is enormously understandable. Your early history was filled with such hatred — understandably, you turn on this vulnerability — to kill it lest it kill you — but this destructiveness is not the only possibility for life. Terrifying though it is, vulnerability, need, and tenderness can be

embraced and cared for, and that is your challenge, a challenge I can help you with — but you will need to let me."

Vulnerability: mine and my patients'
Jenny once said:

> Self-attack seems to be my default mode; and it's hard to look after my vulnerability in any other way than attacking myself ... love, affection, connection, care ... I get those things by attacking myself or by getting someone else to be hurtful, rejecting towards me.

The complementary partner to aggression is vulnerability. In healthy developmental relational contexts this vulnerability is available to be felt as legitimate need, desire, attachment longing, vulnerability to which the psyche is called to be loyal. It is the fuel of the psyche which enables tenderness, honesty, and intimacy. Horrifically, in traumatic environments this vulnerability is converted into states of powerlessness and dissociation. One of the great tragedies of childhood trauma, if the child grows up with a terrorising other on whom they also rely for survival, is that the child is forced to turn their legitimate fear of the other because the other is dangerous to them to a fear that they might lose the other. This is the birthplace of a magnetic addictive bond in which their fear of the other's dangerousness is converted into fear that they will lose the other. The traumatising other becomes essential to the self's survival, and this unconscious adhesive bond leads to the ongoing recreation of traumatic dynamics in adult relationships; the psyche's desperate unconscious need to hold on to the traumatising primary other, whilst sequestering the terrified child (Bateman and Fonagy, 2004; Kalsched, 1996).

Beyond the internal dyad of self-attacking aggression, and attacked vulnerability, is absence; often originally inhabited by the second parent, who submits to the overt persecutor in the early relational environment, in so doing failing to protect the traumatised child/patient from the disintegrating horror of the persecutor's attack. The failure of this protective function leads the traumatised child to introject absence, André Green's (1986) dead mother; where there should be protection there is only emptiness, dissociation, powerlessness and impotence.

Jenny put it graphically, commenting that she had come to realise "the monsters in me": a dementor within, revealing the archetypal layer of the protective, persecutory self-care system Kalsched so graphically describes:

> I think the monster symbolises my mother when she was angry. And how her words could be so hurtful. ... My mum's anger and viciousness ... A Dementor is a dark creature, considered one of the foulest to inhabit the world. Dementors feed off human happiness, and thus cause depression and despair to anyone near them. They can also consume a person's soul, leaving their victims in a permanent vegetative state, and thus are often referred to as "soul-sucking fiends" and are known to leave a person as an "empty shell". ... The blob ... is my father ... I don't think I'll ever be like how I might have been if I had had a nurturing, loving, well-balanced carer, and a person that was more like you, more assertive and protecting.

When I challenge the destructive hate which infuses the traumatised patient's psyche I am challenging the inner world of the terrorised patient to release the patient from their imprisoning magnetic bond, a connection to the persecuting other that the patient's unconscious is convinced is essential to their very existence, its archetypal persecutory "home", terrifying to leave. Transformation of such destructiveness therefore often involves fierce, even ferocious, intrapsychic and interpersonal struggle; a confrontation with the destructiveness is needed. In this I am always at risk, as Messler-Davies and Frawley (1991/1999) noted, of becoming the abuser of the patient's inner world, re-enacting the persecution of earlier times; the balance is a delicate one, as I attempt to reach the vulnerability, whilst forcefully challenging the destructiveness.

Principle Seven: The heat of transformation — the greater coniunctio

Jung (1946) emphasised the alchemical heat required; the transformations which arise as heat is applied within the crucible of the therapeutic dyad, with the hope that a distilled and precious taonga (gift) may emerge. Edinger (1993, 1994) notes the process of mortificatio which follows the lesser coniunctio and produces the blackening. The death of ego is a painful process and one seldom chosen but rather usually imposed, in my case in the form of my accident.

In the analytic context, this means that in the repeated transference counter transference enactment explorations that occur between patient and analyst, there is an ongoing distillation and purification of projectively identified material, as unconscious material seeks a thinking mind for thoughts without a thinker, and gradually a home within the patient themselves. To do this, the petit morts of mortificatio are essential. Edinger (1993) notes the archetypal image of the union of Romeo and Juliet, two young souls, two star crossed lovers, whose premature lesser coniunctio inevitably leads to mortificatio, and the tragedy that they lacked the relational presence of another mind that might "midwife" a greater coniunctio.

By contrast, in the analytic context the lesser coniunctio and the mini deaths that arise from it, slowly enable the possibility of the emergence of something new. Kalsched (1996) illustrated this in his exploration of the inevitability that such deaths evoke grief. And that it is out of grief that transformation and true repair is made possible. In the passage below he links the process of the lesser and greater coniunctio with the concept of reparation when disjunctions between analyst and patient occur. He emphasised that in Jung's intermingling of the psyche of analyst and patient, the patient needs to feel that the analyst's own grief is available as part of the solutio, eventually facilitating the greater coniunctio.

> Patient and therapist go through times when the connection seems to be utterly broken. And yet, if the tension can be held during this period, a true "coniunctio" is possible. One of the healing factors in this working-through period is the fact that this time, the therapeutic "trauma" comes after a period of essential self-object "illusion" in which a true "pregnancy" can occur in the relationship. First, a true union has occurred; second, a full protest is heard from the patient — the protest that could not happen as a child. In small doses, this is the poison that cures. … And this is a mutual process. The therapist must also recognize his or her own "disillusionment". A crucial

> part of my work with the above female patient, for example, was acknowledging my own difficulties. The patient needed to see that I was suffering too, before she could feel the *reparative* [emphasis added] side of her own anger and cry the tears which could heal the eyes of her wounded relationship to reality. She needed to see me struggle with authentic reactions to her anger and her love before she could accede to my expectation that she struggle with hers. In this process, the therapist's humanity distinguishes him from the cruel perfectionism of the patient's inner caretaker. This is the essential grief work done during this period. (Kalsched, 1996, p. 164)

Principle Eight: Analysts' vulnerability and the working through of enactments

Whilst the intrapsychic lenses described above assist me in understanding how the inner world manifests inter-psychically, Jessica Benjamin (2004, 2009) assists with the interpersonal dimensions, as inner states are interpersonalised. When inevitably, particularly via the powerful forces of projective identification, I contribute to, and patients find in me, the traumatic relational dynamics of their early history, this is fertile ground for impulses towards manic repair and the lesser coniunctio, the *mea culpa* of the therapeutic apology, but also the potential for something deeper. Benjamin (2004) advocated:

> As analysts, we strive to create a dyad that enables both partners to step out of the symmetrical exchange of blame, thus relieving ourselves of the need for self-justification. In effect, we tell ourselves, whatever we have done that has gotten us into the position of being in the wrong is not so horribly shameful that we cannot own it. It stops being submission to the patient's reality because, as we free ourselves from shame and blame, the patient's accusation no longer persecutes us, and hence, we are no longer in the grip of helplessness. If it is no longer a matter of which person is sane, right, healthy, knows best or the like, and if the analyst is able to acknowledge the patient's suffering without stepping into the position of badness, then the intersubjective space of third may be restored. (Benjamin, 2004, p. 33)

Central is my relationship to my own vulnerability. If I, in self-defence, am tempted by the lesser coniunctio of submission or retaliation, therapeutic derailment awaits. The more I have dissociated from, attack, or otherwise disavow my vulnerability, the less I am able to access this essential resource in service of reaching the vulnerability of the other. I risk mutual enactment, what D. B. Stern (2009) described as dissociation interpersonalised. In this, my compassion towards my own inner world (Rey, 1994) is crucial. And as Benjamin (2004) noted, "this step out of helplessness usually involves more than an internal process: it involves direct or transitionally framed communication about one's own reactivity, miss attunement or misunderstanding" (p. 33).

When strong affect arises between me and the patient, I seek to take my time, and an explorative stance: "Something difficult has happened between us, can we take time to understand this together?" The work is slow, often very painful. I am not shy to offer an apology if I find I have responded in a way that I regret, but I usually aim to leave some space for exploration first. More often together patient and I will slowly discover that we each

contributed to something difficult, but that just because something difficult has occurred does not mean that something bad has occurred and that someone must be bad, either the frightened patient, or the inevitably human analyst. There exists the opportunity for genuine grief in the giving up of omnipotence, the possibility of the creation of something new between us; where there was disavowal and attack, there might now be acknowledgement, recognition, grief and shared intimacy. As Benjamin (2009) suggested, reminiscent of Jung (1946), the co-construction of the symbolic third within the intersubjective matrix enables the possibility that:

> I can hear both your voice and mine, as can you, without one cancelling the other out: I can hear more than one part of yourself, you can hear more than one part of yourself—especially not only the part that is negating me, but also the complementary part that I have been carrying as you negate it. (Benjamin, 2009, p. 442)

Clinical vignette 3: Jenny continued — "I'm furious"

After six years of work, Jenny was now more settled, no longer self-harming, a little more self-compassionate, but struggling with her most tender and vulnerable self. She had recently argued with her mother and was close to tears as we explored her grief. Unexpectedly I heard a knock. I went to the front door, guilt and anxiety persecuting me into action once again. A woman loudly announced, "I'm the midwife." She had arrived to see my friend and her infant who were staying with me; they were at the back of the house. I asked the midwife to use the side entrance. As I returned to Jenny I felt guilty for not having protected the therapeutic space sufficiently. Jenny glared. She appeared to inhabit a completely different self-state. She provocatively spoke of her fantasy of sexually seducing me. I felt ill. My mind whirred.

The "ill" feeling was familiar, the feeling of wanting to evacuate the most primitive parts of myself. As we were coming to the end of the session I firmly suggested, "Before the knock at the door, you seemed very tender. I think your shift to talking of wanting to sexually seduce me is an attempt to rid yourself of the most tender and youngest parts of yourself, as if perhaps you fear that there may be another baby here, whose attention is taking me from you, and your wanting to seduce me, is a preemptive attempt to rid yourself of your most vulnerable self, for fear that I may reject her."

Jenny appeared furious. She asserted, "You seem angry." I felt caught. She was right. I was angry. If I fudged her enquiry, I would repeat the trauma of her history, relational environments in which her own emotional experience was disavowed. If on the other hand I was honest, the internal persecutor in my own psyche might attack me with the shame that my aggression might be destructive. And might my anger drive her emotional tenderness and honest hate back further into retreat? The temptations of manic repair, of the lesser coniunctio, avoidance of my anger, the obfuscation of an analytic *mea culpae*, were strong, and may at one time have compelled me. Instead, I replied, '"I'm furious. I feel furious on behalf of your tenderness which seems to have been obliterated as if her need for contact was too dangerous." To which my patient replied, "Well, I'm angry too." And we parted that day in hostile silence.

Was I enacting a complementary identification with an attacking object within my

patient or was there something freeing in the potency of my aggressive care for her tender selves, in contrast to the aggressive attack she tended to enact upon herself? Did this help her to come out from the self-care retreat of sexualised self-hatred? In the next session Jenny was tender. She spoke of her wish that she be my only patient, that she did not want to share me. Slowly we explored her archaic attachment longings; her grief that her mother could never pay attention to her earliest affect-laden body/mind experience.

Reflections on my work with Jenny

When the door was knocked upon, I felt disturbing somatic anxiety. My inner world persecuted me. "Shit, I shouldn't have my friend at the back; I should keep things more private." I felt my badness. I was also tempted to transform my guilt into counter-attack, for her to become the bad one who is attacking me, and I would not have to feel my own badness. Yet despite this, the shame that used to drench me did not capture me. I was able to find my own mind despite the internal disturbance. I paused, needing time as I navigated the internal attack within me and the interpersonal impulse to submit to my shame, or to counterattack. I found a firmness in me, firmness in which I sought to face Jenny and me into her intrapsychic destructive attempt to eradicate her vulnerability, whilst also discovering compassion for the vulnerability she was seeking to protect, the tenderness of the infant so often left, abandoned to her own distress.

This freedom from my own shame has been hard won. I have had to face the intrapsychic terror of my own infant as it has emerged in my dreams and nightmares and my analysis, and to regather my own infant body self into my own arms. I have had to learn not to submit to the feeling that my fierceness would damage the already damaged other, but rather to bear being with the terror of my patient's infant self. I think Jenny felt my emotional struggle, as Kalsched advocated, and this enabled the alchemical heat of my forceful challenge to reach the obliterated child within Jenny.

In a subsequent session Jenny revealed the following dream:

> My parents are arguing, and I feel really tense. You walk next to me and you keep encouraging me: "You can do this now, you've come through way worse than this, it's ok, you can do this now." We walk close to each other, it isn't sexual, and it's not even fatherly. Maybe a bit fatherly, but the way a father would treat his adult daughter, not his young daughter. [A friend] treats me the same way if my parents drive me nuts. There's something really gentle about your presence. I feel myself calm down.
>
> I always felt that sex was about the closest I could get to you. But to think that perhaps me giving up the pursuit of making you sleep with me would mean we get a closer therapeutic relationship, in a different way, really moved me. I had never considered that possibility. I felt really, really moved, comforted in a way; my dream this time was very different from any other dream I have ever had about you. It felt like we were a partnership, without that taking away from my adult self. I didn't have to be five years old to get your closeness and I didn't have to seduce you either. I felt encouraged by you that I had the strength to get through whatever I needed to get through.

Whilst the layers of meaning within this dream are many, I suggest it gestures towards a movement in Jenny's mind of loyalty towards her most infantile vulnerability. Moreover, archetypally I suggest her dream gestures towards an evolving greater coniunctio; a manifestation of her transcendent function, as she experiences the Self within reassuring her ego attitude that, like Rapunzel, she can now emerge from the banishment within which she had been sequestered, and trusting the Self that reassures her dream ego that it is safe to re-enter the world. That psyche manifested such a symbol, "the best possible representation of a relatively unknown fact" (Jung, 1971, para. 814), arose out of multiple lesser coniunctio over many years, each one enabling the working through and ongoing "purification" of psychic material, as we again and again encountered the terrors of her primitive inner world. It was this analytic history, and the trust that it had built, which enabled me to navigate my shame, and nevertheless retain the freedom and emotional honesty of my own mind, and more particularly, enabled Jenny to make use of my honesty, as psyche courageously embraced the tender child that she was. And it was the heat in the vas of our relationship which facilitated the mortifictio of the patient's destructive self-attack, and enabled psyche to form a potent dream symbol.

Principle Nine: The facilitation of mourning and grief

French analyst Jean Laplanche (1987) has suggested "All work is the work of mourning" (p. 298). Whether it is Freud or Jung, Klein or Rey, Winnicott or Edinger, Kalsched or Steiner, at the heart of all the writing I have reflected upon, whether the focus is on the intrapsychic, interpersonal, transpersonal or intersubjective, is that if the traumatised psyches who inhabit our clinical rooms are able to free their imprisoned souls, face the terror of their inner lives and gradually transform their persecutory hatred into creative potency and protective aggression, the dissociated powerlessness into human vulnerability and need, then the capacity for mourning and grief is central. The adult must grieve the child's losses, the hurts, pains and terrors of early life, but more than this they grieve the loss of innocence, and the possibility that omnipotent control can keep at bay such horror. In feeling the soft centre of our vulnerable humanity, facing the truth of the tender soul that we are, we have the possibility of living a life of creativity that can be born from the deep and profound acceptance of our humanity. As Jenny represented to me in an image she drew and expressed to me after an exquisitely tender session:

> After more than three years with John … I cried with him for the first time. And I cried. And cried. And John bore with me.
>
> He sat down on the remaining chair and respectfully allowed me my space by not looking directly at me and staying well away from my line of vision. We talked and we were quiet, and as the tears subsided, I could feel myself slowly being reformed. I had dreaded this moment for months, years even, for fear of falling apart and not being put back together, that if I would start to fall apart, I would disappear, for John wouldn't be able to glue the pieces back together. And yet today, this is exactly what seems to have happened.
>
> I barricaded myself behind two chairs, where my quiet sobs would not be ridiculed, nor punished. John just sat down and was gentle with the little girl sobbing on the

floor and "held" and as much as he could, from one chair away.

Today, I cried.

Principle Ten: Symbol formation and the midwifing of the soul

Bion (1962), Adern (1998), Moore (1990) and others all reflect on analysis as the spiritual task of midwifing the soul. I suggest the grief which arises as lesser coniunctio are worked through and tears are shed, is the transformational water of the mercurial fountain. In this the analytic attitude encompasses receptivity to the mystery of the numinous. One year into my own confrontation with the unconscious, as I was recovering from my accident I had the following dream:

> I was in a prison. An old man said, "You have to move to another prison." It was the prison where prisoners die. I resisted but the old man insisted. At the new prison, other prisoners walked morosely. Black shapes floated ominously. I felt terrified. Suddenly the black shapes became trees, growing up and up and out through the roof. I immediately knew the trees were the path to freedom. Other prisoners started climbing. A voice came over the loudspeaker system, saying, "Do not climb the trees until they're fully grown, otherwise you will die." I waited. The prisoners who had started to climb prematurely, suddenly fell to their deaths. I awoke feeling calm.

For me this dream reflects all that I have been exploring. At one level from a Kleinian view the dream is about "restoration proper". It invites me to avoid the temptation to manic flight, the speedy impulse to climb the tree and prematurely escape the prison of my body. Rather it encourages me to wait, to grieve the loss of my omnipotence, to feel the terror of my imprisonment, to experience the repetitive encounters with my unconscious that are the foundation of reparation.

At a deeper level, the dream reflects the archetypal nature of psyche. Having been persecuted by anima nightmares and their archetypal images of the terrible mother, fractured through the lens of my actual and frightening maternal experience, now this dream offered a symbol of the Self, the divine aspects emerging firstly in the guidance of the man, perhaps mediated through the experience of my analyst, who guided me to face the deeper terror of the second prison, mortificatio; and then the tree and the voice of the self that says "wait, don't climb prematurely". The dream reflects access to a transpersonal realm beyond the knowing of the material world. To surrender to it, to trust its meaning, is of course an act of faith. We cannot know the unknowable. But we can trust what psyche offers us. Just as Jenny trusted the "dream" union of her frightened child, and the dream John who said "you can do this".

The word symbol comes out of the Greek syn, and ballien, meaning thrown together. Thus, a symbol is always something "thrown together" by the psyche, representing more than can be known just by the ego. This symbol formation capacity is far greater than the precocious capacities of the youthful ego of my childhood, who "colonised" the symbol-making function prematurely, captured as I was by the Mercurius complex. By contrast my dream represents the fruition of the hard work of the multiple coniunctios. For the dream was preceded by many, many, many months of terror, of ferocious attacking dreams in which anima figures of primitive persecutory horror devoured me, the archetypal energies of the

terrible mother. I was captured, imprisoned and terrified. I had no choice but to face the enormity of my grief. The omnipotence of my body and the omniscience of my mind had been obliterated by the crash of my Icarus-like fall. I faced a tremendous and terrifying ego death. It was the enormous gift of my analyst's and supervisor's analytic holding, and of the analytic training overall, which allowed me to navigate this terrifying descent. And at its bottom, as I despaired, the possibility of new growth emerged.

Conclusion: Reparation and the greater coniunctio

Henri Rey (1994) noted,

> Only when the superego becomes less cruel, less demanding of perfection, is the ego capable of accepting an internal object that is not perfectly repaired, can accept compromise, forgive and be forgiven, and experience hope and gratitude. Perhaps it is then that love has won the day … (Rey, 1994, p. 227)

Kalsched (2013), building on Jung, went further, bringing a spiritual lens to work with traumatised patients, suggesting that the self-care system that leads patients to isolate and attack the vulnerability of their infancy, is also a creative and protective response. He suggested, "An inner child regresses into an inner sanctuary in order to preserve a sacred core of personality from further violation …. But something is being saved for future growth" (p. 192). He quoted Margaret Adern (1998) who noted:

> The miracle of psychoanalysis — and it is a miracle — is that when a person comes to understand the core of his or her childhood experience, all the anger, all the rejection of life, turns out to have been for one purpose — to preserve, at whatever cost, the child who is capable of love. (Adern pp. 4–5, cited in Kalsched (2013) p. 240).

In relation to my patient Jenny I believe our therapeutic exploration has been deeply enriching. For whilst our engagement has been rigorous, aggressive, dangerous, tender, and heartfelt, it has gradually allowed the birth of selfstates previously unformulated in us both. Aspects of tenderness, infantile need, dependency, aggression, vulnerability, and love have been birthed between us. Indeed, it has enabled the birth of creativity.

This birth has been literal as well as psychic, as the synchronistic appearance of the midwife played its part in midwifing not only the birth of a self, but also enabled Jenny to finally in her life create new life, in the form of a young daughter to whom after much psychic preparation, she gave birth. And in our penultimate hour, as our work concluded, she brought her daughter in to meet me and allowed me to hold her daughter in my arms. Jenny was utterly maternally preoccupied. I was but an audience to the beauty of her devotion. I felt redundant, at ease, and in the presence of the universe in a mother's arms.

I had one final meeting with Jenny. She came to tell me she was pregnant with her second child. She was delighted. Throughout our work she had wanted me to get a sand tray. My failure to do so was the subject of much playful teasing by Jenny of me, her "amateur shrink". Only after our work concluded had I managed to get the requested sand tray. So, in the last act of this

last meeting, Jenny did her first sand tray with me. She placed a heart shape around the large owl in the corner, and described it as her Self looking with love upon all the aspects of her life and self, her home, family, children, husband and land; whilst Edinger (1993) points out that the greater coniunctio is always in process, never achieved, in that moment, I allowed myself to dream that this was indeed a beautiful image of a greater coniunctio, an ego and self in rich dialogue with each other.

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Analysis as alternating "states of analysis" and "states of non-analysis" with reference to the book *A Dangerous Daughter* by Diana Davis

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Abstract

This paper focusses on how, in her book, *A Dangerous Daughter* (2021), Dina Davis describes the commencement of a psychoanalysis in which there is an interlacing of traditional psychoanalytic technique with education. Despite educative elements being a deviation from traditional psychoanalytic technique I argue that in sum total this process still amounts to analysis. I argue that analysis can be conceptualised as a dynamic balance between alternating "states of analysis" and "states of non-analysis". Both are essentially part of analysis and education in analysis may be regarded as part of "states of non-analysis". In this way education can be addressed in a conscious way by the analyst. There is potential further study of the question of how analysts might implement and monitor education in analysis.

Whakarāpopotonga

E aro ana tēnei pepa ki te tīmatanga momo whakaahuatanga a Dina Davis i tētahi wetewetenga hinengaro hikina haere ngātahitia ai ngā momo mahi hinengaro me ērā o te mātauranga, i roto i tāna pukapuka, *He Tamāhine Kōroiroi* (2021). Ahakoa ngā rerēkētanga o ētahi wāhanga mātauranga ki ērā momo wetewetenga hinengaro o mua, e tohe ana au ko te mutunga he wetewetenga tonu. E kī ana au ka tareka te whakataurite o te wetewetenga ki te "āhua wetenga" me te "āhua wetenga-kore". Takirua he wāhanga ēnei o te wetewetenga, ā, me kī ko te mātauranga i rō wetewetenga he wāhanga o te "āhua wetenga-kore". Mā tēnei ka taea e te kaiwetewetenga te āta whaiwhakaaro mātauranga. Tērā pea ka ara ake anō he rangahautanga o te tirohanga me pēhea te whakahaere me te aroturuki rō mātauranga a te kaiwetewetenga i rō wetewetenga hinengaro.

Keywords: states of analysis; states of non-analysis; education in analysis.

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Introduction

At the 2022 Australasian Confederation of Psychoanalytic Psychotherapies (ACPP) conference entitled *Before and after the pandemic: The history and future of psychoanalytic thinking in Australia* a presentation was made by Australian author Dina Davis. She read extracts from her second novel, *A Dangerous Daughter*, which was published in 2021. A work of fictionalised autobiography, Dina describes parts of the protagonist's first psychoanalytic session. This description is fascinating describing as it does some elements of the encounter immediately recognisable as psychoanalytic alongside other elements which a more strict and conventional approach to psychoanalysis seeks to eschew. In particular, she describes an interlacing of, on the one hand, very traditional psychoanalytic technique with, on the other hand, affirmation, direction and information all provided in an educational manner. The question arises: to what extent is this psychoanalysis?

Despite showing deviations from what is generally regarded as sound psychoanalytic technique, I believe that it may well be analysis. I will argue that analysis can be conceptualised as a dynamic balance between "states of analysis" and "states of non-analysis". I propose in what follows to discuss some of this book extract using these notions, in particular as they pertain to the role of education in analysis.

A model of analysis

Before going further I need to make a note about terminology. I shall use the term "psychoanalysis" when referring to Freud's own method and when referring to the practice of analysis considered a direct consequence of his thinking. I shall use the term "analysis" in the more general case which includes the analytic practice stemming from the thinking of C.G. Jung.

Initially, I shall take a very traditional perspective of psychoanalysis and I hope that this is not so simple and traditional to be considered simplistic or outdated. Turning to Freud's (1914/2001) own articulation of psychoanalysis we learn that:

> Any line of investigation which recognizes these two facts [the phenomena of *transference* and *resistance*] and takes them as the starting point of its work has a right to call itself psycho-analysis. (p.16)

It possibly does not need saying but essentially, for Freud, "investigation" was, in this context, the same as "treatment". This "investigation" is supported, or as I prefer to articulate it "sponsored", by certain recommended and traditional processes: a safe and sheltered "space", the fundamental rule, evenly suspended attention and attunement by the analyst, neutrality, abstinence, and the presence of resistance, transference/countertransference and interpretation.

This definition of Freud's aside, there are a range of categorical "definitions" of psychoanalysis, based either in extrinsic criteria or intrinsic criteria (e.g. Roazen, 1975; Greenson, 1978; Gill, 1984; Stern, 2009). Over time I have come to understand analysis generally in a more dynamic rather than categorical manner. In particular, I have come to understand analysis in terms of a shifting back and forth between "states of analysis" and

"states of non-analysis". I believe that "states of analysis" are recognisable through a felt ambiance, a quality, which, repurposing Bion's description of an analytic "something", is "either wholly present or unaccountably and suddenly absent" (Bion, 1967/1988, p.16). I have come to understand that the apprehension of "states of analysis" is built up over time from multiple sources but that its significant origins lie in experience.

Phenomenologically, and this needs more extensive articulation, "states of analysis" may include a sense of freedom, attunement to the analysand and an experience not dissimilar to dream. They may also feel expansive or dense and full of potential or uncertain, boring, frustrating, soporific, etc. "States of analysis" have a bodily quality. At times, there is an ambiance of mutual emotional attunement; at other times, there is not. A gulf of unknowing, even disconnection, opens up in silence or when a surfeit of words crowds the space. The ambiance of "states of analysis" is evocative but not always comfortably so.

At times this ambiance is lost and the mutual enterprise no longer feels like a "state of analysis". When this happens the analyst and analysand have moved into what I understand as a "state of non-analysis". Overall "states of non-analysis" occur when there is a deviation from the analytic frame, a notion developed since Freud's first articulations in 1904 (Bleger, 1967; Freud, 1904/2001, 1912/2001, 1913/2001 & 1915/2001; Langs, 1978; Milner, 1952; Winnicott, 1955). "States of non-analysis" include moments of shared humour, the analyst's use of self-disclosure, asking questions, and, significantly for this discussion, providing education. I have suggested elsewhere (Milton, 2016) that the effect of "states of non-analysis" may be monitored for by being open to the analysand's unconscious communications, when these occur. It is also possible that "states of non-analysis" emerge under other conditions than frame deviations.

I have come to see "states of non-analysis" as an inevitable and even necessary part of analysis. Paradoxically, they may overall support the analytic enterprise even though they are not analytic themselves. "States of non-analysis" may have direct usefulness (especially in educating the analysand, something that occurs at the outset of analysis) or their value may be in the contrast they provide and the process and effort that goes into recovering "states of analysis".

In any event, there is a shifting between the presence and absence of "states of analysis" and "states of non-analysis", somewhat in the fashion of a chemical buffer. Like a chemical buffer, analysis settles around a dynamic equilibrium point which is lost and recovered between "states of analysis" and "states of non-analysis".

Although education of the analysand may be present as a "state of non-analysis" there is also the capacity to incorporate the knowledge and effect from education into the process and return to a "state of analysis". Overall, this may help establish the process as one of analysis rather than hinder it.

Education in analysis

So, education in analysis may be regarded as part of "states of non-analysis". Traditionally we would not at all admit "education" as an element of analysis. In fact, it would likely be regarded as some form of enactment and certainly a frame deviation. I would argue that whilst it is not itself a "state of analysis" education is inevitable and even necessary in analysis.

Freud (1919/2001) referred to education with analysands who were very compromised in their ordinary life. In this case the analyst was bound to take up the position of teacher or mentor. This needed great caution and it was not itself to be seen as analytic. In fact more than twenty years later he (Freud, 1940) warned against the analyst becoming a teacher and educating the analysand.

The above notwithstanding, I believe that even in psychoanalysis there is some ambiguity around the role of education in analysis (Gray, 1994, cited Abend, 2007). Jung (1929/1966) believed that education formed a part of analysis and explored this in his 1929 paper "Problems of Modern Psychotherapy."

In this respect, and for this paper specifically, the views of Anna Freud on education in analysis are relevant. In her paper to the ACPP 2022 Conference, Christine Brett-Vickers (2022) informed us that "Bennett [Dina Davis's actual psychoanalyst] was accepted into Anna Freud's training program commencing in 1947." Prior to the 1960s, Anna Freud (1927) argued that *small* children tend to relate to the analyst as a new object and not dominantly through a transference neurosis. Consequently, her approach was to act more as a caring and even educative adult. By 1965, however, Anna Freud revised her understanding of this. This meant that she shifted away from her earlier pedagogic model of child analysis.

My contention is that education is generally present and more or less consciously deployed in all forms of analysis. Understood psychodynamically, an educating process in analysis acts as the attempted provision of helpful introjects and/or it acts as a potential transference cure. Today this would generally be seen as a countertransference enactment and therefore undesirable at worst and in need of analytic attention at best. Not surprisingly I have found in both conversation with colleagues and in supervision that education of the analysand is criticised and eschewed as a deviation from the analytic attitude and the frame. That said, based on what I have learnt, despite this, education within analysis occurs not infrequently. Furthermore, I remain suspicious that even though there may be conscious avoidance of educating an analysand this does not necessarily mean that the analyst is not acting in an unconsciously educational manner. I have noticed how the inflecting of questions, reflections and interpretations can carry educational import. Even the length of a pause before the analyst responds can carry meaning which shapes the analysand's understanding in an educational way.

I believe that we see the use of education in analysis very explicitly in the extract (spanning pages 112 to 115) from Dina Davis's book, *A Dangerous Daughter*, which she read to the 2022 ACPP Conference. I shall turn now to that book.

Extract from *A Dangerous Daughter*

In her 2021 book *A Dangerous Daughter* Dina gives an account of her protagonist's first meeting with her psychoanalyst Dr de Berg:

> Ivy gingerly stretches her shaky body full length onto the brocade couch. Dr de Berg sits behind Ivy's head, in an upholstered upright chair, which Ivy glimpses as she lies down. With a sigh, she lets herself sink onto the couch, feeling the pain leave

> her aching legs. She feels somehow foolish, as if she's been caught in an intimate act. Here, in this new space, she gives in to the weakness in her body. She can almost forget the griping of her stomach as she feels her tight muscles relax. 'While you are here, nothing you say will go beyond this room,' says Dr de Berg from behind her head. 'The most important part of this treatment is for you to tell me whatever comes into your head, even if it seems silly. I will sit here and listen, without interrupting. In this way we can both observe your thoughts, and try to understand what is troubling you.' (ibid, p. 111)

In this first portion Dr de Berg gives Ivy direction on the fundamental rule, to say whatever comes into her mind without censoring it. This is quite normal psychoanalytic practice. Her analysand, Ivy, responds to this as follows:

> 'You mean there'll be no needles or anything? All I have to do is talk?' 'That's right. A lay term for psychoanalysis is "the talking cure". Have you heard of it?' 'No. Uncle Sid just told me this is a new form of treatment for people with a mental illness. Does coming here mean I've gone mad?' 'We don't use that word here, Ivy. Nor words like 'crazy' or 'normal'. Rather, our task is to explore the workings of your mind, in order to confront the cause of your suffering.' (ibid, p. 111)

Almost immediately in response to Ivy's questions, perhaps to foster the working alliance, Dr de Berg breaks the abstinence that she has just communicated to Ivy by saying: "I will sit here and listen, without interrupting." Instead she challenges Ivy's word usage and orients her towards the work as exploratory.

Bearing in mind that Ivy was suffering from anorexia nervosa there may also be a complex and ambiguous dynamic around the provision of such introjects. Dr de Berg says to her, "We don't use that word here, Ivy. Nor words like 'crazy' or 'normal'." Saying this seems to be the attempted provision of a positive introject, by Dr de Berg to Ivy, which serves to counteract Ivy's super ego activity of self-judgement when she fears she has "gone mad". However, although we can subject the process to a criticism in terms of analytic practice, something about what Dr de Berg does has an impact and it feels very much like an analytic moment, i.e. a shift to a "state of analysis":

> There's a pause, while Ivy takes in the softly spoken words. She feels tears gathering, amazed that instead of blame, there is an acknowledgement of her pain. (ibid, p. 111)

Ivy settles further into a space of feeling understood. She seems to me to be able to "flounder" like an infant (Winnicott, 1958, p.418). Some at least of this seems due to Dr de Berg's comfort with being educational and providing positive introjects. Some of us might be tempted to label this a "transference cure", but it seems to me that there is an ambiance to the intersubjectivity which has an analytic feel.

Dr de Berg establishes some of the working conditions but this definitely takes the shape of an educative activity:

> 'Through your dreams and fantasies we delve into a part of the mind that is usually hidden from us. You may start to talk whenever you're ready. But remember, we have a strict time limit of fifty minutes for each session.' (Davis, 2021, p. 111)

I would expect this to normally be clearly set off from the analytic enterprise and stated before framing the fundamental rule and the process. Of course this is after all a novel and the memory upon which the narrative is constructed is very far in the past but to me there is an alive sense of verisimilitude to the narrative.

> For a long time Ivy says nothing. It is peaceful lying there, as if all the pressure inside her head has magically lifted. She fancies the spicy smell in the room is Dr de Berg's perfume. This is certainly better than having my brains fried, she thinks. At the same time she feels a little resentful, wondering why she has to do all the work in this strange treatment. The silence in the room stretches until it becomes a presence, and a rebuke. (ibid, p.113)

At this point Dr de Berg becomes more abstinent. At the same time Ivy falls silent, very possibly as a resistance. In the wake of this resistance a shift from positive to negative transference seems to form. Instead of any type of interpretation or even simple reflection of anxiety Dr de Berg goes on to ask Ivy what her thoughts are and then if she remembers a dream. She instructs Ivy about free association. Ivy does remember a recent dream and narrates it.

This was almost all that Dina Davis read to participants at the 2022 ACPP Conference but it suffices to make my fundamental point — it demonstrates something of the fluctuation between "states of analysis" and "states of non-analysis".

Discussion

It is hard to know, presuming that this is an accurate portrayal of how Bennett acted in conducting analysis, just why she deviated from abstinence and even neutrality, into instruction and education. It could simply reflect a practitioner who was not yet settled into conducting analysis in a strict manner. This could have been due to countertransference illusion or even countertransference proper (Fordham, 1979), or a mixture. It could have been a complementary countertransference (Deutsch, 1926; Racker, 1957) enactment, called forth by the psychodynamics of anorexia nervosa. Bennett was presumably not able to get any sort of reasonably immediate supervision given that she was in Perth and seemingly the nearest psychoanalyst with whom she would have had contact, Dr Klara Lázár Gerö, was in Melbourne.

On the other hand, although Dina was an adolescent, Bennett may have felt that with Dina, given the significantly regressed condition that she was in, the appropriate analytic technique was that which one would use with a small child in the way that Anna Freud had advocated at the time of Bennett's training. Given the period during which Bennett trained, i.e. before 1966, my suspicion is that she was influenced by Anna Freud's earlier more pedagogic view of analysis of children. It was noticeable that during the ACPP Conference Dina Davis herself referred positively to an explanatory text that Bennett had provided her with.

However, is there normally any place for education in adolescent or adult analysis where such regression is not an issue? The common answer would likely be that there is not, but in terms of the notions of "states of analysis" and "states of non-analysis" that I have advanced education in analysis becomes something that can be entertained. Jung (1929/1966), as mentioned, certainly felt that it was part of analysis. A crucial question is just how might Jung have implemented education in analysis and how might analysts do so today? I believe that question could properly be the subject of a separate study. However, it perhaps suffices to say that all analysts at some time consciously or unconsciously utilise education in analysis. The challenge then becomes to decide when and how to do so, how to monitor the impact of such activity on the analysis and, if needed, how to repair and re-establish "states of analysis" when it is done.

Conclusion

I have focused on how, in her book, *A Dangerous Daughter* (2021), Dina Davis describes the commencement of a psychoanalysis in which there is an interlacing of traditional psychoanalytic technique with affirmation, direction and education. I have proposed that despite being a deviation from psychoanalytic technique this may still be regarded as analysis. I have argued that analysis can be conceptualised as a dynamic balance between a shifting back and forth between "states of analysis" and "states of non-analysis". "States of analysis" are recognisable from their ambiance. Both are essentially part of analysis and education in analysis may be regarded as part of "states of non-analysis". In this way, education can be addressed in a conscious way by the analyst. Although the subject of potential further study, the question remains: how might analysts implement and monitor education in analysis?

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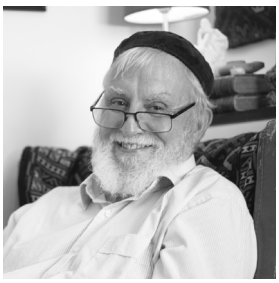

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and with children, adolescents and their families in both the private and public sectors. Apart from his clinical and analytical work, he has taught, examined and supervised in psychiatry, clinical psychology, psychoanalysis and analytical psychology in both institute and university settings in New Zealand, Australia and South Africa. He has published in the area of infant mental health, psychoanalytic processes, cultural complexes, and wellbeing. Chris is a training analyst and onetime Director of Training of the ANZSJA CG Jung Institute (the training body of the Australian and New Zealand Society of Jungian Analysts). He has also served as President of ANZSJA. Chris is a member of the Editorial Board of the Indo-Pacific Journal of Phenomenology. He has a special interest in articulating the nature of analysis, in particular the ambience and aesthetics of the analytic encounter, shifts in analytic focus and the progression of dreams. He also has an interest in spirituality and transpersonal psychology, especially Kabbalah, and the practice of spiritual discipline.

Processing biculturalism

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Abstract

This article reflects upon the author's exploration of her process as an overseas trained psychotherapist who was born in Aotearoa New Zealand and has returned after many years away. The author reflects upon her recent encounters with the cultural history of Aotearoa New Zealand as she returns to this country and commences her clinical practice here. Woven throughout the author's writing is her processing of her cultural learning experiences, and the implications this might have for her clinical work. In doing so the author draws on historians such as Anne Salmond, and psychotherapeutic theorists such as Jung, Winnicott, and Klein.

Whakarāpopotonga

He whakaatanga tā tēnei tuhinga i ngā wherawheretanga a te kaituhi i āna takinga kaiwhakaora hinengaro i whakangungua nei i tāwāhi, engari i whānau i Aotearoa Niu Tīreni, ā, kua hoki mai. Ka whakaaro ia mō ōna tūponotanga atu ki ngā mahi māori o kō tonu ake nei kua hoki mai nei ki tēnei whenua tīmata ai i tāna mahi haumaru. E whiri haere ana i roto i te tuhinga a te kaituhi ko āna takinga o ōna mātauranga wheako whaiaro me ngā tūmomo āhuatanga ka ara ake mō tāna mahi haumaru. I konei ka huri te kaituhi ki ngā mahi a Anne Salmond, me ngā aria a ngā kaiwhakaora hinengaro pēnei i a Jung, a Winnicott me Klein.

Keywords: biculturalism; Māori; Pākehā; European New Zealanders; ancestors; intergenerational; pre-verbal; Jung; Klein.

Introduction

In writing this paper I am very much aware that I am just a beginner. This paper reflects my beginning attempts to encounter, grapple with, and make meaning of the history of this country, and its implications for my clinical work. As an overseas qualified psychotherapist, a condition was placed on my scope of practice by the Psychotherapists' Board of Aotearoa New Zealand (PBANZ), I was asked to provide evidence of my competence in relation to

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biculturalism and legal frameworks. I found my subsequent explorations regarding biculturalism a rich source of reflection, both about the culture I was born into and the way I might work in the Aotearoa New Zealand context, alongside my own history and unconscious process. I note that in this paper, I reflect upon encounters between Māori, and settlers to Aotearoa New Zealand who are of European origin. In doing so I acknowledge that there are many who have settled in this country, who are neither indigenous nor of European origin. Given that my own ancestral history is European, my focus is on my learning about encounters between Māori and those of European origin. In doing so I acknowledge and recognise that those who have come to Aotearoa New Zealand from non-European contexts, may offer very different reflections on this history and their place in relation to indigenous Māori in this country. The following are my reflections on this profoundly moving learning experience.

Background

Although I was born in Aotearoa New Zealand and lived here for 45 years of my life, I had recently returned after living in England for 15 years. I noticed a subtle yet pronounced change. For example, when I left, fruit and vegetables were labelled in English. Now they tended to be labelled in both English and te reo Māori. The national radio station announced in both English and te reo, sometimes blending the words into one sentence, sometimes speaking English, sometimes speaking Māori. I also noticed rumblings from some New Zealand European people who seemed angry either at Māori, or about labelling changes that included te reo.

I began to realise that my early experience of Māori culture was limited. I could recall a trip when I was nine years old where my mother ensured we stopped at the Bay of Islands to show me the site of the flagpole Hōne Heke cut down. As my father was English, I did not understand why someone would want to cut down the English flag. As my mother was of Scottish descent, I imagine she was pleased to point it out. My cultural experience was limited to making poi and singing *Pokarekare Ana* at school. And so, I decided to immerse myself in a pool of learning.

Process

I consider that "cultural dynamics" are "the formation, maintenance and transformation of cultures over time" (Kashima, 2014, p. 1). With this in mind I began my explorations by reflecting upon aspects of the cultural history of both Māori and Europeans prior to their first contact with each other, and in cross cultural encounters since Cook's first encounter in 1769. I reflected upon stories of origin for both Māori and European Christian cultures as I sought to immerse myself in my learning.

For me, the term European New Zealander describes the initial European settlers, who mainly arrived from the United Kingdom and more latterly from other European countries. The influence of my early European settlers is still evident today. In searching for seed providers (Kōanga, www.koanga.org.nz/) I found a charity who saved seeds from both Māori and European. From them I grew tomato plants and parsley from our early Dalmatian gum

diggers, Yugoslav peppers, Italian beans, and English leeks, alongside potatoes that originated from France, Ireland and Aotearoa. I am also aware that just down the road from where I live is a church and cemetery of early German Lutherans from the 1800s.

With these resonances in mind, I began to reflect upon the competencies outlined by PBANZ that seemed relevant to this writing. This led me to begin to attempt to more fully encounter aspects of Māori culture.

Firstly, I attended a series of five 2-hour workshops that educated participants on aspects of Māori culture, history, identity and language, run by Donny Riki in 2022, in order to enhance my understanding Secondly, I asked members of the Association of Psychotherapists Aotearoa New Zealand (APANZ) for their reading suggestions on biculturalism. I chose books written by Salmond (2017), Stewart (2021), and NiaNia, et al. (2017). As I swam through this information, I paused to reflect and write about my process. I found Anne Salmond's 2017 book, *Tears of Rangi: Experiments Across Worlds*, particularly helpful and movingly evocative. I cite extensively from this book in the writing that follows, as I reflect on my learning.

My reading regarding pre-European Māori society

In reading about a Māori story of origin I encountered some engaging concepts such as hau, ancestors, kinship, and space-time. In this I discovered an origin story that seemed very different to that presented by Christianity, a religion that arrived with the early European settlers, and with which I was familiar.

My reading, particularly drawing from Anne Salmond's 2017 book, led me to understand that for Māori, "kotahi anō te tupuna o te tangata Māori — ko Ranginui te tū nei, ko Papatūānuku e takoto nei — there is just one Māori ancestor, Ranginui standing here and Papatūanuku lying here" (Salmond, 2017, p. 11). The sky father, Ranginui, and the earth mother, Papatūanuku, have several children who become annoyed at being in the dark. One of their children, "Tane-nui-a-Rangi, the ancestor of forests," takes an axe called "Hauhautu" and cuts his parents apart (p. 12). Enraged at this assault on their parents, another of the children, "Tawhirimatea," the "ancestor of the winds (hau)," attacks by whipping up whirlwinds (p. 12). During this chaos the founding ancestors go their own ways, some becoming fish and some becoming lizards. "Only Tu, the ancestor of people, stands tall against Tawhiri's onslaught, earning the right for his descendants to consume those of his brothers" (p. 12). Out of this dark chaos comes light and everyday life.

This origin story evoked in me a feeling of swelling under water, as I encountered concepts, ideas and world views so different from my own. For example, in Salmond's writing I began to consider the concept of hau: "hau emerged at the beginning of the cosmos" and it "drives the whole world, not just human relations. It goes far beyond the exchange of gifts among people" (Salmond, 2017, p. 10). Gift giving is an important currency in relationships, with the gift "intended to keep circulating though networks, carrying hau from one person to another" (p. 133). Hau is also exchanged by "pressing noses" when greeting to exchange breath (p. 15). Salmond (2017) elucidates why a Māori chief, Ruatara, was determined to meet King George III in London: to be seen is "important to Māori, because without [the other] hau cannot be exchanged between groups, tangling descent

lines together through face-to-face greetings between their leaders" (p. 64). Most importantly, for me, this concept introduced me to the moving discovery that within te ao Māori, there is a deeper meaning; that all life has hau, therefore "there are no Cartesian gulfs between mind and matter, animate and inanimate beings, people and environment, Culture and Nature" (p. 15). Such reflections reminded me of the Buddhist thinking of Thich Nhat Hahn with his words: "Look again, you will see me in you and in every leaf and flower bud" (Hanh, 2021, p. 301). Both are very different from the thinking brought by the Europeans, with which I was so familiar, and about which I reflect later in this article.

Another theme that struck me regarding this origin story is that about ancestors and kinship. It invited to me to extend my worldview as I began to reflect upon different ways people are grouped together in te ao Māori: whānau, hapū and iwi (Salmond, 2017, p. 244). At some stage in my life, I had, I think unconsciously, encountered concepts of whānau and iwi, but hapū was unfamiliar, as were the terms for leaders. People who grouped as extended families were whānau (Salmond, 2017, p. 244). Whilst "people descended from a common ancestor, and bound together by shared use and occupation of networks of gardens, stretches of forest, eel pools, birding trees, fishing grounds and reefs, and shared activities such as fighting and feasting" were hapū (p. 243–244). Leaders I discovered were described as "rangatira, and elders... kaumātua" (p. 244). Finally, "linked networks of hapū" led by an "ariki" were considered "iwi" (p. 244).

As I reflected upon these profoundly different cultural groupings, I found myself pondering more fully on how the Europeans of the time lived. I thought of the one house — one family concept that tended and indeed still tends to exist. I also considered my genealogy research in which I often found my not-so-rich-ancestors in the 1800s sharing a house with others either as being a servant or a labourer, or they had a house and a boarder. I thought of all the National Trust (www.nationaltrust.org.uk) houses that I had explored whilst living in England: the very rich lived with a wealth of servants around them. However, with both my ancestors and the rich, the extended household did not appear to be one of family or genetic connection, more of need.

I also encountered "across worlds" words that woke me to differing qualities in relation to leadership:

> Unlike the hierarchical class systems in Europe, there were no structural mechanisms (such as policemen, prisons or the army, punishments like flogging, or the physical discipline exerted in schools) to allow lasting impositions of power. Mana among the rangatira ebbed and flowed, according to their feats in battle, feasting and oratorical contests. (Salmond, 2017, p. 245)

I wondered what it would be like to live in a culture that functioned without such structural mechanisms, but rather utilised relationships to enable boundaries. My wondering reminded me of how I structured my practice in England and how that differed from now in New Zealand. In England, my signed client contract was an echo of my experience. Clients worked weekly and were not charged when I was on holiday (Christmas, Easter and summer holiday), on top of which they had the option of taking off four sessions per year without charge. I quickly found that this structure did not seem to suit the New Zealand psyche. Now,

my verbal agreement (echoed in an email) is that we work at either a weekly or fortnightly pace, and a client tells me prior to 12 noon the day before our planned session if they want to take that session off, otherwise there is a charge. I have found this a much more relaxed and human approach to a working relationship, and I am astounded at the very structured way I used to work.

Salmond (2017) emphasises that "Māori insisted on the existence of parallel ontological dimensions, in which different atua and ways of living could co-exist side by side" (p. 117). This meant that "The idea that what was right for Europeans might not be right for Māori and vice versa, and that each might happily go their own way was engrained in the Māori thinking" (Salmond, 2017, p. 82). This was not a concept with which I was familiar; indeed, the possibility that ontological differences could coexist side-by-side was very foreign for me.

I became interested in some words that linked space-time and relationships, as it made me think about my work in England: "In Māori thinking, the past is before us because we can see it: we walk backwards into the future since we cannot look and see what it will bring. This orientation to the world encourages us to reflect on and learn from the past" (Stewart, 2021, p. 66). In my work, I was curious about how clients generally orientated themselves to the future and lacked in-depth knowledge about their ancestors. I had a sense that when clients metaphorically turned around 180 degrees, it usually indicated a major positive shift in their psyche. When I have talked to English clients about pre-verbal and intergenerational trauma, they are often astonished that their ancestral past could have had an impact on them. Indeed, as I reflect on my own personal history, I recognise that similarly, it has been very painful and new for me to reflect on my own ancestral and generational past: my exploration of concepts of te ao Māori is gradually opening me more fully to these possibilities.

According to Salmond, Māori cosmologies describe space-time as a spiral, or a vortex. "Standing in the present, one can spin back to the Kore, the Void, where the first burst of energy unleashed the winds of growth and life — and out into the future" (Salmond, 2017, p. 13). This thinking allows the concept of being connected to one's ancestors in the here and now, whilst considering future generations. For me, this worldview is movingly elucidated in case vignettes written by a Māori healer (Wiremu NiaNia) and a European psychiatrist (Alistair Bush) (NiaNia et al., 2017). NiaNia comments that the way he sees and hears things could be easily misinterpreted by Europeans and categorised as "having hallucinations or being psychotic," and he goes on to state that "often the wairua side, the spiritual side, has gone unrecognised" (NiaNia et al., 2017, p. 2). His initial work with a young Māori woman called Shannon provided him with a glimpse of her grandmother: "I saw an old lady standing by the closed external door opposite me" and "as I looked at her, I became aware of her name, and I heard and felt a message for her mokopuna (grandchild)" (NiaNia et al., 2017, p. 46). I found NiaNia's writing and clinical expressions to be deeply moving.

The arrival of European culture

Salmond (2017) suggests that there were two strands of European culture that landed in Aotearoa New Zealand: the Enlightenment and Christianity (2017). She proposes that Enlightenment had two elements: that of "the Order of Things" and "the Order of Relations" (p.36).

The Enlightenment landed in Aotearoa in "1769 when Captain James Cook and his Endeavour companions arrived at Uawa" (Salmond, 2017, p. 21). The Endeavour "was a travelling sideshow of the Enlightenment, lavishly provided with scientific equipment to scan the heavens, collect, and examine plants and animals" (p. 34). This perspective Salmond suggests, was connected to René Descartes who believed "the thinking self — became the eye of the world" and "as the mind's eye replaced the Eye of God people were separated from Nature, and eventually from each other" (p. 34). This first element, "the order of things" (p. 36) gave birth to scientific measurement and the shape of the grid "used to abstract, divide up and measure space, time and life forms, bringing them under control" (p. 34). This grid:

> was hierarchical — based on the old European vision of the Great Chain of Being, with God at the apex followed by archangels and angels, divine kings, the aristocracy and successive ranks of human beings, from 'civilised' to 'savage', followed by animals, plants and minerals and the earth in descending order. (Salmond, 2017, p. 35)

With this framework the explorers considered Māori lower down the hierarchy and hence 'fortunate' to be rescued by European civilisation. It also meant that animals and the earth were objects for the taking by those above them. Indeed, onboard the Endeavour Joseph Banks "invoked the Great Chain of Being and took it for granted that he and his fellow Europeans (especially the gentry) occupied a higher place on the cosmic ladder than the people he met in the Pacific" (Salmond, 2017, p. 37).

The second element was the "order of relations", where the world was seen "as a living system patterned by networks of relations among (and within) different life forms" (Salmond, 2017, p. 36). This was also present on the Endeavour with "the Earl of Morton's 'Hints', with its emphasis on the legal rights of Pacific peoples to control their own lands" (p. 36). It also seemed to be in the background thinking of James Cook, as he "was less certain about the virtues of a stratified world", probably helped by his lifelong Quaker mentor (p. 37).

As I digested Salmond's writing about the Enlightenment several things occurred to me. Swimming around in "the order of things" reminded me of my zoology training where I extracted, stained, and then labelled parasites on glass slides. I acknowledged that I had been no different than the early explorers. I also noticed my disgust at the "Great Chain of Being" as it condoned "owning something" over "relating with something or someone". I sat with my disgust without judgement and realised the number of pets I had owned in my lifetime. Was owning them justified in the name of relating to them? I descended deeper into my pondering when I considered the number of animals I had eaten in my lifetime, before becoming vegan. Again, was I any different? I considered that "the Order of Relations" appeared to sit more easily with Salmond's description of a Māori world view, as it did also with my appreciation of Buddhism. This recognition allowed a glimpse of peace to trickle through me.

The second strand of European culture landed with Christianity. The first missionaries were "wary of the "Order of Relations" and "urged that the Church of England (rather than the Dissenters such as the Methodists or Wesleyans) should lead the missionary enterprise

in the Pacific" (Salmond, 2017 p. 63). From this background, in 1807 Marsden "sailed to England to recruit Church of England missionaries" (p. 63). Learning this made me wonder whether the European strands that contribute to Aotearoa New Zealand's cultural fabric might have reputed to a somewhat different cloth, had a different strand of Christianity been more prevalent?

I then turned to the creation story of European missionaries, as I began to consider the resonances and the differences to my very beginning understandings of the Māori concepts of hau, ancestors, kinship and space-time. On opening my great-grandmother's bible, for the first time I realised she was a dissenter. The front page is inscribed: "Timaru Wesleyan Methodist Sunday School. Presented to Annie Wilds for regular attendance and good conduct during the year 1869" (*Bible*, 1867). I suddenly felt both relieved and more connected to my ancestor whose parents I wrote about in my dissertation (Shackley, 2017). In her bible under Genesis Chapter 1, I find the words:

> And God blessed them, and God said unto them, Be fruitful, and multiply, and replenish the earth, and subdue it: and have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the earth. (*Bible*, 1867, Verse 28)

I was struck by how the Bible guided the incoming Europeans to take control and use the land and animals for their needs. I began to imagine that the Māori concept of hau, of mauri, and thus of everything being connected, and of tangata being deeply connected to the whenua (land) of their ancestors, made European colonial activities of domination of the land extremely difficult to comprehend.

Meeting of two cultures

In the early 19th century Māori were, Salmond (2017) suggests, "confident about their own tikanga (ancestral ways), at first Māori gave the missionaries little choice about observing local customs" (p. 98). However, by late 1815, Salmond suggests that with the arrival of more missionaries, "utu balances were radically out of kilter, causing instability and chaos" (p. 100). This was caused not only by Europeans breaking tapu, but also with the introduction of new diseases, and firearms, and unequal distribution of European goods disrupting mana (Salmond, 2017, p. 100).

Salmond goes on to propose that the early missionaries felt "that Māori thinking was fundamentally wrong-headed" (Salmond, 2017, p. 112) and either dismissed them outright or compared them to older European "practices - for example, those of the Greeks, Hebrews or Anglo-Saxons" (p.199). For example, Salmond describes Māori perspectives regarding engaging in sex to strengthen relationships and her perception of how this collided "with Christian ideas about purity, sin and sex outside marriage" (p. 199). At the same time, "Māori practices such as cannibalism, warfare, infanticide and slavery" were not seen in parallel "with contemporary European punishments such as hanging, flogging, and keel-hauling, and warfare, infanticide and slavery in Europe during the early nineteenth century" (p. 112).

I wondered what it was like for the missionaries who held these beliefs whilst teaching Christianity to Māori. As I am interested in language as a way of healing hidden ancestral trauma, I was fascinated to read about an early missionary, Kendall, who found the more he learnt Māori language "the more he felt his own world collapsing" (Salmond, 2017, p. 106). From the missionary's perspective, Kendall's interest in Māori language and customs made him "gone native" (p. 144). However, from a Māori perspective, Kendall's interest in their language and ways of being was "simply to become normal or ordinary, a person like themselves" (p. 144). They might have also acknowledged that Kendall had a "patu wairua — a cataclysmic blow to the spirit" (p. 170).

In 1820 a critical piece of history occurred, which "set the seal on an alliance between northern Māori and the British Crown" (Salmond, 2017, p. 127). Hongi Hika and Waikato travelled to London to meet with King George IV. At this meeting Hongi Hika learnt that the King did not know the missionaries, and that "Marsden and his fellow missionaries were commoners, or tūtūā, not Rangatira" (p. 151).

As I sat with all the information I had so far gathered, the water in which I was swimming seemed to clear a little. For Māori at this time, their belief in "parallel ao (dimensions of reality)" (Salmond, 2017, p. 164) appeared to allow them to hold onto their ways of being and allow the other to have theirs. However, as missionaries believed in one God and one way of being, I began to imagine their stress if they did not convert Māori to their way of thinking. Peace for missionaries, appeared to depend on the other agreeing with their worldview.

Around 1830 two other significant Europeans arrived. One was Henry Williams, who took up the role of missionary leader, he "was battle-hardened, physically strong and fearless" (Salmond, 2017, p. 205). Williams determinedly learnt te reo Māori, on the understanding that it could then allow Christianity to be taught. His thinking differed to Marsden, the earlier missionary leader, who "relied upon European technology and skills to open a way for the Gospel" (p. 217). Williams and other missionaries "doubted whether it was in the interests of Māori for their country to be brought under British control" (p. 217). I gained a sense that some Europeans were aware of their impact, yet the horse had bolted and was resistant to returning to the stable. For me, as I began to consider the horse as greed or fear of familial poverty, then it is easier to recognise the forces that levered the powers of the Enlightenment and Christianity to achieve their goal.

The metaphorical horse ran faster with the arrival of "a British Resident, James Busby" in 1833 (Salmond, 2017, p. 24). His role was to "punish British subjects who committed offences in New Zealand", yet he "was given no effective power for this purpose" (p. 224). Coupled with this was his education in "the Great Chain of Being" and "the arrow of time" from which he was "eager to assist Māori in making these steps towards civilisation" (p. 227). Yet his maiden speech to Māori in 1833 emphasised that the King wanted them to be his friends, along with his statement that "you will see that I am the friend of the Māori" before concluding with a lesson on "stadial theory" (p. 230). I can only imagine the distress this presented Māori: their importance of relationships contrasted with stadial theory, putting them in a lower category than those who had appeared on their land.

I was struck by an example of Māori asking Williams for permission to grieve the loss of Tohitapu in the "old way, crying and slashing themselves" (Salmond 2017, p. 232). When he refused, they grieved by shooting guns in the air; Williams responded by confiscating the

guns. I cannot imagine this scenario happening twenty years earlier. I felt astonished and saddened at the apparent loss of self-determination.

Threaded through this time was the continuation of warfare. In 1828 Williams attempted, and succeeded, in making peace between two Māori tribes at Hokianga (Salmond, 2017, p. 212). In 1830 Williams walked "alone into the middle of the battle with bullets flying around him, waving a white handkerchief tied to the end of a stick in an effort to stop the fighting: this was the 'Girls War'" (p. 213). I perceived the arrival of a new shape in warfare. Before the European arrival, Māori would have had complete control in how they interacted between each group. Suddenly the shape of a white man with a white handkerchief appeared. Some Māori became tired of fighting and to the "missionaries' joy" converted to Christianity along with "learning to read and write", put down "their songs" and "dances" and ceased "carving and tattooing which the missionaries abhorred" (p. 218). Yet not all had been lost: "many powerful Rangatira resolutely ignored what they had to say, holding fast to tapu practices, and continuing to seek utu for deaths and insults" (p. 218).

He Whakaputanga (1835), the Declaration of Independence (1835), Te Tiriti o Waitangi (1840) and the Treaty of Waitangi (1840)

I realised that something was happening with my writing. Whilst I had a sense of how I wanted to convey my information and I was enjoying writing, the nearer I got to 1840 and Te Tiriti o Waitangi and the Treaty of Waitangi, the more I found myself away from my computer. Two weeks passed before it dawned on me that I appeared to be avoiding something, and I imagined it was Te Tiriti and the Treaty of Waitangi. Sitting with this I realised that deep inside me, I didn't know how to make these documents function. I did not know how one would come back from attempted genocide by taking over another's lands, changing their language, beliefs, and ways of being, especially when some of the ancestors of those who took the land believe that they are right in what they did and are proud of the work they did.

I recalled a conference I attended, where one of the presenters was German and old enough to remember World War Two. He made a statement that stuck with me: "If a society doesn't hold their shadow, they project it on someone else. Germany learnt that the hard way." (Janus, 2019). I gathered I was facing the old English shadow, a painful truth I was tempted to avoid. Recognising that "A culturally competent psychotherapist will recognise the status of Māori and Pākehā as partners to the Treaty of Waitangi" (The Psychotherapists Board of Aotearoa New Zealand. Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa, 2019 July, p.4), I really took the time and space to unpick and digest the actions that led to Te Tiriti and the Treaty of Waitangi.

I was interested to read about the "Te Paparahi O Te Raki claim to the Waitangi Tribunal, lodged by northern leaders in 1990" as it introduced me to the formal document of "He Whakaputanga (the Declaration of Independence) in 1835" (Salmond, 2017, p. 201). In the claim they "vehemently denied that their ancestors had ever ceded sovereignty to the British Crown. Rather, they had forged a covenant with Queen Victoria" (p. 201). Woven into the claim was the statement that "we did not sign the Pākehā. We signed the Māori version" (p.

202). The outcome of the claim was that "We concluded that in 1840 their ancestors did not cede sovereignty to the British Crown" (p. 203). As I swam backwards in time, I realised that the signatories to He Whakaputanga "included a wide range of rangatira from the northern and southern alliances in the Bay of Islands, from Hokianga and elsewhere in the north, as well as the two ariki from the south" (p. 245).

I gathered the inspiration behind He Whakaputanga was the history of the northern Māori with the French around 1770: there had been unexpected kidnappings of Māori and retaliatory eating of French people (Salmond, 2017, p. 215). With the threat of the returning French in 1831, the "northern Māori found it easy to believe that the 'tribe of Marion' intended to seek utu for his death and, turned to the British for help" (p. 216). The day after the French boat arrived in New Zealand "thirteen Rangatira" sought advice from the missionary Henry Williams and endorsed a letter to the English King. In this letter they "begged him to be their hoa (friend) and take care of these islands, so foreigners (tau iwi) could not harass them and take away their country" (p. 216). Salmond (2017, p. 217) points out that it is unlikely that Williams would have been predisposed to welcome the French, having fought in the Napoleonic Wars, whilst the missionaries were unlikely to support the advance of the Roman Catholic faith. The letter was sent back to England, and it was reported that it would "greatly facilitate that formal occupancy on the part of our nation, which we have so frequently and so strongly urged, and on which the future peace and welfare of these colonies will so materially depend" (p. 217).

In 1833 James Busby arrived in Aotearoa New Zealand, with a reply to the chiefs' letter from Lord Goderich, which Williams translated into Māori (Salmond 2017, p. 228). Lord Goderich acknowledged their letter and the past French threat, whilst hoping that trade would continue with England. He also introduced Busby as being sent by the King "to stay among you as the King's man, as a mediator [kai wakarite] between Maori people of Nu Tirani and King William's people living with them as traders. It will be his task to judge all bad deeds that you bring before him" p. 229).

I gathered the English system of control had landed with Busby, possibly initiated from the fear of French invasion and the influence of the missionaries. The entanglement of the two cultures matted with Busby's behaviour and corresponding Māori actions. Busby set about choosing a flag to represent Aotearoa New Zealand. However, his process left the Māori upset and "many of the rangatira were troubled by the proceedings at Waitangi, the arrival of British warships, and a sense that the Europeans were acquiring too much land and power" (Salmond, 2017, p. 236). From this there was a raid on Busby's household which escalated into a request to "the New South Wales governor to send a military contingent to support the British Resident" (p. 237). This did not happen, but two Māori chiefs (Titore and Patuone) sent a message to King William IV, "aiming to strengthen their alliance with the British Crown" (p. 237).

The two cultures became more enmeshed when Busby received a letter from a Frenchman, Baron de Thierry, who claimed that in 1820 Hongi and Waikato had sold him land in the Hokianga, and he was on his way to claim it with an army (Salmond, 2017, p. 241). Busby "decided to speed up his plans to set up a kind of parliament in New Zealand" and "drafted a 'Declaration of the Independence of New Zealand'" (p. 242). Busby asked Williams to translate his draft into Māori, and a copy still survives in Williams' handwriting

(p. 243). Williams treated both the King and the Rangatira as equals whilst ensuring the sense of "us Rangatira Māori, excluding you foreigners, whether English or French; another sign of an emerging sense of a unified Māori identity" (p. 244). Busby claimed that thirty-five leading chiefs signed this document; however, apparently the only official report that remains is his own. The Rangatira were doubtful if the idea of a parliament could make laws succeed as they had no formal structural power and depended on "an ability to speak eloquently" whilst finding "it difficult to assert absolute authority over their people" (p. 245–246).

After I had waded my way through the context surrounding He Whakaputanga and the Declaration of Independence, I noticed that I had stopped writing yet again. I found I was doing anything and everything to avoid sitting at my desk and write. I sat with my curiosity and wondered if there was anything in me that wanted to avoid this? What floated up was an essay I wrote about Melanie Klein and the struggle I had with the "paranoid schizoid position":

> Many times, I attempted to study only to find that I was displacing onto interesting housework. I struggled, not only trudging through the mists of Klein's writing to identify key terms, but also to how they related; rather like being in a paranoid schizoid state. Once I had written the bones of the position, my anger miraculously dissipated. (Shackley, 2012, p. 4–5)

I paused at anger, as this was an emotion threaded through my dissertation, that I worked with in relation to the "animus, literally 'mind' (also spirit, courage and anger)" (McNeely, 1991, p. 9). I returned to Klein's work and recalled "that before the onset of the depressive position and in the earliest months of infancy, a paranoid-schizoid position dominates the first evolutionary phase of mental life" (Likierman, 2001, p. 144). In digesting my psychobiography, I knew this was a difficult time for me. My mother and I struggled with my food, and the shape I was left with was 'swallow it down or die'. Hence it made sense to me that when I came across the same shape of unpalatable information with no easy resolution, in the form of Te Tiriti or The Treaty of Waitangi, I might react by trying to avoid it. This seemed to fit with: "her psyche is not sufficiently mature to process large quantities of anxiety, she resorts repeatedly to primitive defence mechanisms" where "they are easily triggered and charged with indiscriminate aggression" (Likierman, 2001, p. 145). I had a sense that if I could just get through the context surrounding Te Tiriti and the Treaty of Waitangi, then again something would release, and my writing would flow.

I considered the emotions leading up to the 1835 He Whakaputanga and Declaration of Independence. As I understood it, Māori were understandably fearful of being taken over by the French and were used to the English. There was a sense of needing protection yet keeping their independence and sovereignty. For the Europeans the emotion seemed to be greed, with "property" and a belief that changing the other was acceptable (Salmond, 2017, p. 390). All this was thinly hidden under "the creation story in Genesis and the Great Chain of Being" along with "linear time" that orientated towards the goal of civilisation (p. 248–249). Two groups were considered as needing help to become civilised as Salmond (2017, p.249) notes: "Ancient Britons as well as Māori might be described as 'savages'" whilst many of the

Europeans of the 1830s; "escaped convicts, reprobate sailors and ruthless land-jobbers — were seen as being 'savage'".

The themes of independence, property and civilisation started to flow together as Salmond (2017, p. 250) states: "the idea of property emerged in 'civilised' societies, this required the emergence of the state, laws and punishment. Sovereignty thus rested on the need to protect private property". Although the Declaration gave Māori power to make laws and hold "sovereignty over the country", "Many of the British authorities and those interested in New Zealand, however, did not think that the rangatira were capable of exercising such powers" (p. 250). I wondered if this thought was connected to Europeans who believed themselves higher up the Great Chain of Being.

Around this time, the theme of property was a hot topic both in New Zealand and England. This meant that:

> the rangatira were assailed by Europeans eager to buy their land, and treat it as private property as soon as the purchase was finalised. Back in Britain, a war of pamphlets broke out, with those interested in the future of New Zealand arguing about the rights and wrongs of British settlement. (Salmond, 2017, p. 250)

The New Zealand Association wanted to form settlements whilst the Parliamentary Select Committee on Aboriginal Tribes "were less sanguine about the impact of European settlement" (Salmond, 2017, p. 251). Captain William Hobson, arrived in 1837. He embraced "a system of 'factories' or commercial settlements (like those in India) as a way of managing the peaceful British settlement of New Zealand" (p. 253). At this the "Church Missionary Society rose up in arms at any suggestion that commercial settlement (whether by the New Zealand Association or in Hobson's factory scheme) could accomplish 'the arduous task of raising the New Zealanders to the enjoyment of the blessings of a Christian and civilized state'" (Salmond, 2020, p. 254).

Floating above this tension were three events that appeared to hasten Te Tiriti and the Treaty of Waitangi. Firstly, in 1838 James Clendon "was appointed US Consul to New Zealand, and the following year 80 American vessels visited the Bay. There was also the risk of the French intervention" (Salmond, 2017, p. 255). I sensed that the English squabbling had stretched to quarrelling between countries interested in controlling Aotearoa New Zealand: "The contest was not so much about the rights of Māori, but about which Europeans could do the best job of looking after them" (p. 255). Secondly, Māori had a growing desire for peace, with half the population in 1840 being "mihinare — affiliated with the missionaries" (p. 258). Thirdly, "The New Zealand Association decided to defy Parliament and go ahead with its plans to set up settlements in New Zealand" (p. 259). "The New Zealand Association ship *Tory*" went to Wellington, Queen Charlotte Sound and Taranaki, buying up land even if Māori didn't agree, often leading to fighting and deaths (p. 260). The British Government responded by sending William Hobson to New Zealand "for the recognition of Her Majesty's sovereign authority over the whole or any parts of those islands" (p. 259).

I gathered that early 1840 was a maelstrom of activities aimed at quelling Williams, Hobson and Busby's rising panic at the loss of control to the New Zealand Association. The

missionary Henry Williams attempted to thwart their process by purchasing "the Wairarapa as 'a sitting place for the natives'" (Salmond, 2017, p. 260). In late January 1840 William Hobson met with Henry Williams and gave him a letter from the Bishop of Australia which instructed "him to do everything he could to assist Hobson with his mission" (p. 261). Hobson met with Busby and gave "him a letter from the British government announcing that the role of resident had been terminated" (p. 261). William Hobson then announced, "he was taking up his duties as lieutenant-governor, that the boundaries of New South Wales had been extended to include those parts of New Zealand to which British sovereignty might be extended, and that from that time on, land sales must be backed by a Crown grant to be recognised as valid" (p. 261).

By 4 February 1840, Hobson drafted an English version of the Treaty of Waitangi, which was "based on British treaties with tribal rulers in West Africa", updated with feedback from James Busby, and then given to Henry Williams and his son Edward to "translate it into Māori" overnight (Salmond, 2017, p. 261). It is now "almost universally agreed, the two treaties" –the Māori te Tiriti and the English translation, — "express very different understandings of future relations between Māori and Europeans" (p. 263). If the rangatira had debated and signed the English treaty, "it would be safe to conclude that they made a clear cession of sovereignty to Queen Victoria", but they debated and signed "Te Tiriti, "where "the relationship between the rangatira and the queen is very differently defined" (p. 263).

Possibly the way Henry Williams framed Te Tiriti o Waitangi to the Māori, on 5 February 1840, leveraged their familiarity with the missionaries and fear of a French invasion: "the missionaries, fully approved of the treaty" and "this treaty was a fortress for them against any foreign power which might desire to take possession of their country, as the French had taken possession of Otaiti (Tahiti)" (Salmond, 2017, p. 270). On 6 February 1840, signatures or "nose tattoos" were gathered for Te Tiriti (p. 283). However, the draft sent back to England was the English version and "it was certified as the official version of what had been agreed at Waitangi and elsewhere" (p. 283).

Where to from here?

As I am writing this almost 200 years after te Tiriti I had hoped that time would have helped the descendants of both parties to process what had happened and enable the agreement of their ancestors. However, the fact that te Tiriti was endorsed by Rangatira, but the Treaty of Waitangi was sent back to England as the official version, was a painful indication of things to come.

My questioning reminded me of the competency required by PBANZ to demonstrate understanding "That Aotearoa New Zealand has a culturally diverse population and how that diversity impacts on healthcare service, access and delivery" (The Psychotherapists' Board of Aotearoa New Zealand. Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa, 2019, July). On searching the Eight Key Indicators for health across Aotearoa New Zealand, I found that Māori fared worse than New Zealand Europeans on several indicators (Ministry of Health, 2023). I was also interested in the proportion of people identifying as Māori. StatsNZ Tatauranga Aotearoa (2021) stated "New Zealand's estimated Māori ethnic population was

892,200 (17.1 percent of national population)". I held this information whilst reflecting on: "Members of powerful groups have the privilege of remaining ignorant (if they so choose) about disempowered groups whilst the powerless have every reason to study the powerful" (Stewart, 2021, p. 118). I wondered if this is painfully implicated in Māori healthcare challenges: that Māori can be ignored and blamed for their situation, rather than seen and embraced for their perspective of the world, and more than this, granted the tino rangatiratanga, resources, sovereignty, and self-determination in health and all matters, that te Tiriti requires.

I then turned to the PBANZ competency: "A culturally competent psychotherapist will recognise: The status of Māori and Pakeha as partners to the Treaty of Waitangi" (The Psychotherapists Board of Aotearoa New Zealand. Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa, 2019, July). When I started this writing, I felt stuck, scattered, angry and frustrated with a sprinkling of guilt at the thought of Europeans coming and taking over Māori land. I did not see Te Tiriti and the Treaty of Waitangi as a partnership. At the same time, I appreciated my guilt had the potential to motivate me to enact rescuer or perpetrator in the drama triangle (Lac & Donaldson, 2020, p. 1). Early in my explorations I realised that I lacked knowledge around the cultural forces that swirled around the creation of Te Tiriti and the Treaty of Waitangi. Having immersed myself in a pool of learning my feelings were eventually dominated by immense sadness: that 200 years on, we continue to struggle to meet each other, with horrific consequences for the indigenous peoples, the tangata whenua of this land. I hold, perhaps in desperation, on to the hope that our increased focus on the climate crisis might provide a container that requires us to build a stronger more respectful relationship with tangata whenua in Aotearoa New Zealand, and with Papatūānuku, Mother Earth.

My explorations not only gave me a better context for understanding the nature of this country, but it also gave me deeper insights into my own history. Following one of the workshops with Donny Riki, I undertook a new piece of work on my ancestral tree. I noticed, in discussion with the tutor, that I had a significant positive body reaction to travelling to Cumbria in England, which I did not have when travelling to my hometown of Christchurch in New Zealand. Wondering why that was, I stepped back and sifted through 20 years of my genealogical work. It dawned on me that I was a first-generation New Zealander on my father's side. Most of my father's family, back to at least 1700, were born and raised and lived in Cumbria. It finally made sense to me why every time I reached the sign "Welcome to the Lake District", followed by the hills, and then the stone walls and traditional Herdwick sheep, that I exhaled and thought "I have come home."

The same cannot be said for my maternal side. The people I wrote about in my dissertation (Shackley, 2017) came from Deal in Kent, England. Several years ago, I visited Deal to notice my reaction. I found I was sad, and wondered if this was how they felt when they left in 1858. Most of my maternal family were Scottish, and curiously I did not manage to visit their land.

With this knowledge I rewrote my pepehā, with the tutor translating it into Te Reo. I learnt that for Māori clients I would make the therapeutic space safer for them if I could have my ancestors available to discuss. Hence my pepehā is on my therapy room wall.

I paused to ponder how I would integrate my new knowledge with my work as a psychotherapist. I am clear that I work to the depth of pre-verbal trauma and hidden inter-

generational stories, which means that my container includes that of a young toddler, baby, womb life and back six generations of the other side. I gently hold six generations as a boundary, after reading that we hold snippets of 100 percent of our ancestral DNA at six generations but "if you go back eight or more generations, it is almost certain that you will have some ancestors whose DNA did not get passed down to you" (Reich, 2018, p. 12). For me to work in this way, I realise that I need to have worked with my own pre-verbal history and hidden ancestral wounds. I started writing about this in my dissertation (Shackley, 2017) and I expect my insights from future writing, will allow me to work at greater depth. I hope that my way of considering ancestors will assist me in engaging with Māori clients and potentially useful to my clients of European descent. I am reminded that: "In order for deconstruction of colonial hierarchies to proceed, Derrida insists it is necessary to engage with the logic of binary oppositions" (Stewart, 2021, p. 105).

My explorations also made me question the theories that I use in my work. For example, in one workshop with Donny Riki there was discussion on what theory might be useful for working with Māori clients. Even my bread-and-butter Jungian theory of Individuation, which included ancestral space, did not sit quite right. It appeared overlayed by "linear time" (Salmond, 2017, p. 248), from "consciousness" to "personal unconscious" to "collective unconscious" (Stevens, 1990, p. 29). I started to ponder if other theories might be useful to include. Earlier I wrote about an old woman that NiaNia had seen (NiaNia et al., 2017). As I sat with this, I was reminded of the Jungian belief that the psyche can split in the face of overwhelming trauma: "a fragmentation of consciousness occurs in which the different 'pieces'" then "organize themselves according to certain archaic and typical (archetypal patterns), most commonly dyads or syzygies made up of personified 'beings'" (Kalsched, 1996, p. 3). I was reminded if a baby feels "impingements" to the "concept of a central or true self" then the "best defence is the organization of a false self" (Winnicott, 1960, p. 591). I was also interested to note Winnicott's comment about Klein's work, as I was reminded of anger, frustration, and projection, while I worked through this research:

> This work of Klein concerns earliest infancy, and draws attention to the importance of aggressive and destructive impulses that are more deeply rooted than those that are reactive to frustration and related to hate and anger; also in Klein's work there is a dissection of early defences against primitive anxieties, anxieties that belong to the first stages of the mental organization (splitting, projection, and introjection). (Winnicott, 1960, p. 588)

These theories dealt with the individual psyche splitting in the face of overwhelming trauma, rather than the concept of ancestors (NiaNia et al., 2017) or as discussed in the workshops (D. Riki, personal communication, July 21, August 25, September 29, October 27, and November 24, 2022). I wondered if my ancestral "Ancient Britons" could help (Salmond, 2017, p. 249). I circled around to an older shamanic approach which acknowledged that "many of us today don't feel totally whole" and soul loss might occur due to "being frightened away, or straying, or being stolen" (Ingerman, 1991, p. 11). Ingerman states the shaman travels to find the lost soul part in "the Upper World", "Lower World" and the "Middle World' (Ingerman, 1991, p. 34–36). I am interested in her words: "In the Middle World the shaman

can travel back and forth through human histories. Sometimes the soul of a patient has remained in a past moment of his or her life whilst the outer world has continued to move onward" (Ingerman, 1991, p. 36). This gave me the concept of time, but it was still at the individual level.

I started to turn around. I considered the work of family therapy and family constellations. Schützenberger (1998, p. 13) references the work of Frieda Fromm-Reichmann around 1948, who was interested in "the question of psychosis and especially schizophrenia", curiously the emotions of which NiaNia felt he could be accused. Schützenberger (1998, p. 16) uses a process of "short psychodramas" "in which it is possible to ask a dead grandfather to come and talk on the stage". Ruppert (2008, p. 229) outlines his process for "systemic constellations", whereby a person who wants to know more about an issue in her family, works with a therapist and people who represent different people in her family system. These theories resonated with me, and I felt there were some tools that could help me further my work.

Finally, I turned completely around: 180 degrees. I realised that I was of European descent exploring European models. I had read a book about working with mental health from a Māori perspective (NiaNia et al., 2017), but I lacked any knowledge about Māori mental health approaches. I watched my fear of finding out. Fear that I would be blamed for cultural misappropriation: for taking something that belonged to the other. Walking towards my fear, I wondered what would happen if I asked to learn a new cultural approach? Would I be accepted or rejected? Could stepping towards my fear add a richness in the way that I work and also potentially add a bridge across cultures.

Conclusion

I started this exploration aware that I knew little about Māori cultures and the arrival of European missionaries. I decided to immerse myself in a pool of learning as much as I was able, and eventually attempt to swim, being inspired by Jung's encouragement that, "Man's descent to the water is needed in order to evoke the miracle of its coming to life" (Jung, 1959, p. 17).

I swam in both cultures as best I could. I discovered Māori concepts of hau, ancestors, kinship, and space-time. I noted how this differed to the European concepts of the Enlightenment and Christianity with which I was so familiar. The Enlightenment's "order of relations" appeared closer to the Māori concept of relationships and hau. I reflected on both my own behaviour and that of my ancestor, (Annie Wilds) noting that we had similarities to the old European culture, yet both of us were slightly different to it: Annie with a different strand of Christianity, me with my sense of peace gained from contemplating Buddhist teachings.

I explored what happened to the cultures when they met. Two examples stood out to me. Firstly, within 20 years of the missionaries' arrival, that a group of Māori sought permission to grieve in the old ways. Secondly, that language appears to be a key player in culture change. I was interested in the example of a missionary learning Te Reo, and how this impacted on how he perceived the world.

I immersed my head under the water, as I sought to learn about the four documents: He

Whakaputanga (1835), the Declaration of Independence (1835), Te Tiriti o Waitangi (1840) and the Treaty of Waitangi (1840). I recognised my unconscious avoidance at trying to process the information surrounding this time. When I waded out of the water, I realised I had shifted from frustration, anger, and guilt to sadness with a glimpse of hope. I have pondered on how I work as a psychotherapist and identified areas that I want to learn more about. Ultimately, I am just a beginner. Perhaps most of us are.

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Internal and external destructiveness: The violence of the inner world and its potential transformation

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"The ego can kill itself only if … it can treat itself as an object."
(Sigmund Freud, 1917/1950, p.252).

Abstract

Stekel (1910/1967) suggests, "no one kills himself who has never wanted to kill another or at least wished the death of another" (cited in Bell, 2001, p. 24). In this paper, I will suggest that such inner destructiveness, if not murderousness, is reflected not only in the inner world of suicide but also in the microcosm of so many clinical presentations, be it, for example, relentless self-harm, the cruelty of emotional self-attack, the intrapsychic hatred of eating disorders, or the violence we perpetrate on ourselves, others, and the natural world. In the public sphere, such inner cruelty is further made manifest in Aotearoa's tragic suicide statistics, horrific attacks on public figures, particularly when they reveal vulnerability, and cross-cultural attacks in relation to ethnicity, gender, and sexual orientation. These inner dynamics are further reflected in the macrocosm of interlinked global threats of the human-induced climate crisis, the threat of nuclear war, and the pandemic, in which psyche is writ large. Yet there is a profound absence in public discourse of reflection on the violence of our inner worlds, and how these cruel dynamics are replayed clinically, interpersonally, cross-culturally, and globally, generating destructive and murderous impulses and actions.

I will draw on a range of psychoanalytic and Jungian theoretical lenses in an exploration of the nature of inner destructiveness, and its manifestation, within both the clinician and the patient, and how this inner destructiveness also manifests in wider societal and global destructive dynamics. I will weave personal and composite fictional clinical vignettes to illustrate these ideas, and will conclude my paper with an exploration of how surrender to intrapsychic deaths, including surrender to the inevitable and painful mourning such surrender requires, might facilitate the emergence of more creative and life-giving responses, within ourselves as clinicians, within our psychotherapeutic relationships with patients, and in the cross-cultural and global communities and natural environments with which we are embedded, and within which life-giving responses are so crucially required.

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Whakarāpopotonga

Stekel (1910/1967): "kāre he tangata e whakamate i a ia anō kāre anō nei kia hiahia ki te whakamate i tētahi atu, e moemoeā rānei kia mate tētahi atu tangata" (tohutoro rō Bell, 2001, w. 24). E kī ana au ko tēnei tūmomo whakatakariri whakaroto, kōhuru rānei, e whakaahuahia mai ana, kaua e te ao whakamomori anake, engari i roto anō hoki i te moroitinga o te maha o ngā kitenga haumanu, ahakoa, hei whakatauira ake, te mutunga kore o te whakatūroro ihoroto, te tūkino o te whaiaro kare ihoroto, te kino o te whakaaro ihoroto ki te kai, tā tātau mahi kino ihoroto ki a tātau anō, ki ētahi atu, me te ao tūroa. I rō tūmatanui, ka kitea ake tēnei tūkino ihoroto mai i ngā tatauranga mate momori, tukinga kino i ngā tāngata tūmatanui, mātua tonu nei ko te kitea ake o te paraheahea, te tukinga kaikiri whiti ahurea whakapā atu ki te mātāwaka, te ira tangata, me te hōkakatanga. Whakaahuahia ake anō ai ēnei mahi e te ao whānui e ngā āhuarangi tumatumanga, te pakanga pakiri wehiwehi me te mate uratā, te pūaotanga o te mataora. Ahakoa tonu e ngaro kau ana te matapaki tūmatanui ki te whakaaro i te morearea o ō tatau ao ihoroto, me te putaputa ā-haumanu, ā-whaiora, ā-whakawhitinga ahurea, huri noa i te ao, te whakaputanga ake o te korokoro o Parata, ngā mahi kohuru manawa rere.

Ka huri au ki ngā tuhinga haumanu me ētahi kohikohinga wetewetenga hinengaro, me ērā e whai ana i a Hūniana/Jungian ki te tūhura i te āhua o te patu ihoroto me ngā whakaputanga, i te kaiwhakaora hinengaro me the tūroro, te putanga mai hoki o tēnei patu ihoroto ki ngā hāpori tumatanui huri noa atu ki te ao. Ka whiria haerehia e au ngā kōrero matawhaiora me ētahi tuhinga haumanu hei whakaahua i ēnei whakaaro, ā, hei whakamutu i taku pepa ka tūhurahiate āhua o te hauraro ki ngā mate ihoroto, me te hauraro hoki ki te mau kākahu taratara o te mate, e puta mai ai pea ētahi huarahi whakaoranga auaha i waenga i ā tātau nga kaihaumanu, o tātau whakawhanaungatanga atu ki ngā tūroro, ngā ahurea maha, ngā hāpori o te ao me te ao tūroa e tāwharau nei i ā tātau, te wāhi e tika ana kia tau te mauri, te hauora.

Keywords: destructive; internal; reparation; cultural; grief; climate; Jung; Klein.

Introduction

Stekel (1910/1967) suggests, "no one kills himself who has never wanted to kill another or at least wished the death of another" (cited in Bell, 2001, p. 24). In this paper, I will suggest that such inner destructiveness, if not murderousness, is reflected not only in the inner world of suicide but also in the microcosm of so many clinical presentations, be it, for example, relentless self-harm, the cruelty of emotional self-attack, the intrapsychic hatred of eating disorders, or the violence we perpetrate on ourselves, others, and the natural world. In the public sphere, such inner cruelty is further made manifest in Aotearoa's tragic suicide statistics, horrific attacks on public figures, particularly when they reveal vulnerability, and cross-cultural attacks in relation to ethnicity, gender, and sexual orientation. These inner dynamics are further reflected in the macrocosm of interlinked global threats of the human-induced climate crisis, the threat of nuclear war, and the pandemic, in which psyche is writ large. Yet there is a profound absence in public discourse of reflection on the violence of our inner worlds, and how these cruel dynamics are replayed clinically, interpersonally, cross-

culturally, and globally, generating destructive and murderous impulses and actions.

I will draw on a range of psychoanalytic and Jungian theoretical lenses in an exploration of the nature of inner destructiveness, and its manifestation, within both the clinician and the patient, and how this inner destructiveness also manifests in wider societal and global destructive dynamics. I will weave personal and composite fictional clinical vignettes to illustrate these ideas, and will conclude my paper with an exploration of how surrender to intrapsychic deaths, including surrender to the inevitable and painful mourning such surrender requires, might facilitate the emergence of more creative and life-giving responses, within ourselves as clinicians, within our psychotherapeutic relationships with patients, and in the cross-cultural and global communities and natural environments with which we are embedded, and within which life-giving responses are so crucially required.

The reassurance of Melanie Klein

In Melanie Klein I find a reassuring maternal figure. Who would have thought! For, whilst her actual mothering capacities are worthy of considerable interrogation, the conceptualisation that we are all inevitably psychically terrified by the somatic primitive states of infancy and that we can experience these as annihilatory, leading inevitably to internal persecutory states, is strangely reassuring.

Like many therapists, my early environment taught me to read and anticipate the needs of others, and my intelligence and shy interpersonal capacity, combined with my interest from an early age in the religious symbolism of my upbringing, encouraged me towards premature 'symbolic' capacity. The protective psychic structure described by Chris Milton (2014) as the Mercurius complex is, I suggest, common amongst therapists; as children, we prematurely mobilise our intelligence and personal and emotional sensitivity to omnipotently and sometimes heroically navigate frightening external environments, and the terror of our inner worlds, via 'apparent' symbolic capacity, whilst sequestering the depth of emotional disturbance we experience. Clever psychoanalytic interpretations, devoid of any feeling, are one manifestation of such defensive operations.

By contrast, in Klein's (1923; 1940; 1946) writing, I find myself invited to notice my own self-destructive impulses, the tendency towards manic omnipotent therapeutic activity, and the risk of masochistic submission. In recognising these self-destructive possibilities, Klein invites me instead to gradually engage with repair of an inner world that might otherwise run rampant over my vulnerable interior. Her description of the movement from splitting defences to the possibility of mourning and reparation invites me to recognise the powerlessness that manic mercurial therapeutic activity might seek to hide, and to embrace this vulnerability rather than flee from it, in service of a more forgiving and human life.

In this paper, I suggest this is a task for us all: that each of us has within ourselves the capacity to terrorise ourselves, to attack the tender fabric of our being, whether that be by rageful self-criticism, or the apparent opposite, a flight to grandiose narcissistic importance, manic other-helping behaviour, or cruel self-attack in the form of drugs and alcohol, sex and food, putting ourselves on emotional starvation rations, or gluttonously feeding the terrorised body, or any manner of other seductions, so viciously promoted by our technology-infused culture and its corporate economic underpinnings.

In articulating this perspective, I am suggesting that in our attempts to flee from the vulnerability of being a human being, whether in our personal lives and clinical work, or our sociocultural and global context, such manoeuvres necessarily require us to attack the vulnerability and dependency we seek to escape, and in so doing we perpetuate the destruction we see all around us.

Vignette one — Maliki[1]

Patients such as Maliki will stay in my heart forever. When he came to see me his body was wracked by vicious self-harm, his limbs were puffy and swollen, and his pain tangibly visceral as it visited my own body in the form of a tense and anxious fear of getting it wrong. His longing for contact was entirely camouflaged by his physical and psychic retreat. His aching body curled on my couch, his relentless withdrawal and monosyllabic utterances cloaked in suicidal silence. The first half dozen sessions were excruciating. Every word I uttered was pierced by withering withdrawals or prickly rejection. I felt despairing when, as the end of our eighth session approached, despite his attempts to hide it, a tear dribbled from his eye, and my careful enquiry provoked Maliki to tell me ."I'm so lonely". This was the beginning of several years of exploration of how his withdrawal, intended to protect himself, had become a persecutory prison inhabited only by himself and the self-hatred which had overtaken his life. Maliki unfurled before me, slowly revealing the grief, pain, and self-hatred that his gnarled body attempted to evacuate. As I too navigated by my own omniscient flight from powerlessness and vulnerability, I encountered impulses to save him from, rather than feel, his overwhelming distress. He revealed a dream of a face staring out of a foggy window; for some years this representation of his isolation provided a rich and creative vehicle for inviting him, often via forceful therapeutic challenges, to open the window and enter into the terrifying world of human and nonhuman connections.

Klein's infant

As we know, Klein's infant, via projection, perceives apparent somatic inner attack as coming from the external other, the frustrating other hatefully attacking the self, threatening our capacity for going on being (Winnicott, 1963). Bateman and Fonagy (2004), building on Bion, poignantly convey the phenomenology of this persecutory inner world, and suggest projective identification is sometimes a vital process for survival. Phenomenologically, I have suggested, the following as a description that captures something of this experience.

> I hate myself and everything about myself. I have taken this in from a traumatising attacking environment that not only fails to congruently recognise the internal states I experience, but actively attacks these states, invading me with an alien self that persecutes my very being. My only relief is to find a potentially caring other with whom I can get close enough to hate. If another comes close, they represent the deep longing I have that someone somewhere might care enough to reach my

1 All clinical vignettes are composite fictional cases and do not refer to any particular patient.

> terror. And yet they also represent the inevitability that this so-called caring other will become another persecutor determined to attack, abandon, abuse and hurt me. So, I will hurt them first. With all my might. I will attack the attacker that I know is in them. And then they can feel my powerlessness, and I will be relieved, if only briefly, of the terrifying terrorist and their powerless, dissociated victim within me.

Thus, the solution of projective identification, an unconscious act of survival, in which these splitting processes are now inter-personalised, as psyche seeks an interpersonal other, to relieve itself, if only temporarily, from the torment of its internal persecutor. As a patient of mine once offered when reflecting upon her tendency to communicate her tortuous distress via suicidal, immobile, silent, and hostile withdrawal:

> I wanna be stubborn. I want you to feel inadequate and incapable. I want you to feel like you failed. … because that's how I feel. Failed. I might be resentful towards you. You say you'll do things and then you don't. I can't trust you — rely on you. Ever since I told you it makes me anxious when you lean forward, not a single session has gone by without you doing that — You don't take me seriously — you want to intentionally hurt me. That's OK, I'll hurt you back. … How do I show you? By creating as much distance between us as possible. I still get anxious though. I really am scared that you're gonna leave — hand me over — lock me up — die soon. I can explain the fear, rationalise it but it doesn't make the fear any less intense. So I'll leave you before you leave me.

Reparation proper

By contrast, central to true repair of the inner world, as Henri Rey (1994) emphasises, is the ongoing development of the capacity to feel without enacting our terror, enabling mourning, self-acceptance, self-forgiveness, and trust in our capacity for creative rather than destructive aggression, even when mistakes are made, allowing us to have faith that fantasised damage can be repaired. This is an inner task as much as an interpersonal or cross-cultural one. Rey (1994) comments,

> The role of the internal [other] is the key to reparation proper … [T]he achievement of forgiveness through the internal [other] seems to be … vital … This would mean that both mourning and tolerance and the capacity for maintenance and care have replaced intolerance and depression. (p. 223)

Patricia Williams (2021) recently published her first book at the age of 88, entitled *From the Mountain to the Sea*. In it, she offers us her contemplations on the natural world and its ordinary and wondrous manifestations. At one point she reflects on her response to reading of guards who worked in World War Two gas chambers. She comments, "I … don't condemn those Nazi guards (although I utterly abhor their actions) because I truly believe that I'm part of them and they of me; we are only separated by geography and time. To condemn them is to condemn myself." (p. 112). William's recognition that the violence of Nazi guards is "us" and that to

condemn them is to condemn ourselves, I suggest, reflects an inner world in which love, aggression and self-forgiveness can cohabitate, enabling creative rather than destructive responses to ourselves, those around us and the natural world in which we are embedded.

Suicide

In relation to the inner world of suicide, Freud (1917/1950) gestures to the links between suicide and homicide, observing, "The ego can kill itself only if … it can treat itself as an object" (p.252). As Bell (2001) observes:

> [Some] patients … are continuously internally persecuted by an archaic and vengeful superego from which there is no escape: psychic claustrophobia. Its punishing quality is merciless. It inflates quite ordinary faults and failures turning them into crimes that must be punished. In this situation suicide's submission to the internal tormentors may be felt as a final release. (p. 27)

David Rosen (1993) explores the dynamics of egocide versus suicide; how the magnetic pull of suicide tragically provokes the killing of the physical self, in unconscious preference to the emotional turmoil which is egocide, the death of ego and its protective defences. For some, such inner violence necessary for true repair, is sometimes too unbearable. Sometimes the destructiveness wins. As I write this paper my heart breaks again as I recall the funerals I have attended of patients who have ended their own lives. I am grateful to have colleagues to speak with of this. We all need company for our grief if we are to face the truth of ourselves and of others.

Therapeutic stance of reparation proper

By contrast to avoidance of suicide's excruciating finality, a therapeutic stance informed by deep faith in the possibility of true repair of the persecutory inner world requires of me the capacity to bear pain: both the emotional pain involved in grieving the hurt and terror that so infuses patients and my own vulnerability, and to bear the guilt arising from fear that aggressive impulses, both my own and my patients, might cause irreparable damage. Instead, I aim to mobilise my therapeutic potency and care against the intrapsychic persecution, and on behalf of the patient's vulnerability. An often-fierce engagement with the patient's destructive self-attack emerges. As Mark Thorpe (2016) has noted,

> acceptance of depressive pain is a prerequisite for true reparation. … true reparation implies becoming aware of one's own aggression. (p. 212)

The therapeutic maxim of "tough when they're tough, tender when they're tender" is a helpful guide. The capacity to bear such pain and grief, to accept our guilt without being overly fearful that our aggression might do damage, enables internal forgiveness, in which we forgive the child we were for its desperate needs, and fantasised destructive attacks on the other, in so doing forgiving both the child and our own caregivers, as they exist within us

now, mourning the losses of our early life, enabling gratitude and forgiveness, and disabling paranoid fear and hostile attack.

Vignette 3 — Mandy

Mandy's withdrawal into passive depressive helplessness, whilst raging at her mother's cruelty, was relentless. Whilst her fury at her mother appeared fully justified, the passivity of her rage, and the emotional withdrawal of all energy for life, was slowly killing not only her soul, but her body. To confront the destructiveness of her despair required that I trust the potency of my challenge, as I sought to consistently feel the depth of her distressing pain, whilst challenging her that her withdrawal was only enacting and repeating an identification with her mother's cruelty; rather I would challenge her about her desire to learn to surf the waves of life, that, "you are not going to learn to surf by sitting on the beach." In mobilising my therapeutic potency, I also had to get into the waves, surfing my fear that my potency might cause damage. In turn, Mandy needed to allow her fury at me for the directness of my challenge, gradually discovering her trust that her fury would find a home in my body and mind, without collapse or retaliation, and that slowly she might learn to redirect her aggression in order that it might serve her own life force.

Shame

So often, underpinning such dynamics is shame. The unwillingness to bare the vulnerability so often soaked in shame by early relational histories that have made our fear, our tenderness, bad, and wrong, and thus to be banished, attacked, sequestered, cut out, and tragically, sometimes killed. To engage in true repair of the inner world, both our patients and our own, is to avoid the reactive temptations of retaliation, "Fuck you", "Well, fuck you, too", submission, "I'm sorry, *mea culpa, mea culpa, mea maxima culpa*", or bystander avoidance, "perhaps Dr Omniscient Love, whose office is across the road, will be a better therapist for you than me." Rather, we must bear the pain and beauty of our importance to each other, even as shame, fear and guilt attempt to derail us; we must seek to go towards what is most distressing: "it seems like something painful has happened between us, can we explore this together?"

Collective omnipotent destructiveness

As I suggested in the abstract of this paper, just as these persecutory horrors tyrannise our inner life and those of our patients, particularly those for whom love and hate has not been well mediated in early life, so the flight from these states fuels the manic destruction we see all around us.

Cross-culturally

Cross-culturally in Aotearoa New Zealand I suggest these relentless and hateful dynamics are revealed in the shame that motivates our flight from knowing, much less feeling, the grief that haunts us, the ghosts of our dissociated violent colonial and migrant histories.

Abraham and Torok (1994) suggest that transgenerational trauma is encapsulated through entombment via silence, "the words that cannot be uttered, the scenes that cannot be recalled, the tears that cannot be shared, everything will be swallowed along with the trauma that led to the loss. Swallowed and preserved." (p. 130).

In Aotearoa New Zealand silence entombs grief and violence that must be felt if our histories are to be meaningfully and honestly met. Patricia Williams' (2021) words that to condemn Nazi guards is "to condemn myself" is in stark contrast to the notion which infused the collective after the Christchurch Mosque attacks in March 2019, that "they", the victims of this horrific violence, are "us", and "he", the perpetrator of the violence is, as Prime Minister of the time Jacinda Ardern articulated, "not us". Such a stance disassociates, denies, and avoids the history of this country, a history in part built, as Anne Salmond (2019) subsequently pointed out, on the notion of "white supremacy".

Many of my patients have revealed that, in their cultural difference, they feel a mixture of the fear that I will perpetrate an attack on their racialised selves, as has so often happened in the past, mixed with the introjected shame of cross-cultural colonial and/or racialised contact, in which the dark other must see themselves in the white man's eyes. They feel the impulse on the one hand to aggressively assert their difference and attack me for my privileged otherness, whilst testing whether I can possibly glimpse an understanding of their difference, or, on the other hand the temptation to defensively idealise my whiteness, to create me as the saviour, to rescue them from their dark badness. The white superego and the black id. To accept this emotional challenge is to avoid the temptations of manic restoration that Rey (1994) described, in which I, the guilty white person, seeks absolution for the violent aggression of my ancestors, by manic restoration in the form of submission, guilt or idealisation, or the opposite, reactive denial or impotent bystander avoidance.

I suggest that central to this task is a shared labour of relational mourning (Gerson, 2009). The losses are profound. Yet most of us decline Akhtar's (1999) poignant invitation to embrace the painful task of ongoing mourning to which our immigrant histories gesture, tempted by submission to the feeling that something bad has happened so someone must be bad, either the monkeys which Māori were constructed as being during the colonial project, or the white British descendant whose cruelty is perceived as inarguable.

But when guilt and shame do not predominate, then we can misunderstand each other, be in aggressive states with each other, and stay. As the most punitive aspects of my own archaic superego have gradually repaired, and I am no longer so persecuted by an inner world that proclaims my cultural badness, I am more and more able to meet with love, aggression, and tenderness the cultural other, as they are able to do the same with me. This was one of Hinewirangi Kohu Morgan's many gifts to us: her willingness to be in affectively charged emotional contexts with us all, and to stay.

Perhaps we can all learn lessons from our profession's painful history regarding psychotherapeutic responses to same-sex sexual desire. I was both horrified and inspired to note our APANZ ancestor and former President Basil James's destructiveness, and subsequent honesty. In 1962, he wrote a paper entitled *Case of homosexuality treated by aversion therapy*. Subsequent to his dangerous pathologising of homosexuality, James, in 1999, offered an emotional reflection in which he regretted the harm which he had perpetrated. Guy (2000) quoted James as writing that,

> The treatment of the [homosexual] patient which I published not only, it now seems to me, sought to incorporate some of the avant garde thinking of the day (learning theory) but much more importantly, helped me to deal with my *helplessness and ignorance*. [Emphasis added] (p. 117)

Helplessness and ignorance. Perhaps the feeling psychotherapists most fear is helplessness. We will do anything but feel helpless. James hints at the possibility of transformation that exists in managing to bear our helplessness, of not being captured by the need to fix, heal, and cure. Can I bear the possibility of feeling something and knowing nothing?

And so, to the climate imperative

In the Latin class of my adolescence, I found an exhilarating solace in the myth of Icarus. It was the thrill of the flight to the sun which stayed burned in my memory. Those magnificent wings, fixed by wax, seemed to offer a magical flight to freedom. My young mind could not hold in mind the trauma of Icarus's fall to his death, nor of his father's, Daedalus's, unremitting grief. I used to think psychotherapy was about the flight, the all-powerful omnipotent flight to freedom. Now I recognise it is about the fall, falling into our vulnerability, humanity, and our embeddedness in the natural world.

At a global level Donna Orange (2016) links shame about our colonial and empire building histories to the climate imperative with which we all are faced, and which perhaps fuels our Icarus-like manic flight, encouraged by an economic consumer imperative, whose history goes back to the fabrication of New Zealand, in which colonial empire building, and its enlightenment faith in the racialised hierarchy of being, and the value of progress and commerce, informed the manifestation of colonial New Zealand as a resource to be farmed and a natural environment to be bought and sold, a food basket to be put in refrigerators and eventually supermarkets, distancing ourselves from the natural world upon which we are so utterly dependent and entwined.

Claire Miranda (2022) notes that Orange describes how shame about "the ecological crisis" creates "an evasion of knowing" (2022, p.26). Shame for those of British ancestry living in Aotearoa New Zealand, in relation to our colonial history, is in equal measure, both profound and dissociated, colonial European history in which psychoanalysis is banned, thinking about feeling is subsumed under the mantra of Jock Phillips' *A man's country* (1996), the unfeeling man alone, enabling our self-hatred to be banished from consciousness. In so doing we wilfully refuse encountering the shame of our histories. And as Jessica Benjamin (2018) has described, we avoid:

> the intense fear … of admitting the truth of harming because the loss of goodness is intolerable to the rigidly organised psyche. The fear of losing goodness expresses itself in a sense of being unfairly attacked, rather than being asked to take responsibility. The consequent denial of harming … The attachment to identity becomes organised by the imaginary battle of "only one can live". (p. 247)

Thus, just as we are challenged in the clinical room to bare our own vulnerability, neither fleeing into manic action, nor submitting to cruel attack, so in relation to the natural world we are faced with the enormous task of grieving and feeling guilt without being immobilised, neither fleeing from the damage caused, nor the shame we might feel for the pain inflicted by our degradation of the natural world.

My most recent analyst is fond of reminding me, "you are unimportant, and the fact that you are unimportant, is unimportant." I recognise in these words the risk that attachment to our unimportance can lead to the futile belief that we can do nothing. "What's the point … The Earth is fucked and so are we … Let's flee to a destructive technological distraction, or drown ourselves in depressive apathy, or retaliate by hating each other across constructions of gender, age, and nationhood, as society turns its destructive hate upon itself."

There is however an alternative. For where Thanatos lurks, so too does Eros.

Whilst I find Melanie Klein helpful in navigating the terrors of the persecuted inner world, a Kleinian view of the nature of psyche is ultimately insufficient for the challenges we face. Rather, I suggest that if we can bear the pain, grief, and anxiety in relation to our own guilt and aggression, then gradually our grief might transform to empathy, anxiety into determination, other and self-attack into potent action, and guilt into acts of restoration and reparation. Such a perspective opens me to the transpersonal possibilities of psyche.

Jung suggests that the mourning and recognition of internal goodness, involved in reparation proper, ultimately involves the death of our habitual self-destructive ego attitude, whose monarchy is so tempted to rule with omnipotent narcissism. The temptations of global suicide over collective egocide loom large in the climate imperative, so frightening is it to give up our relentless defensive pursuit of omnipotence over the natural world. In contrast to global ecological suicide, Lucy Husckinson (2002) invites us to consider the creative potential if we can surrender to the inner violence that might give birth to the truth of our vulnerability, in which the ego dies to the Transpersonal Self and openness to the creativity of the numinous is enabled. She writes:

> Violence … describes the destruction necessary to initiate the vital creative process of individuation, and the Self is "violent" because it is experienced as an overwhelming force that violates the self-containment of the ego and forces the ego, often against its will, into a new identity. (p.438)

Recently, following attendance at a group analytic workshop, in which themes of transgenerational trauma arose, I had the following dream.

> I was at a bookstore. I had my six-year-old son with me. I explained to my son that we were going to the bookstore to try and find the existence of an extremely rare coin, indeed, the only one in the world. It had come from Ireland, several centuries ago, to Aotearoa New Zealand. We wanted to know how it got to New Zealand. The bookstore owner said that he did not have the coin, but they had a book that had been written about the history of the coin and how it had come to be in New Zealand. I thought to myself, as I leant down to my son, "Wow this really must be a precious coin, if they've written a whole book about it!"

In the maelstrom of cultural transgenerational trauma which the workshop had evoked in me, this dream had revealed a greater conjunction between the young boy in me, and the man, who reclaimed in this precious unique Irish coin a transpersonal culturally mediated self, an Irish self, to be appreciated, a history to be understood, neither dissociated and denied, nor subsumed in postcolonial Pākehā guilt, but appreciated, in service of meeting the other with humility and potency and truth.

In summary

French analyst Jean Laplanche (1987) has suggested "All work is the work of mourning" (p. 298, cited in Davey, 2000, p. 59). Indeed, if the traumatised psyches who inhabit our clinical rooms are to free their imprisoned souls, face the terror of their inner lives, and gradually transform their persecutory hatred into creative potency and protective aggression, their dissociated powerlessness into human vulnerability and need, then the capacity for mourning and grief is crucial. The adult must grieve the child's losses, the hurts, pains, and terrors of early life. And more than this, they must grieve their loss of innocence, and the possibility that omnipotent control can keep pain at bay. In feeling the soft centre of our vulnerable humanity, facing the truth of the tender souls that we are, we have the possibility of living a life of creativity that can be born from the deep and profound acceptance of this humanity.

Moreover, this capacity for grief is not only central to the individual patient in our clinical rooms. Perhaps more urgently than ever, the centrality of this capacity challenges the whole of humanity, as the climate crisis and its life-threatening sequelae looms ever more frighteningly before us. Indeed, the COVID pandemic and its terrifying consequences invite us all to face the implications of an approach to life in which for so long we as human beings have assumed our superior dominion over the Earth and the more than human world. The temptations of consumerism, technology, individualism, and material wealth have seduced humanity to believe the fiction of our superiority. The recent floods and their relationship to the climate imperative that we all face have, like Icarus, brought us shudderingly back to Papatūānuku, and with this crashing fall we face our tremendous collective fear and grief, as we face the loss of the fantasy of a planet under our control.

To conclude

To surrender to this grief is not to submit to hopelessness and despair, but to enable the birth of hope and creativity. The Czech statesman and writer Václav Havel describes, in his 1991 book, *Disturbing the Peace*, his distinction between hope and optimism, which he recognises can disguise a manic flight from truth. He writes:

> Hope is not prognostication. … It transcends the world that is immediately experienced, and is anchored somewhere beyond its horizons … The more uncompromising the situation in which we demonstrate hope, the deeper that hope is. Hope is not the same thing as optimism. It is not the conviction that something will turn out well, but the certainty that something makes sense regardless of how it turns out. In short, I think that the deepest and most important form of hope, the only

> one that can keep us above water and urge us to good works, and the only true source of the breath-taking dimension of the human spirit and its efforts, is something we get, as it were, from 'elsewhere'. It is also this hope, above all, that gives us the strength to live and continually to try new things, even in conditions that seem as hopeless as ours do, here and now. (pp. 181–182)

I like the phrase "climate imperative", for the word "imperative" suggests that something can be and must be felt, and thought, and acted upon. That reparation does not mean submission.

During cyclone Gabrielle, I woke to discover that my clinical office had flooded. The devastation which was the Auckland floods had crept stealthily into my office. My office became a building site, as floorboards were replaced, gib board stripped away in preparation for restoration. Whilst emotionally and physically demanding, the clean-up has not been too arduous, and the damage, distressing but not devastating. Nevertheless, nature's power rocked me, attempting I think to wake me from my somnolent desire to avoid the seemingly inevitable destruction we all face. Slowly, I began to glimpse how disturbingly uncomfortable I felt about my own contribution to the climate-induced destruction I saw around me, and how terrified I felt about the distress of others who, on this occasion, had been so much more devastatingly affected. Now, I find destructive forces inside me, tempting me to escape, to give up on the futility of therapeutic activity, and to avoid facing my contributions to environmental destruction. But in facing this as honestly as I can, I find something new growing. I have ripped up the concrete that surrounds my clinical office, doing something I had intended to do for several years, to grow a garden, ferns and flowers, where previously there had been only asphalt. Is this futile, naïve, privileged, defensive … or is it truthful? A small, perhaps unimportant action, filled with meaning. I am unimportant, and the fact that I am unimportant, is unimportant.

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Whakaora, Pae Ora: Health Principles and Psychotherapy

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Abstract

The *Health Practitioners Competence Assurance Amendment Act 2019* and the *Pae Ora (Healthy Futures) Act 2022* have had major implications for the delivery of health services in Aotearoa New Zealand, especially with regard to equity of provision and delivery and to engaging and working with Māori as tangata whenua. As part of the previous New Zealand government's restructuring of the health service, the *Pae Ora Act* set out certain principles for the health sector which this article discusses and applies to psychotherapy, and, specifically, with reference to two ethical codes and the standards of ethics for psychotherapists working in Aotearoa New Zealand. Notwithstanding the fact that the current New Zealand Parliament, dominated by the coalition government elected in October 2023, has repealed that part of the *Pae Ora Act* that established a separate Māori Health Authority as a way of delivering better outcomes, its principles remain in place and are important for psychotherapists practicing as health practitioners in this country.

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Whakarāpopotonga

Mai i te *Hau Ora Ture Tikanga Mātanga Whakahou Ture 2019* me te *Ture Hau Ora 2022* kua ara ake he rarururaru tē taea pai ai te whakarite ratonga hau ora i Aotearoa,tuatahi tonu ki tērā e pā ana ki te taurite o te tohatoha rawa te whakauru me te mahi tahi i te taha o tangata whenua. I runga i tētahi wāhanga o te whakahounga o te ratonga hau ora a te kāwana o mua, i whakatakotoria ētahi mātāpono mā te wāhanga hau ora i roto i te *Ture Hau Ora* te take whakawhitinga kōrero pā atu ki te whakaora hinengaro, tōtika tonu ki ngā matatika e rua me ngā whakaritenga tikanga mā te hunga whakaora hinengaro e mahi ana i Aotearoa Niu Tīreni. Hāunga te take kua whakakorea te wāhanga me noho motuhake te Manatū Hauora Māori e te Pāremata o Aotearoa o nāianei, e ngarengarehia nei e ōna hoa kāwana i kōwhiria i te marama o Whiringa ā-nuku 2023, hei tohatoha whāinga pai ake, e noho tonu ana aua mātāpono ā, he mea tino rangatira mā ngā kaiwhakaora hinengaro e mahi mahi hau oranga i tēnei motu.

Keywords: *Health Practitioners Competence Assurance Amendment Act 2019*; *Pae Ora (Healthy Futures) Act 2022*; health principles; equity; Māori; psychotherapy; ethics.

Introduction

This article discusses the implications for psychotherapy of the *Health Practitioners Competence Assurance Amendment Act 2019* (hereafter "the *HPCA Amendment Act*") and the *Pae Ora (Healthy Futures) Act 2022* ("the *Pae Ora Act*"). It begins by giving some background to the practice and profession of psychotherapy in this country with reference to engagement with health and, specifically, Māori health. This is followed, in the second part of the article, by a discussion of the background to the *Pae Ora Act*. The third and final part of the article discusses psychotherapy in terms of the health principles outlined in the *Pae Ora Act*, and offers an analysis of the requirements of the *Pae Ora Act* with reference to the codes of ethics of both the Association of Psychotherapists Aotearoa New Zealand (APANZ), formerly the New Zealand Association of Psychotherapists (NZAP) (NZAP, 2018) and the New Zealand Association of Child and Adolescent Psychotherapists (NZACAP) (NZACAP, 2018), as well as *Ngā Taumata Matatika mā ngā Kaihaumanu Hinengaro | Psychotherapist Standards of Ethical Conduct* issued by the Psychotherapists' Board of Aotearoa New Zealand (PBANZ) (PBANZ, 2022). Although the current New Zealand Parliament, reflecting its control by the new coalition government elected in October 2023, has disestablished the Māori Health Authority, under the *Pae Ora (Disestablishment of Māori Health Authority) Amendment Bill* 2024 (which was passed under urgency on 27 February 2024, completing all its Parliamentary stages in one day and receiving Royal Assent on 5 March 2024), the principles set out in the *Pae Ora Act* remain in place. It is therefore important that their significance is not lost in the noise relating to the removal of the Māori Health Authority and related problems caused by a government that has a focus on cutting public expenditure and which speaks of equality rather than equity. This article is the latest in a series of publications on psychotherapy in relation to the law in Aotearoa New Zealand, i.e., Tudor (2011a, 2017/2020, 2021), Tudor and Gledhill (2022), and Shaw and Tudor (2023).

Psychotherapy in Aotearoa New Zealand

Psychotherapy has been practiced in Aotearoa New Zealand for over 100 years. The first recorded reference to this practice appeared in the *Manawatu Standard* on Tuesday 31 May 1906 in a short advertisement titled "'Psycho-Therapy.' What is it?". The advertisement answered the question by quoting various overseas experts and concluding that:

> The above quotations cannot fail to convince the most sceptical that Psycho Therapy is a scientific and effective way of treating disease and should be tried by all who suffer, especially if OTHER MEANS HAVE FAILED. Try Psycho Therapy and GET WELL (Goodman & Goodman, p. 2)

In their excellent article, O'Connor et al. (2022) trace the history of references to psychotherapy in this country, framing them with reference to discourses of science, medicine, and psychoanalysis. Although the practice of psychotherapy was not widespread — writing in 1950, Beaglehole estimated that "at present there are probably no more than a dozen qualified medical psychologists and lay psychotherapists in private practice" (p. 41) — there had been enough interest to establish the the New Zealand Association of Psychotherapists three years earlier, in 1947. The fledging Association was very influenced by medicine: the original constitution stipulated that at least three of the seven Council members be medically qualified (see Dillon, 2017/2020; Manchester & Manchester, 1996). Moreover, there is no evidence, either prior to the establishment of the NZAP (as it was then) or in the early years of the Association, that psychotherapists in New Zealand were thinking about health in terms of te ao Māori, let alone mātauranga Māori. The first published mention of Māori is a reference to a paper/session at the 1986 Annual Conference titled "Understanding the Maori" (Manchester & Manchester, 1996, p. 86). Over the next eight years, the language — and, presumably, the thinking — changed; summarising the year 1994, Manchester and Manchester (1996) note that: "Haare Williams joined the [Council] meeting for a period for informal discussion of ways in which Council and the Association could move towards an increased bicultural awareness and commitment" (p. 104).

The subsequent history of this increased awareness and commitment to engagement with Māori is represented in a number of publications:

- On Māori involvement with psychotherapy theory and practice — Manawaroa Gray (2003), Morice (2003), Woodard (2008), Huata (2010), Morice and Woodard (2011), Shepherd and Woodard (2012), Woodard (2014), Morice et al. (2017/2020), and Williams (2018).
- On biculturalism and Māori involvement with and in the APANZ, including the development and establishment of Waka Oranga as the APANZ's Treaty partner — Bowden (2000, 2005), von Sommarunga Howard (2007), Carson et al. (2008), Hall et al. (2012), Hall & Poutu Morice (2015), and articles in O'Connor & Woodard (2020).
- On the engagement of Western psychotherapy and its different theoretical modalities with te ao Māori — Tudor et al. (2013), Palmer (2020), Tudor (2021), and O'Connor et al. (2022).

For as long as the APANZ has existed, there have been debates about the recognition and regulation of the profession of psychotherapy, and the regulation and registration of its practitioners and practice (for a summary of which, see Dillon, 2017/2020). After some debate over some years, in 2000 a majority of members of the then NZAP voted to pursue "Occupational Registration through Parliamentary Regulation" (NZAP, 2000, p. 100). Although psychotherapy was not included as one of the health professions under the *Health Practitioners Competence Assurance Act 2003* ("the *HPCA Act")*, after further lobbying, it was included in 2007, and, from 15 October of that year, the term "psychotherapist" became regulated and by statute and thus protected. Since then, only those practitioners who are registered with the responsible authority, i.e., PBANZ (or 'the Board"), may call themselves a psychotherapist. There were — and still are — arguments for and against state registration, arguments which are summarised and discussed in various contributions in Tudor (2011b, 2017/2020), not least regarding the fact that the *HPCA Act 2003* does not refer to Te Tiriti o Waitangi (Morice & Woodard, 2011; Tudor, 2011a), an omission that led Waka Oranga as a rōpu to oppose the state registration of psychotherapists, though it supports individual members' choice to register with the Board. This omission was the subject of a number of submissions to the 2012 review of the 2003 Act — from the Combined Counselling Associations of Aotearoa/New Zealand (2012), Dunedin Community Law Centre (2012), the NZAP (2012), the New Zealand Nurses Organisation (2012), Ngā Ao e Rua (2012), and the first author (Tudor, 2012) (see also Crockett et al., 2010). Notwithstanding these arguments, it is clear that psychotherapists in this country have positioned themselves as health practitioners and, as such, have obligations primarily under the *HPCA Act 2003* but also under the *HPCA Amendment Act 2019*, the implications of which with regard to cultural competence are discussed by Tudor (2021) and Shaw and Tudor (2022).

The background to *Pae Ora (Healthy Futures) Act 2022*

Since enactment, the *Pae Ora Act* has governed the public health system in Aotearoa New Zealand; until 2024, as explained above, delivery was through Health New Zealand (also known as Te Whatu Ora) and the Māori Health Authority (also known as Te Aka Whai Ora). These two national agencies replaced a system of regional District Health Boards.

It has become a feature of legislation in the country to have te reo Māori names as the lead of a statutory name. For example, the main statute relating to the care of children, which started life as the *Children, Young Persons and their Families Act 1989*, became the dually-named *Oranga Tamariki Act 1989/Children and Young People's Well-being Act 1989* as a result of the *Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017*, section 5 of which changed the name.

The *Oranga Tamariki Act 1989* also incorporates another feature of modern New Zealand statutes, namely the inclusion of principles that guide those exercising powers or otherwise operating under a statute. The *Oranga Tamariki Act* as enacted referenced such principles as maintaining links with "family, whanau, hapu, iwi, and family group" (section 5) and involving them in decision-making. Over time, these principles have been supplemented and amended, but remain in place, now including reference to matters such as rights under

the *United Nations Convention on the Rights of the Child 1989* and the *Convention on the Rights of Persons with Disabilities 2006* — and now using macrons present in written te reo Māori.

The Pae Ora Act follows this model. The words "pae ora" in the health context take their meaning from the government's *He Korowai Oranga: Māori Health Strategy* (2014). This sets "pae ora" as the ultimate aim. In *The Guide to He Korowai Oranga: Māori Health Strategy* (Ministry of Health, 2014), it is noted that:

> Pae ora is a holistic concept and includes three interconnected elements: mauri ora — healthy individuals; whānau ora — healthy families; and wai ora — healthy environments. All three elements of pae ora are interconnected and mutually reinforcing, and further strengthen the strategic direction for Māori health for the future. (p. 3)

Noticeably, the policy document also prioritises te reo Māori in its name: the 2014 version was delivered during a government that was led by the National Party, which is again the lead party in the current coalition government.

The 2022 Act replaced the *New Zealand Public Health and Disability Act 2000*; this statute did not have a "principles" section, but it did set out purposes and also noted the importance of compliance with the Treaty of Waitangi (as it was referred to in the Act). The latter was contained in section 4, which noted that the statute contained mechanisms (in its Part 3) to have a Māori voice in decision-making and in service delivery. The purposes, set out in section 3, contained unsurprising provisions such as that of improving health outcomes and inclusion in society of persons with disabilities. There was also specific reference to the need to "reduce health disparities by improving the health outcomes of Maori and other population groups" (in section 3(1)(b)).

The structure of a system making some form of differential provision is long-established in New Zealand. The *Health Act 1920*, which established the Department of Health and provided for the appointment of a Minister for Health, included within the structure of the Department a separate "Division of Maori Hygiene" (section 4(2)(g)). (The *Health Act 1956* did not have such a Division.) The *Health and Disability Services Act 1993*, which introduced models of purchasing of health services, set out purposes relating to the improvement of health, but also mentioned in relation to the objectives of the Crown that these included reflecting the "special needs of Maori and other particular communities or people" (section 8(1)(e)).

The long-standing recognition of "special needs" can perhaps be seen as a short-handed reflection of the problem of differential outcomes. There is a right to health: this is expressed in the leading international standard, the *International Covenant on Economic, Social and Cultural Rights 1966* (*ICESCR* or "the *Covenant*"), as the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (article 12(1)). This includes obligations on the state to include "the creation of conditions which would assure to all medical service and medical attention in the event of sickness" (article 12(1)(d)). The more general obligation of states under the *ICESCR* is that steps be taken "to the maximum of its available resources, with a view to achieving progressively the full realization of" the rights set out in the *Covenant* (article 2(1)). This allows developing countries to accept the obligations

in the *ICESCR* before they can afford to implement them in full. However, there is an additional point to note in that Article 2(2) of the *Covenant* requires that rights should be guaranteed without discrimination: this is not subject to resources, such that equality of outcome in terms of enjoying the "highest attainable" standard of health is not something that can only be required once resources permit.

The primary enforcement mechanism for the *ICESCR* is a regular review of actions of the relevant state to implement its obligations, leading to recommendations from the relevant UN expert committee. In its most recent review of New Zealand, the Committee on Economic, Social and Cultural Rights (2018) noted that:

Right to health

44. The Committee is concerned about the persistent gaps in the enjoyment of the right to health, with Māori and Pasifika experiencing the worst health outcomes. It is in particular concerned that Māori have higher rates of chronic diseases, experience higher disability rates and are negatively overrepresented in suicide and mental health statistics (art. 12).
45. The Committee recommends that the State party intensify its efforts to close the gaps in the enjoyment of the right to health by improving the health outcomes of Māori and Pasifika, in close collaboration with the groups concerned. In particular, the Committee recommends that the State party reinstate the Māori health plans, increase its investment in customary Māori public health systems and ensure that the groups concerned are represented and empowered in decision-making processes in health and disability policy, design, planning and delivery. It draws the State party's attention to its general comment No. 14 (2000) on the right to the highest attainable standard of health.

"General comments" are the way that the relevant UN expert body sets out standards that are generally applicable, often informed by comments that are made repeatedly in concluding observations to specific states. In its General Comment no. 14, which relates to the right to the highest attainable standard of health under the *ICESCR* (Committee on Economic, Social and Cultural Rights, 2000), the Committee asserted that it was "useful" for it to provide guidance on implementing the right to health for indigenous peoples, and noted that steps to take included "the right to specific measures to improve their access to health services and care", which includes such services and care being "culturally appropriate". It also noted the specific requirement that "States should provide resources for indigenous peoples to design, deliver and control such services so that they may enjoy the highest attainable standard of physical and mental health" (para 27).

This General Comment is based on the prevalence in settler societies of worse outcomes for indigenous people. That this is the case in Aotearoa New Zealand is well-established. The correctness of the view of this Committee has been demonstrated comprehensively by the Waitangi Tribunal in its report, *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Waitangi Tribunal, 2019). The Waitangi Tribunal's conclusions and recommendations included:

1. That, as the *New Zealand Public Health and Disability Act 2000*, even with its policy of "partnership, participation and protection" (set out in He Korowai Oranga: Māori Health Strategy, from 2002 and updated in 2014), was not compliant with the obligations arising from the Treaty of Waitangi (See para 9.3.1 and ch 5), there be stronger language as to Treaty compliance and that a series of Treaty principles be adopted for the primary health care system (para 9.3.1).
2. That language reflecting a commitment to reduce inequalities or disparities be replaced by the need to achieve equity of outcomes (para 9.3.2).
3. That, as a reason for ongoing problems was that the Crown led operations, an independent Māori Health Authority (as an independent Crown entity) be established, and that there be discussion between the Crown and the claimants to discuss its structure (section 9.4). (At para 9.5.3, the Tribunal recommended interim improvements so as to redesign partnership arrangements to secure better outcomes, pending the creation of a separate authority.)
4. That the Crown and the claimants agree how to assess the extent of underfunding of Māori providers of primary health care, including compensation for historical underfunding (para 9.5.1).
5. That there be a stronger mechanism to secure accountability for any ongoing failure to secure equity in health outcomes, components of which should include data collection, annual plans, and a co-designed research agenda (para 9.5.2).

Note that an updated version of this report from 2023 is now what is available on the Tribunal's website, though the 2019 version is the one that was available when reform was proposed and initially implemented.

At the same time as the proceedings in the Waitangi Tribunal, the Health and Disability System Review was ongoing (Manatū Hauora | Ministry of Health, 2020). Its final report was produced in June 2020, and recommended that there be a Māori Health Authority and a new national body, Health New Zealand, to coordinate the delivery of services (with regional entities added to the existing District Health Boards). It also noted the importance of strengthening population health measures, making them foundational and integrated within the entire health system; and taking steps to ensure improved equity through better engagement with communities and an improved Te Tiriti relationship. There was specific reference also, and recommendations made, as to improved support for persons with disabilities.

The Government response was to introduce into Parliament the *Pae Ora (Healthy Futures) Bill* in October 2021. The Explanatory note to the Bill indicates that the Government accepted the need identified in the Health and Disability System Review to restructure the system so as to build healthy futures for all and do so with a particular eye on equity and giving effect to Te Tiriti. The latter required principles of the sort suggested by the Waitangi Tribunal. In short, the reforms proposed by the then-government rested on expert advice external to the Ministry of Health. However, in one important respect, there was a difference in that the Bill proposed the removal of District Health Boards, leaving Health New Zealand and the Māori Health Authority as the relevant bodies, with any regionalisation being a matter of organisation for them rather than being set out in the statutory framework.

Section 6 of the *Pae Ora Act 2022* as passed by the legislature requires that the Minister of Health, the Ministry of Health and "all health entities" are "guided by the health sector principles", and sets out the improvements designed to secure better compliance with Te Tiriti (along with such steps as the creation of the Māori Health Authority and various other bodies). The "health entities" are those bodies below the Ministry of Health who are responsible for delivery, namely Health New Zealand, the Māori Health Authority and three bodies that already existed and have continued in the new structure, namely the Health Quality and Safety Commission, Pharmac (the Pharmaceutical Managements Agency), and the New Zealand Blood and Organ Service. Whilst the new government has arranged for the legislative removal of the Māori Health Authority, section 6 still applies to the remaining structures. In addition, the *Pae Ora (Disestablishment of Māori Health Authority) Amendment Bill* 2024 amends the *Pae Ora Act* to require Health New Zealand to have systems to engage with and report back to Māori. A requirement in the 2022 Act to have a ministerial Hauora Māori Advisory Committee remains in place (with some modifications), as do obligations to have iwi-Māori partnership boards. (See sections 29–31 and 89 of the 2022 Act after amendment by the 2024 Act.)

Having given the background to this legislation, we now turn to the health sector principles.

Health sector principles

In this part of the article, we consider the principles as outlined in section 7 of the *Pae Ora Act* (reproduced in the Appendix); discuss these with reference to the discipline of psychotherapy; and compare these with existing principles and other considerations enshrined in the codes of ethics of the two main professional psychotherapy associations in Aotearoa New Zeland, i.e., the APANZ and the NZACAP, and the regulatory body for psychotherapists, the PBANZ.

From the first clause of Section 7 of the *Pae Ora Act*, and its 14 sub-clauses, we identify 11 principles: equity, respectful engagement, Māori autonomy, choice, cultural safety, representation, Māori-centredness, protection, promotion, collaboration, and prevention.

In relation to these principles, there are instances where the legislation refers to both Māori and other groups, but somewhere the reference is solely to Māori. The context is that the purposes set out in section 3 are to "protect, promote, and improve the health of… and build towards pae ora (healthy futures) for all New Zealanders" (sections 3(a) and (c)), but also to "achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori" (section 3(b)). In short, the overarching aims are to secure good health for all, which requires equitable outcomes for all groups but with particular attention for Māori needs.

Importantly, there are rules that govern how legislation is interpreted: section 10(1) of the Legislation Act 2019 requires that the meaning of statutory language involves reviewing the text, purpose and context of legislation. Hence section 7 is to be read in conjunction with section 3: but the context is clearly that the *Pae Ora Act* was a response to calls for equity and compliance with Te Tiriti because of failures in that regard.

This is akin to the principle well-established in the context of discrimination law that

steps taken to counter existing inequalities are not discriminatory against the groups *not* mentioned because those groups are not behind. For example, Article 1(4) of the International Convention on the Elimination of All Forms of Racial Discrimination 1965 (ICERD) (United Nations 1965) indicates that "racial discrimination" is not made out by "[s]pecial measures" which are aimed solely to advance the interests of particular groups or individuals in light of their ethnicity "in order to ensure … equal enjoyment or exercise of human rights and fundamental freedoms". This standard has provisos: the steps are (i) "necessary", (ii) "do not … lead to the maintenance of separate rights for different racial groups" and (iii) cease once their "objectives … have been achieved".

This makes express what is implicit in the definition of racial discrimination in Article 1(1): this refers to differences in treatment based on ethnicity "which has the purpose or effect of" precluding the realisation of rights "on an equal footing". Bringing up towards equality those who are behind by offering additional steps not available to those already ahead is not discriminatory against those who are ahead. The context of this implicit and express allowance of differential treatment for those groups who are subject to existing inequality is that ICERD records in its preamble the reasons for its adoption. These include ongoing "manifestations of racial discrimination still in evidence in some areas of the world" and the need to "speedily" end them and give effect to the equality in dignity and rights on which the human rights regime is based.

Accordingly, there is nothing problematic in statutory principles that refer to certain ethnicities so long as they are designed to overcome existing inequalities: indeed, they are required for that purpose. The principles that include reference to "Māori and other population groups" are:

1. the general requirement for equitable access, levels of service and outcomes, and equity more generally (section 7(1)(a));
2. engagement in developing and delivering what is needed (section 7(1)(b), which also applies to "other people", no doubt designed to capture the needs of groups not delineated by ethnicity);
3. "choice of quality services" (section 7(1)(d))

The principle that applies to Māori alone is that "decision-making authority on matters of importance to Māori" (section 7(1)(c)): this continues to apply despite the abolition of the Māori Health Authority. Finally, population health and preventive approaches are required to protect all people's rights to health (section 7(1)(e), though section 7(1)(e)(ii) specifically requires such measures to protect Māori).

However, there is a problem in the way that these principles, including those that apply to specific groups, are operationalised. This is done through section 7(2), which requires health entities to be guided by them (the strength of which requirement is discussed above), but with the caveat that this is "as far as reasonably practicable, having regard to all the circumstances, including any resource constraints". As we have noted above, the right to health as set out in the *ICESCR* is subject to gradual realisation to the extent that resources permit, albeit that the maximum of available resources must be applied. However, the right to non-discrimination is not resource dependent. We have touched on

this briefly above, but will reiterate and expand this.

The *ICESCR* requires in its Article 2(2) that the guaranteeing of the rights set out "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status": this does not contain any reference to gradual realisation or restriction according to resources. Indeed, Article 26 of the International Covenant on Civil and Political Rights 1966 requires that the state ensure that

> All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

This is supplemented by the language in documents such as ICERD about the need to have special steps taken to correct inequality that rests on ethnicity.

In summary, the allowance made in section 7(2) of the *Pae Ora Act* for resources to override the correction of inequity is inconsistent with international obligations to counter discrimination.

There are two other general matters to note before we turn to the details of the principles. One is to consider the strength of a requirement to "be guided by" the principles. This can be gauged by considering alternative phrases. For example, a requirement to "take into account" principles — which, for example, is the requirement of section 8 of the *Sentencing Act 2002* in relation to various principles which the legislature has established on how persons convicted should be sentenced — is an obligation to consider them but not necessarily to follow them. Lawyers speak of "mandatory relevant considerations" when referring to matters that must be considered but need not govern. The obligation to be "guided by" principles is a higher level of obligation. It suggests that the outcome must be consistent with the principles. The principles are therefore governing: admittedly, this will be somewhat fact specific in that it may be suggested that in a particular setting, one or more principles do not apply, or that one principle leads to a different direction to another, such that compromise is needed.

But what of the fact that the statutes express them to be binding on the "health entities" only? This does not mean that they are not relevant to individual practitioners who work within the health sector. On the contrary, the obligation resting on the health entities means that they have to structure their affairs so as to give effect to the principles; this in turn means that the way they engage with others, for example, regarding contractual arrangements, should be done in a way that incorporates these principles. In short, from a legal perspective, it may be that the way the principles are enforced vis-à-vis an individual practitioner is through contract law, whereas the health entities' obligations are ones that arise directly under the statute and so are enforced through public law processes (most obviously, judicial review).

An additional general point is the change to referencing Te Tiriti o Waitangi rather than the Treaty of Waitangi. It is increasingly evident that Te Tiriti and the Treaty use different

language, which supports the proposition that they mean different things (see Museum of New Zealand | Te Papa Tongarewa, 2024). We also note that the legislature heads section 6 as "Te Tiriti o Waitangi (the Treaty of Waitangi)", and notes that its requirements are "In order to provide for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi)", which may suggest that the legislature considers that Te Tiriti and the Treaty are equivalent on the context of these principles. That also may be so, but it may be not! In short, this is an issue which requires ongoing discussion and further research.

Now we consider each of the principles with regard to psychotherapy in general.

Equity

According to the World Health Organization (WHO) (2019), health equity is achieved "when everyone can attain their full potential for health and well-being." This requires identifying and eliminating discriminatory practices which are often embedded in institutional and systemic processes. Chin et al. (2018) argue that health inequities involve more than inequality, regarding health determinants and access to the resources needed to improve and maintain health outcomes. Creating and maintaining equitable health outcomes also requires "the removal of obstacles to health such as poverty, discrimination, powerlessness, and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare" (p. 803).

With regard to health in Aotearoa New Zealand, the Waitangi Tribunal (2019) bases this on the Treaty principles of equity, active protection, and options, asserting that:

> These principles require the Crown not only to recognise and provide for Māori to act in partnership with the Crown in designing and providing health services for Māori but also to design and provide services that actively pursue equitable Māori health outcomes. (p. 66)

It continues, that:

> The broad intentions behind the reforms to primary health care were to target funding and support according to need. In the same way, when applying Treaty principles to the question of health inequities, the principles do not make individual Māori the priority but rather make the inequities suffered by Māori as a whole a priority area for action. (p. 67)

Notwithstanding this, there remains some misunderstanding at best, or anti-Māori sentiment at worst, which confuses equal treatment with equality of outcomes. In terms of outcomes, equality requires that the disparities between Māori and other New Zealanders are reduced and eliminated. If this requires that services and resources are allocated and delivered in a way which addresses these disparities, then so be it. Moreover, Māori communities have their own specific needs and challenges, which require their own specific solutions. Equitable health outcomes for any population does not come about by a one size fits all approach (Lyndon et al., 2024).

Respectful enagement

Respect is a fundamental human principle if not a direct human right, though one might argue it is a meta-principle as the Preamble to the United Nations' (1948) *Declaration of Human Rights* includes the wording "to promote respect for these [following] rights". More locally, the APANZ includes respect as part of its definition of the principle of autonomy (NZAP, 2018).

With regard to respectful engagement, the *HPCA Act* included the clause "to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession" (s118 (i)9), which the *HPCA Amendment Act 2019* clarified in relation to working with Māori. The function became: "to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession" (s118 (i).2). Like it or not, psychotherapists as health practitioners are obliged to do this. Unfortunately, three years after this amendment, only four of the 17 responsible authorities (which regulate health practitioners under the original *HPCA Act*) had referenced this amendment for their respective health practitioners, and only two (the Medical Council and the Physiotherapy Board) had linked this specific cultural competence to the requirements of the *HPCA Amendment Act* (Shaw & Tudor, 2023). Elsewhere, Tudor (2021) offers a response to such respectful engagement.

Māori autonomy

Fundamentally, Māori autonomy requires that services are "for Māori, by Māori", which, therefore, requires the resources, including governance, authority, and control, to do so. Ultimately, Māori self-governance in the health sector (or any other sector for that matter) is a prerequisite for any long-term and lasting transformations in Māori health outcomes. Unfortunately, Māori cannot rely on, i.e., be at the mercy of, the short-term cyclic changes of government and governmental policies. Māori must have the opportunity, as *Pae Ora* put it, to "exercise decision-making authority on matters of importance to Māori" (s7(c)). One expression of Māori autonomy in psychotherapy in the advent of Waka Oranga (since 2010), is its development of an indigenous pathway to APANZ membership, and its engagement with the PBANZ to have it accredited as a training provider (though it remains unclear how this accords with its principled stance against the state registration of psychotherapists).

Choice

We consider this in terms of the freedom of choice to work with a range of health services that meet Māori cultural preferences, through mainstream services, kaupapa Māori, or Māori-centered services. Such services must provide for the needs and aspirations of whānau, hapū, and iwi. Due to the centrality of whānau within Māori communities, services should be designed to support the health and wellbeing of the whānau as a whole, rather than on an individual level. The implications of this for psychotherapy are, simply, free choice — for clients and for psychotherapy students/trainees. In this sense, we propose that the profession is person- and whānau-centred, rather than theory-, modality-, or organisation-centred.

Cultural safety

Both as a concept and a practice, cultural safety has a long and honourable tradition in this country (Curtis et al., 2019). Culturally safe and relevant practice at the service level would result in the creation of a health system of which Māori could take ownership or, at least, in which Māori could have some faith. In short, this means Māori would see themselves as active agents in the development, delivery, and engagement with health services in which Māori can thrive (see also section on Māori-centredness). Neither the APANZ, the NZACAP, or the PBANZ refer to cultural safety, though the New Zealand Psychologists Board (2011) does:

> Cultural safety relates to the experience of the recipient of psychological services and extends beyond cultural awareness and cultural sensitivity. It provides consumers of psychological services with the power to comment on practices and contribute to the achievement of positive outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service. (p. 2)

This raises the question "Is Western — and Northern — psychotherapy culturally safe for Māori?" Huata's (2010) paper 'Māori psychotherapy: A cultural oxymoron' remains an important critique — and a wero for all involved in psychotherapy in this country to pick up and to which to respond.

Representation

While we don't assume that Māori will necessarily want to seek psychotherapy for issues of mental ill-health or illness, personality, relationship problems, and/or personal development, it is, nonetheless, important to consider the principle of representation. We consider this in terms of the number of Māori people experiencing mental ill-health and illness, etc. in relation to the number of Māori psychotherapists, which is high, and low, respectively, and, therefore, disproportionate. One challenge for the discipline of psychotherapy is to recruit more Māori into the profession. This must include:

1. Making psychotherapy relevant to Māori — which involves decolonising education/training programmes and the institutes in which they take place. While this process has begun, especially in the tertiary education sector, it has to reach parts of the independent/private sector; and, in both sectors, there are still too many examples of entry requirements that make it more difficult for Māori to consider training as psychotherapists, coupled with Eurocentric curricula and colonial attitudes.
2. On the basis that this is undertaken, by actively encouraging Māori to enrol in psychotherapy education/training programmes — which also involves having appropriate structures and processes to support their successful completion of a given programme.

Māori-centredness

Māori-centredness refers to both methods and methodologies which prioritise and respectfully and deeply engage with Māori knowledge, practices, and worldviews. In application, Māori-centredness involves active Māori participation in every aspect of the

process, from planning to implementation and evaluation. Importantly, Māori-centredness is not only inclusive of Māori perspectives, but is based on and led by Māori values and priorities throughout. A major framework that conceptualises this is *He Ara Tika* (Hudson et al., 2010) which positions practice with, about, and around Māori values and perspectives

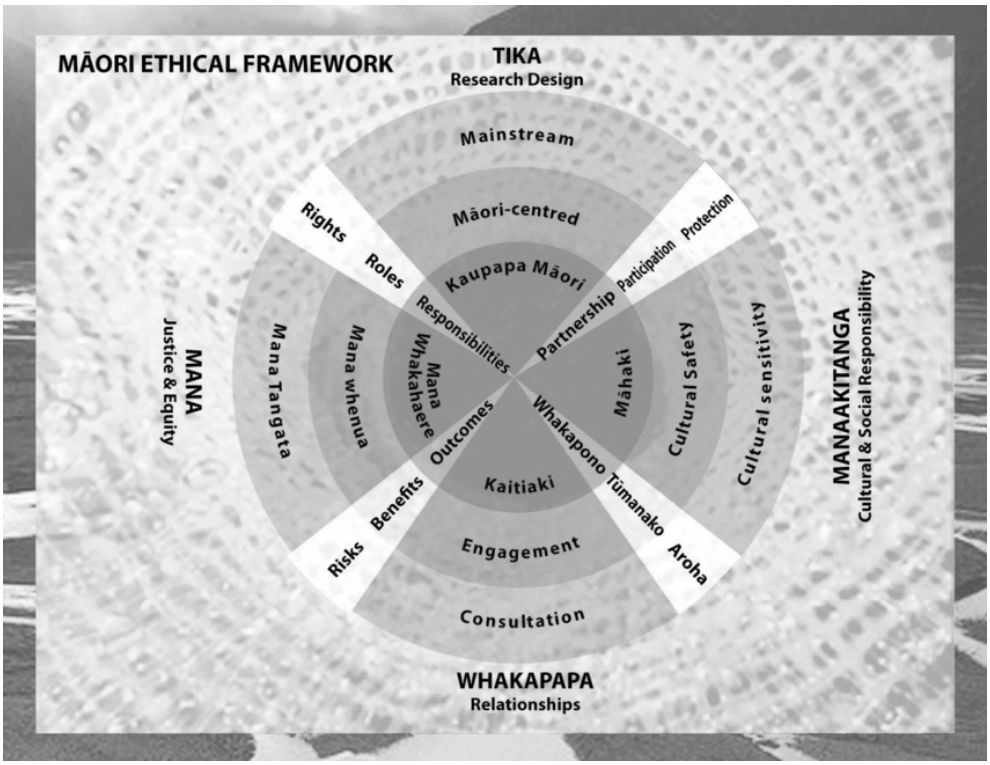

Figure 1. He Ara Tika (Hudson et al., 2010)

Notwithstanding that this framework is focused on research design, we consider that it can equally be applied to psychotherapy practice.

Protection

Health protection is one of the core fields of public health work. Ghebrehewet et al. (2016) define it as: "The protection of individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats" (p. 4). The inclusion of "environmental" in this definition of the taxonomy of threats is quite radical in that it encompasses threats from dominant systems. Given that the preamble of *Te Tiriti o Waitangi* envisaged

relationships of care and protection (Berghan et al., 2017), we consider that, in our local (national) context, health protection requires community involvement, whereby Māori decide what health services are culturally relevant and effective. Thus, one important question psychotherapy and psychotherapists need to answer is: "Is psychotherapy protective of Māori?" As part of a wider response to this question, we consider that health policies governing and/or related to psychotherapy in this country must be aligned with Te Tiriti o Waitangi and to address specific Māori needs as decided upon by Māori. Furthermore, it is imperative that barriers such as cost, distance, language, and other cultural considerations are addressed and worked with mana-enhancing and nonjudgmental and empathic care.

Promotion

Health promotion is a distinct professional discipline and generally understood as a process of enabling people to take control over their health (WHO, 1986). As Berghan et al. (2017) observe,

> It can involve community work, policy development, advocacy, and empowerment as well as working in settings where people live, work and play. It is different from other public health approaches, such as immunisation or health literacy, as it is overtly driven by values, and is often political in its attempts to transfer power to communities and strengthen social justice. (p. 9)

Adopting this view means that psychotherapists need to promote psychotherapy as being of value to clients and, in this context, especially, Māori. In this context, one important question psychotherapy and psychotherapists need to answer is: "How effective is Western — and Northern — psychotherapy for Māori?"

Collaboration

Collaboration is ultimately about trust. In terms of Māori health, collaboration means trusting that Māori have ways of working and strategies, that can improve Māori health outcomes, with non-Māori agencies willing to listen and work with Māori to implement and support those strategies. However, research has found that both at the advisory and policy-making levels, collaboration more often looks like non-Māori agencies "consulting" with Māori health advisors but then devaluing their experience, knowledge, and interests (Came et al., 2019). Senior Māori leaders and health advisors in the study conducted by Came et al. reported that they "experienced racism and tokenistic engagement. Some indicated it took considerable effort to establish credibility, be heard, have impact, and navigate advisory meetings, but even then their inputs were marginalised" (p. 126). With regard to psychotherapy, such concerns need to be addressed or, preferably, avoided. Overall, with regard to the main Western — and Northern — approaches to psychotherapy which form the mainstream in this country (see Tudor et al., 2013), there needs to be more genuine recognition of and deeper engagement with Māori knowledge and worldviews. Collaboration requires non-Māori psychotherapists to support Māori to be Māori — whether as clients, practitioners, and, hopefully, the next generation of educators/trainers — and to engage with Māori in culturally appropriate ways.

Prevention

Adopting approaches that prevent, reduce, or delay the onset of health needs and improve Māori health and wellbeing is not only of benefit to Māori, but to all New Zealanders (Came, et al., 2019). As such, early intervention is critical to beneficial and positive long-term outcomes. Yet research consistently shows that Māori face more significant barriers to accessing healthcare than other New Zealanders (Manatū Hauora | Ministry of Health, 2023). These include: systemic racism (manifested in unwelcoming spaces and longer wait times); socioeconomic challenges (i.e., lower incomes affecting affordability, and lack of transportation); and geographical barriers (i.e., living in rural or remote areas, or in areas with no or few psychotherapists). Here, there is potential for psychotherapy as a practice, and psychotherapists as practitioners, to address these barriers and, more broadly, to look at ways to make itself/themselves more visible, relevant, and inviting to Māori.

Health principles in psychotherapy

In the context of psychotherapists being health practitioners, in this section, we turn our attention to reviewing certain principles within the field of psychotherapy as health principles in psychotherapy, before offering a comparison of them with those from the *Pae Ora Act 2002*.

The APANZ

The APANZ articulates five core principles and values of the Association which provide a guide for responsible practice and which "constitute the main domains of responsibility within which ethical issues are considered." (NZAP, 2018, p. 1) The principles are:

- Autonomy: respect for the client's and the therapist's right to be self-governing.
- Beneficence: a commitment to act in the best interests of the client.
- Non-maleficence: a commitment to avoid harm to clients.
- Justice: a commitment to the fair and equitable treatment of clients under Te Tiriti O Waitangi to Tangata Whenua, Pakeha, and Tauiwi, providing fair and equitable treatment for all people regardless of age, gender, sexual orientation, ethnicity, religion, disability, and socioeconomic status.
- Interdependence: a commitment to maintain relationships of reciprocity and respect with all living beings including, the natural environment. (p. 1)

It also names three additional values which it views as "Central to the ethics of psychotherapy in Aotearoa/New Zealand... [of] Integrity; Trust; [and] Respect." The APANZ also refers to upholding the principles of Te Tiriti o Waitangi. It refers to equity in a clause under the heading "3. Psychotherapists' responsibilities to the community", i.e., "3.4 Promote equity. Psychotherapists shall seek to improve social conditions through the fair and equitable distribution of community resources" (p. 4).

The NZACAP

The NZACAP (2018) states that its *Code of Ethics* serves a number of purposes:

> It provides a statement of what clients and the general public may expect from the Association and its Members. It helps define professional autonomy in relation to employing institutions. It indicates the standard on which the commitment to maintain and improve services to children and families is based. It reinforces the cohesion of the Association and offers Members a resource for understanding the nature of responsible practice. (Clause 37.1, p. 22)

It incorporates a social as well as an individual ethic "because of the influence of institutional policies and practices and broader social factors on the welfare of children and their families or caretakers" (Clause 37.1, p. 22). It refers to equity when it states that the Association and its members "have an obligation to advocate for adequate social provision and social equity for children and adolescents in the community at large" (Clause 37.1, p. 23). In terms of principles, it refers to those of respect and social justice.

It also refers to the intention that their members "shall seek to understand how the principles of Te Tiriti o Waitangi influence and guide the practice of their work" (Clause 37.1, p. 23).

The PBANZ

The PBANZ introduce its *Standards* (PBANZ, 2021) with a strong reference to Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand. It continues:

> In upholding the Standards of Ethical Conduct, psychotherapists should have regard to the principles derived from Te Tiriti, be knowledgeable about Te Ao Māori (the Māori world view) and be sensitive to the pillars / pou of Māori health and wellbeing. (p. 2)

It then states that:

The following principles / mātāpono underpin the Standards of Ethical Conduct.

- Autonomy / Mana Motuhake
- Respect / Whakahōnoretanga
- Care of others / Tiaki
- Integrity / Mana Tangata
- Justice / Mahi Pono
- Whanaungatanga / Community
- Ūkaipō / Nurturing
- Manaakitanga / Hospitality and kindness
- Wairuatanga / Spirituality
- Pūkenga / Expertise (PBANZ, 2021, p. 2).

We recognise that the APANZ's and the NZACAP's codes of ethics predate the *HPCA Amendment Act 2019*. The PBANZ's *Standards* state specifically that they "have been developed by the Psychotherapists Board of Aotearoa New Zealand under section 118(i) Health Practitioners Competence Assurance Act 2003" (p. 1), but, despite being revised in 2022, do not refer to the *HPCA Amendment Act 2019*. In any case, Table 1 summarises these three documents in the light of the principles of *Pae Ora* (which we have identified from Section 7 of the *Act*) in order to assess both the existing congruence between these documents and the *Act*, as well to highlight work to be done by these bodies and, more broadly, the field of psychotherapy in order to align with this *Act* and the political and social shift it signals and represents.

Table 1 Health principles and psychotherapy

Health principles as enshrined in Pae Ora (Heath Futures) Act 2022 (Section [s]7)	**Comments — include material from Waitangi Tribunal**	**Code of ethics (NZAP, 2018)**	**Code of ethics (NZACAP, 2018)**	**Standards of ethical conduct (PBANZ, 2022)**
Equity — with regard to access, levels, and outcomes (s7.(1)(a)) and improvement and treatment (s7.(1)(e)(iii))	Ōritetanga (equitable outcomes) (Te Tiriti o Waitangi, Article 3). Note the importance of outcomes, which may entail doing things differently. See also *Hauora* (Wai 2575) (s9.3.2, s9.5.2).	Equity related to justice in terms of the fair and equitable treatment of clients under Te Tiriti o Waitangi and for all "regardless of age, gender, sexual orientation, ethnicity, religion, disability, and socioeconomic status" (p. 1). "Psychotherapists shall seek to improve social conditions through the fair and equitable distribution of community resources." (clause [c]3.4)	The Association and its members "have an obligation to advocate for adequate social provision and social equity for children and adolescents in the community at large" (c37.1, p. 23).	No reference.
Respectful engagement – with Māori and others (s7.(1)(b))	With regard to cultural competence "(including competencies that will enable effective and respectful interaction with Māori)" (*HPCA Amendment Act 2019* (s37(2)). See also the reference to the principle of partnership in *Hauora* (Wai 2575) (s9.3.1).	(Respect)[1]	(Respect)[2]	Notes this requirement of the *HPCA Amendment Act 2019* but gives no guidance on it.[3]

Māori autonomy (decision-making authority) (s7.(1)(c))	Tino rangatiratanga (sovereignty) (Te Tiriti o Waitangi, Article 2). Kawanatanga (co-governance) (Te Tiriti o Waitangi, Article 1). For a reference to "The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of primary health care", see *Hauora* (Wai 2575) (s9.3.1); for the recommendation for a Māori Health Authority (s9.4); and for the final recommendation for such an entity (s10.2).	(Respectful relationships)[4]	(Professional autonomy)[5]	(Autonomy as a principle)[6]
Choice – of quality service, including resourcing iwi, hāpu, and whānau (s7.(1)(d))	Tino rangatiratanga (sovereignty) (Treaty of Waitangi, Article 2). Kawanatanga (co-governance) (Treaty of Waitangi, Article 1). As to funding, see *Hauora* (Wai 2575) (s9.5.1).	"Psychotherapists shall foster client self-determination and choice, except where these may cause harm to self or others." (c1.9)	"Child and Adolescent Psychotherapists should seek to increase the range of choices and opportunities that meet the needs of children, adolescents and families." (c27.3.(iii), p. 24)	Refers to client choices (c1)5.), also with regard to the needs of children and adolescents (c2)4.), informed choices (c7)1.); also, when describing tiaki/to take care of, acknowledges the client's vulnerability to the choices practitioners make, and, when describing whakahōnoretanga/respect, acknowledges the right of others to make choices.
Cultural safety (s7.(1)(d)(ii))	Implicit in the material listed above, particularly in relation to respectful engagement but also equity and choice.	No reference.	No reference.	No reference, though, in its document on *Psychotherapist Cultural Competencies* (PBANZ, 2019), the Board does refer to the fact that "All psychotherapists will be knowledgable of culturally safe practices" (p. 3).
Representation (s7.(1)(d)(iii))	Implicit in the material listed above, particularly autonomy; see also *Hauora* (Wai 2575) (s9.5.3).	No reference.	No reference.	No reference.

Māori-centredness (i.e., reflecting matauranga Māori) (s7.(1)(d)(vi))	Implicit in the material listed above, including equity, respectful engagement, autonomy and choice.	No reference.	No reference.	No reference.
Protection (s7.(1)(e))	Implicit in the material mentioned above, particularly equity; see also *Hauora* (Wai 2575) (s9.5.3).	"Protect client well-being … Psychotherapists shall have regard for the needs of clients who are unable to exercise self-determination or to ensure their own personal safety and act to protect the clients' best interests, rights and well-being." (c1.10)	No reference.	Has one reference to child protection.
Promotion (i.e., health promotion) (s7.(1)(e))	Implicit in the material mentioned above, particularly equity; see also *Hauora* (Wai 2575) (s9.5.3).	No reference.	No reference.	No reference.
Collaboration (s7.(1)(e)(iv))	Implicit in the material mentioned above, particularly equity; see also *Hauora* (Wai 2575) (s9.5.3).	No reference.	No reference.	Notes this requirement of the *HPCA Amendment Act 2019* (with regard to the delivery of health services) but gives no guidance on it.
Prevention (s7.(1)(e)(v)	Implicit in the material mentioned above, particularly equity; see also *Hauora* (Wai 2575) (s9.5.3).	No reference.	No reference.	No reference.

Notes
1. Contains ten references to respect.
2. Identifies respect as a principle.
3. Refers to forming "respectful relationships with clients based on clear, open and honest communication" (c1)4.), and with colleagues (c9)1.).
4. Autonomy is defined in terms of "respect for the client's and the therapist's right to be self-governing" (p. 1).
5. Is framed as helping to define professional autonomy.
6. Has a principle of autonomy, which is translated as mana motuhake.

Conclusion

The *HPCA Amendment Act* and the *Pae Ora Act* have profound implications for all health practitioners in this country, including psychotherapists. The discipline and profession of psychotherapy may be a little behind in responding to the requirements of the *HPCA Amendment Act*, but, given that it has principles by which it operates, and given the APANZ's commitment to a Tiriti-based relationship with tangata whenua, and informed not least by the analysis this article offers, we would hope that it is in a good position to respond.

Appendix: Health sector principles (section 7 *Pae Ora (Healthy Futures) Act* 2022

(1) For the purpose of this Act, the health sector principles are as follows:

(a) the health sector should be equitable, which includes ensuring Māori and other population groups—

(i) have access to services in proportion to their health needs; and

(ii) receive equitable levels of service; and

(iii) achieve equitable health outcomes:

(b) the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:

(c) the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—

(i) the strength or nature of Māori interests in a matter; and

(ii) the interests of other health consumers and the Crown in the matter:

(d) the health sector should provide choice of quality services to Māori and other population groups, including by—

(i) resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services); and

(ii) providing services that are culturally safe and culturally responsive to people's needs; and

(iii) developing and maintaining a health workforce that is representative of the community it serves; and

(iv) harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and

(v) providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and

(vi) providing services that reflect mātauranga Māori:

(e) the health sector should protect and promote people's health and wellbeing,

including by—

(i) adopting population health approaches that prevent, reduce, or delay the onset of health needs; and

(ii) undertaking promotional and preventative measures to protect and improve Māori health and wellbeing; and

(iii) working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and

(iv) collaborating with agencies and organisations to address the wider determinants of health; and

(v) undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.

(2) When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles—

(a) as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and

(b) to the extent applicable to them.

(3) In subsection (1)(d), **lived experience** means the direct experience of individuals.

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