

Aranke, or In the Long Line: Reflections on the 2011 Sigmund Freud Award for Psychotherapy and the Lineage of Traditional Indigenous Therapy in Australia

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ABSTRACT *This article is in three parts. The first is an introduction to the cultural context of indigenous therapies in Australia and some traditional healers, known as Ngangkari, involved in its continuing presence. The second part comprises a discussion of the term “psycho-therapy” in its broadest sense, followed by an outline of the methodology of the “psychotherapy” of the Ngangkari, in which links are made between the concepts used by Ngangkari and traditional Western terms of psyche and therapeia. The third and final part leads into an extract from the speech given by the author at the 2011 Sigmund Freud Award ceremony at the World Congress for Psychotherapy held in Sydney in August 2011. The thrust of the article is to acknowledge and respect the long lineage of healing practices which have been maintained among indigenous people in Australia and Aotearoa New Zealand, and at the same time acknowledging the Western lineage of scientific practice. The article highlights the sustained incremental effort at collaboration between the two paradigms. Copyright © 2012 John Wiley & Sons, Ltd.*

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AN INHERITANCE OF VIENNA

The City of Vienna bestows an award for psychotherapy every three years to coincide with the World Congress of Psychotherapy. This is a project of the World Council for Psychotherapy (WCP), under the guidance of its President, Dr Alfred Pritz. With an audacious simplicity of intent, the award aims to encourage the development and recognition of psychotherapy around the world. Since the award began, it has been received by outstanding individuals, for instance, Daniel Stern, Peter Fornagy, and Irvin Yalom, who, in one way or another, embody significant or inspirational achievements in psychotherapy as an art/science which, as a subtle refinement of relational competencies, is perhaps an exemplar of constructive human civilisation. Art and/or science, psychotherapy is a craft that grew out of a recognition of the destructiveness embedded

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in the human psyche: an enigma that has been the focus of healers throughout the world and the millennia of our transit here.

In 2011 the WCP struck a unique note by offering the award, not to a singular individual but to a group of persons who, in themselves, embody variations in the art and craft of indigenous Australian healing. There was remarkably little contention or sectional politicking within the WCP in agreeing to and accepting this nomination. On the contrary, the award demonstrated the politics of integration. Such recognition of a group of Aboriginal practitioners would have been unthinkable had it been proposed in Australia even only 20 years ago; moreover, had it been proposed 40 years ago, the idea would have been politely – or not so politely – derided as misguided and unnecessary. At that time the Australian Aboriginal people were not generally regarded as citizens; had no right to vote; and, in popular and medical imagination, would hardly have been recognised as having a lineage of somatic and psychological healing, except perhaps for misguided uses of magical thinking and sorcery as the provenance of “witchdoctors”. Indeed, in 1962, psychotherapy itself hardly existed in Australia. The practice, then, was in the hands of a few remarkable and idiosyncratic individualists, some of whom, however, had studied under Freud and Jung’s direct influence and were, in some cases, emigrant refugees from the European conflicts. Both Australia and New Zealand are nations of immigration, displacement, and re-placement, buoyed up by an ethic of seizing opportunity where one can, but also characterised by the ruthless exploitation of the original environment, including its indigenous peoples. In this spirit of survival and exploitation, the indigenous mentality went mostly ignored.

It could be said that the methodology of psychological healing is very specific to the psychic culture within which the method is developed and the art applied. There may be essential elements of therapy, or a therapeia, that are universal; but, generally, psychotherapeutic practice has evolved in methodology and style in such a way that therapy reflects and meets the zeitgeist of the population within which psychotherapy survives – i.e., predominantly a Western scientific mind frame.

Writing in the nomination documents about the proposed award to the group of seven diverse practitioners of indigenous Australian descent, Dr Anthony Korner (2011), chairperson of the WCP Sydney Conference/Sigmund Freud Award Committee, had this to say:

Together these distinguished award winners represent a spectrum of Indigenous contributions across the country from the most ancient traditional forms of applied psycho-somatic therapy to contemporary engagements with indigenous trauma and healing. As a group these therapists demonstrate a broad range of contributions to psychological healing within Australia. Professor Helen Milroy is the first Indigenous Psychiatrist in Australia and recipient of numerous Australian awards, including the Limelight Award for National Leadership in Indigenous Medical Education (2009) and the Suicide Prevention Australia Award, Indigenous Category (2008). Lorraine Peeters, former Senior Australian of the Year (2006), has developed the Marumali Healing Program for indigenous people suffering the effects of trauma, specifically in relation to the Stolen Generation. Lorraine Peeters’ healing work is described in the newly released, highly commended book, *Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Purdie et al., 2010). The *Ngangkari* group work is supported by the Indigenous NPY [Ngaanyatjarra

Pitjantjatjara Yankunytjatjara] Women's Council [Aboriginal Corporation]¹ and covers specific tribal desert regions of Central Australia.

Korner added:

All three award winners retain and sustain indigenous perspectives and commitments in contemporary Australia. All three work in association with each other within indigenous networks. Furthermore all three are nationally and internationally renowned for their work, which challenges and amplifies the understanding and practice of psychotherapy in an Australian context. Taken as a whole these conjoint prize winners have made significant contributions to the process of psychic healing in the Australian community, and to the processes of reconciliation between Aboriginal and non Aboriginal Australians, and to the overcoming of alienation and to the awakening of the sense of inclusiveness; and they confront in order to modify many of the unhelpful practices in the broader Australian mental health community. The conjoint nature of the award is in keeping with indigenous values of shared recognition and interconnection. This may be the first occasion in which exceptional work by indigenous Australian mental health therapists has achieved such international recognition for their contribution to a major field in the health sciences.

Having noted this constructive formulation by Korner, which arose out of the nomination process, it must also be said that considerable and appropriate challenge did arise during the nomination process. While recognising that culturally specific "healing" might be desirable and even tolerated among psychotherapists internationally, the big issue was, and is, whether traditional Aboriginal healers could be recognised and accepted as working within the category defined professionally, as well as intuitively, of psychotherapy.

This is an important professional, theoretical and political question. The NPY Ngangkari themselves have declared that their work method and the ontology on which it is based are not the same as Western or even Eastern therapies, despite some similarities. It is clear that they are wishing to preserve and protect their unique lineage and orientation, at the same time as recognising that there is a commonality or crossover in approach, method and idea which deserves more enquiry and research.

It was with this in mind that I wrote a background briefing paper for the WCP Committee 2011, an extract of which, linking psychotherapy with Ngangkari work, now follows.

PSYCHOTHERAPY AND NGANGKARI PRACTICES

On psycho-therapy

"Psyche" is generally translated as soul, spirit, mind – thereby indicating the animating vitality of a human being. Etymologically, the Greek word *psyche* is located in and formed around the word for breath, thus conveying the notion of essential vitality, that is, breath and breathing, indicating that which sustains life and is a sign of life. This is a somatic metaphor suffused with a notion of invisibility and sensate experience, in that breath is not normally visible, though its action is visible and sensate.

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“Therapy”, again from the Greek *therapeia* and *therapeuticike* conveys the notion of “to turn to”, “to attend”, “to minister to”, and is now associated with treatments intended to heal or cure. Putting these together, “psycho-therapy” or, more commonly, psychotherapy, may be taken as referring to a treatment where the healer turns to, or attends to the vital elements of psychological reality, as distinct from or in addition to a specific focus on physical reality alone and the medicine of somatic conditions. The “vital elements”, as we now consider them, tend to include the movements of behaviour, mentality, emotion, and spirituality as experienced or configured by the patient within his/her culture, and met, one way or another, by the therapist, wrapped in his/her cultural ontology.

This broad definition is inclusive enough to allow different evolutions of the therapeutic art to be recognised inter-culturally, while at the same time allowing room for scientific thinking and evidence-seeking research. Such an open or inclusive definition permits one to approach traditional indigenous Australian practices as described by Ngangkari in transcripts of conversation and seminars with Western psycho/medical practitioners in Central Australia, transcripts which are soon to be published by Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council [Aboriginal Corporation] (NPY) (2012), and in which the author has participated over the past three years (2009–2011).

Concepts and practice

In central desert languages a concept congruent with *psyche* is contained in the indigenous language term *kurunpa*, used locally to indicate the specific individualised vitality and state of personalised animation of an individual. *Kurunpa* is often described by central Australian healers as a discrete entity which dwells within the human body/psyche spaces. It is often located or rightfully “seated” within the solar plexus. What this means in fact needs sensitive translation and study.

Kurunpa can be lost, displaced, withdrawn, injured, rendered fearful, anxious, depressed, dissociated or “blocked” in its function. This may be similar to psycho-spiritual ideas such as “loss of soul”. The therapeutic attention of a ngangkari is given to observing or locating *kurunpa*, diagnosing the condition and causes of distress, and then engaging in treatments which locate, restore and sustain vitality of the person. Lost *kurunpa* can be tracked and found in country locations, so *kurunpa* is not confined to location within the body system of an individual. The method of locating dissociated *kuranpa* (vitality of self) is consistent, I would argue, with ideas implicit in broad-based psychotherapy, relating to the use of psychological metaphor and attunement to somatic imagery. Psychotherapy, like ngangkari work, involves receptive listening, diagnostic acuity and perception, calming conversation, reassurance and interpretation, as well as physical manipulations and sometimes actions redolent with culturally specific symbolic meaning or reference.

Specific metaphorical and concrete language used by traditional healers is in a form that is understood in terms of Australian Aboriginal language, culture and being, and ontology. Aboriginal Australia, historically, is a “pre-scientific” culture, and thus the practices of the traditional healer owe nothing to the conventions of recent Western medical or psychological sciences or the Enlightenment. For this reason, the ontology, epistemologies, methodologies, rationale, methods and, of course, language of the authentic Ngangkari are sometimes (often) misunderstood by, for instance, rationalist practitioners, health service administrators, and some

missionary-like service providers as superstitious/primitive, animistic or magical thinking and, therefore, deserving to be ignored or negated. This response is based on prejudicial assumptions which fail to account for cultural context, cultural history, or the relativities in the human endeavour to make sense of ourselves. The NPY Women's Council Ngangkari Project is addressing such assumptions and the prejudiced as well as the naïve understandings of the Ngangkari's work by publishing clear explanations, frankly discussed in a spirit of sharing information that may have previously been restricted.

In *The Language of Psycho-Analysis*, Laplanche and Pontalis (1973) defined psychotherapy as: "In a broad sense – any method of treating psychic or somatic disorders which utilises psychological means or more specifically – the therapist–patient relationship . . . [including] hypnosis, suggestion, psychological re-education, persuasion, etc." (p. 373) This gives us an open enough definition to allow for consideration of traditional healing practices, as developed outside the European tradition, that may, in fact, fit into the category of psychotherapy if the method of treatment utilises psychological means and the therapist–patient relationship.

The issue of the therapist–patient relationship, or what passes between people, in the Ngangkari methodology is worth noting. I make no claim that traditional healing practice is the same as Western-based scientific psychotherapy or psychoanalysis; this would be to force similarities and avoid differences. Such an assertion would also involve interesting issues of comparable and/or compatible training curricula, qualifications, registration requirements and, generally, cross cultural equivalence. Despite such difficulties, Ngangkari, such as the NPY team who received the WCP Freud Award, explicitly describe their work as a method of treating psychic and somatic disorders, utilising means which can be understood as "psychological", as seen and understood by the mental health practitioners with whom they collaborate. Their work is absolutely dependent on the healing relationship (however this is conceptualised or named, such as the "doctor–patient" relationship), which employs attention, observation, "conversation", psychological re-education, relationship guidance, constructive persuasion, beneficial suggestion, and in-depth interpretation. The visible actions of the Ngangkari tend toward hands-on manipulation of the body, as well as the use of symbolic words/song and actions such as the removal of "blockages", "blood" or internalised objects (figured as "things", stones, stick, or malevolent spirits) associated with the disturbance of the body/psyche vitality. The language and symbolisation of therapy may be culturally specific and different; the impact on the patient is the same, that is to say, the alleviation of distress and revival of vitality (*kurunpa*).

A close reading of the talks given by Ngangkari Tjilari, Peter, Toby (Ginger) Baker and the women, Naomi Kantjurinyi and Ilawanti Ken, when in conversation with Western practitioners, indicates that Ngangkari utilise dream experiences, psychic observation, and family histories; and take into account family problems, personal history, character, trauma, and cultural violations. In diagnostic conversations congruence (not necessary similitude) is found with psychiatric descriptions, explanations, and treatments of individual indigenous patients.

It is essential to underline the point that we are looking at parallel cultural histories: that of the European scientific Enlightenment, and that of the Indigenous cultures, histories which, until recent generations, had no mental contact with each other's world view or practices. What contact there was in the early days was through an opaque glass, distorted by a kind of suspiciousness, and mediated partly through Christian conceptions and misconceptions, but the fact is it is very difficult for those of a European sensibility to come to understand how sorcerers and

healings spirits are thought about and managed within indigenous culture (see Petchkovsky, San Roque, & Beskow, 2003; Reid, 1983).

The NPY Women's Council Ngangkari Project represents a vigorous attempt to reconcile this parallel streaming, without the tradition being apologetic or assimilated. Ngangkari do not hand over to contemporary Western models the right to define their skill and practice and, significantly, are not seeking registration with the various psychotherapy boards of Australia.

The tape transcripts of Ngangkari practice (NPY, 2011), (translated from the Pitjantjatjara language) emphasise a discrete culturally specific, yet parallel form of treatment that is recognisable by psychotherapists who are used to working in intercultural circumstances:

Transcript 1. We're speaking about Ngangkari knowledge, law, abilities to help those that work in clinics . . . to understand our work . . . to help us work together well and to understand that we share a lot of the same interest. We work not only with mental health issues but with those who have physical problems, working across a whole range of things. We might be working with the people's feet and hands; helping them in their thinking, with their spirit. We work with the whole person, from their head to their toes. We don't really separate out the head from the body, we see it as all together and work with people along those lines. (Peter in NPY, 2011)

Transcript 2. Anangu (aboriginal people) suffer from depression and anxiety too . . . When people are sad or depressed it's common that their spirit (*kurunpa*) goes. The Ngangkari, when giving treatments, have the power to see where those spirits are, and be able to put them back into people . . . Sometimes when people are anxious about things or fearful, or thinking in a bad way about things, it's because their *kurunpa* has been displaced, been pushed aside or gone – and, in turn, another spirit has entered them and that's causing the harm and anxiety . . . The person might explain to us “Oh, I don't know what's going on”, “I don't understand things”, “I'm not feeling myself”. We Ngangkari (are) listening to that person, hearing all the different things they're thinking and their uncertainties; in giving a treatment we can see ‘Ah, yes, here is the cause of their problems . . . and it's our responsibility to get that spirit out of them and throw it away (dispose of it). Their true *kurunpa* having been displaced by that other spirit, we put it back . . . that is the *kurunpa* they are born with, the spirit which gives them their true character . . . It's this constant anxiety which really weakens a person's spirit (*kurunpa*). It makes their thinking go bad and over time they develop serious mental issues and harm their mental health . . . We can see the things that are causing people's thinking to become bad and see the blockages which can be caused, in different ways, that can lead to people wanting to “finish themselves off” (to commit suicide). We will talk to people, family members will talk . . . over time they'll talk and talk until the person is feeling more balanced about things and thinking a bit more clearly. So it's a gradual process of talking with the person. (Tjilari and Peter in Tjilari and Peter in NPY, 2011)

In reflecting on similarities and differences, it may be seen by the reader that Ngangkari, such as Mr Tjilari and Mr Peter, describe specific situations that are within their treatment jurisdiction. This includes the management of anxiety, stress, post-trauma reactions, relationship distress, violence caused by jealousy, conflict, accusations, paranoid projections, despair and mourning. They note dissociative states, self-displacement, psychotic symptomology, and a range of conditions and symptomologies recognised and treated by western mental health professionals, in Western terms. On occasions, the Ngangkari treatment methods defer to psychological medications and, as with psychotherapy, the medical and psychological or, in this case, the medical and Ngangkari treatments may complement each other. Psychiatric consultants and nurses working in Alice Springs and remote mental health services are familiar with Ngangkari

practice, and have developed a complementarity and “on-the-ground”, contextually alert, treatment attitude that is congruent with Aboriginal cultural frames and psychiatric practice.

In due course Ngangkari practices may attract the attention of evidence-based research and the strict medico-scientific model. This may or may not be useful and may or may not be seen as relevant by indigenous patients – who, in general, have already worked out where Ngangkari practice and Western medicine(s) complement and contradict each other.

2011 SIGMUND FREUD AWARD INTRODUCTORY SPEECH

The context

At the Sigmund Freud Award ceremony held in Sydney on 26 August 2011, it was my task to give part of the contextualising speech with my colleague on the Indigenous Sub-Committee, Glen Williams, who is a psychologist of indigenous descent from the Wiradjuri tribal riverlands region of Eastern Australia, where I also grew up. Glenn spoke from his bicultural appreciation of the intertwining streams of indigenous and psychological lineage, and I spoke as a psychotherapist experienced in urban practice in the UK, in inner city Sydney and, for some twenty years, in a remote area of the interior of Australia. I am accustomed to diverse hard-edged situations that are a long way beyond the borders of romance about the “native”; and I am accustomed to the gentility and intellectual creativity of indigenous people, an appreciation which is a long way from the habitual denigration of Aboriginal personage that has infected mainstream Australia. Most of this denigration revolves around poorly understood facts of alcohol debilitation, sexual violence, and failed childcare practices in reconstructed post hunter-gatherer townships, and failed governance. Working in such diverse, demystified settings encourages in both Glenn and I the capacity to practice the politics of integration.

A significant award ceremony is an occasion for emotional heightening, even hyperbole; and because the speech was well received, especially by many indigenous people attending the conference, who appreciated the melodic style, here I include and conclude this article with an extract.

The Award ceremony speeches were opened by Dr Anthony Korner, as Chairman of the Sydney Congress, who spoke to some of the rationale behind the conjoint nomination. Second, the President of the WCP, Dr Alfred Pritz, spoke to the history and significance of this triennial award bestowed by the City of Vienna (see WCP, 2011). Following this, Glenn Williams, Chair of the WCP Indigenous Sub-Committee of the Sydney Congress, introduced Professor Helen Milroy and Lorraine Peeters, giving a glimpse of their histories and significant work, after which I was honoured to contextualise the Ngangkari group as third co-recipients of the Award. It should be noted that the award to the Ngangkari is to the NPY Women’s Council Ngangkari Project as a whole group, rather than to particular individuals. This is particularly important as we were fortunate that Mr Peter and Toby Ginger/Baker were joined in Sydney by two senior women Ngangkari, Naomi Kantjurinyi and Ilawanti Ken and a third senior man, Andy Tjilari.

The speech: The culture of psychotherapy

This Award comes from the city of Vienna, a major city of Europe. Vienna is one of the fertile sites from which grew the practice of psychotherapy as we know of it in the Western European

tradition. Vienna was the home of neurologist, Dr Sigmund Freud, for over 80 years until, forced out by the Nazis in 1938, Freud took refuge in London where he died in 1939 at the age of 83.

From Freud's Viennese consulting room, his chair, his couch, his desk, his mind and his ambition, the practice of psychoanalysis took root. Psychoanalysis caught a spirit of the European and American times and attracted other men and women in the way that some flowers attract bees and birds, and thus seed and pollen were disseminated throughout the world.

This gathering in Sydney, a World Congress of psychotherapists, taking place some sixty years after Freud's passing, acknowledges that beginning and the web of individuals and connected groupings who have carried those lines, that pollen, those seeds, and planted them also here in Australia and in New Zealand.

Many of those fertilising persons are here or represented at this conference. The developmental work in what we might call "Southern Psychotherapies" is represented now by a network of practitioners called into the light during the formation of the Psychotherapy and Counselling Federation of Australia (PACFA) and the collegial organisations in New Zealand.

After some four or five decades of incubation, emergence, ferment and conflict the presence of psychotherapy as a healing art and science in Australia and New Zealand may now, perhaps, have reached a position of consolidation. The culture of psychotherapy is recognised.

In return, it has come about that the World Council for Psychotherapy has recommended, through the agency of Dr Alfred Pritz, that the 2011 Sigmund Freud Award recognise the presence of indigenous Australians and their lineages for their unique and local contributions to psychotherapy among indigenous peoples.

The coming of the "white man", his goods and his diseases has not been a happy thing for indigenous Australians. Under the pressure of European expansion, for good and for ill, the effort among indigenous Australians to heal and, especially, to self-heal has been remarkable. Now we are seeing the practice of indigenous therapy integrating with Western practices. Ngangkari speak out on this matter and insist upon mutual recognition, on working together, at the same time as maintaining and recovering the specialised lineage of the indigenous culture of healing: the Ngangkari line – or *aranke* ("the lineage") – as it is said in their language.

These lines are represented, as Glenn Williams has said, by indigenous people attending this WCP Congress, and the lines of tradition and adaptation have also been highlighted by the joint award to two outstanding individuals, Helen Milroy from Western Australia and Lorraine Peeters from Eastern Australia. Helen is part of an emerging line of indigenous Australians who exemplify advanced psychiatric and therapeutic practice. Lorraine stands for those who carry healing practice into the dangerous world of trauma and recovery among displaced families of Aboriginal descent, known as "the Stolen Generations".

The 2011 Sigmund Freud Award, given by the City of Vienna, is also awarded to a group of traditional Aboriginal healers, known, in language, as Ngangkari. This specific team of healers work as part of the NPY Women's Council in central and Southern Australia. We have on the stage tonight different regions of the indigenous country and indigenous mind well represented.

The award to the NPY Ngangkari group is an acknowledgment of the existence and living practices of the Ngangkari work throughout the Australian continent and, in a connective sense, it acknowledges Ngangkari practice as being akin to and complementary to Western psychotherapy, as a form and a practice in mental health. To some people this will be a new idea.

You may be interested to note that 30 out of 320 presentations at this congress have specific reference to healing projects from indigenous Australia and Aotearoa New Zealand. In

Australia such projects encompass the major cities as well as South Western Australia, the Kimberly region, central Australia, the far north, Cairns, Queensland, and New South Wales coastal language groups, including the place of the first significant meeting between the European colonists and the indigenous peoples at La Perouse, south of Sydney Harbour. Among the European, Asian and African practitioner locations represented at this Congress are represented iconic sites of ferment, trauma and self-healing – we may think of Moscow, Vienna, Dubrovnik, Paris, London, Beijing, Kyoto, and Johannesburg. The world is beset with sites of trauma.

And so we are here on Friday 26 August to honour this historically resonant, mutual recognition between bearers of Freud's multi-coloured line and the bearers of the lineage of healers in ancient Australia. The word for this in Pitjantjatjara is *aranke*. This signifies respect and acknowledgment of the transmission of the practice through a lineage, a lineage of respect for those who have gone before and laid down the possibilities and the potential.

It is a custom of Western science to examine critically past efforts. A critique of illusion is OK; what is not OK is the arrogant Western newcomer habit of denigratory deconstruction and denial of the history that incrementally formed our current therapeutic capacities. The indigenous practitioners before you acknowledge that their practice has been handed down, tongue-to-tongue, hand-to-hand, from generation-to-generation, for thousands of years. The conservative nature of hunter-gatherer Australian society allows this transmission to occur – so far.

This may seem a simple thing, this meeting, this acknowledgment on the stage, but it has been a long time coming. It is nearly seventy years since Professor Elkin, in his book *Aboriginal Men of High Degree*, (1944/1977) set out – probably the first to do so in any published form – some ethnographic details of the training, “making” and practice of the desert healers. During the 1940s, Elkin advocated for a conference between Western medical practitioners and traditional aboriginal doctors, a conference whereby mutual recognition could be established of each other's art, method, mentalities and results.

To my knowledge Elkin's idea was never substantially put into practice until perhaps right now today, though, incrementally, such a meeting has been building momentum through the works and advocacy of a small pioneering collaborative group of Ngangkari and Western medical practitioners, psychiatrists and therapists, among whom we might quietly acknowledge John Cawte, Ernest Hunter, Helen Milroy, Mark Sheldon, Robert Parker, members of the Royal Australian New Zealand College of Psychiatrists; members and attendees of the WCP Congress, including: The Healing Foundation; Judy Atkinson's group emerging from Southern Cross University; Lorraine Peeters' group, Marumali; the La Perouse group; Two Women Dreaming Inc.; Wirriya Liyan, based in Broome; and past and present indigenous and Western members of the Remote Mental Health teams of Central Australia who supported this award, including Marcus Tabart, Leon Petchkovsky and colleagues. We also acknowledge the Warlpiri/Pintubi line of Andrew Spencer Japaljarri, Doctor George Japaljarri and company, and the quiet work done among the Arrernte at the traditional healing centre in Alice Springs. I pause to allow you to include others whom many of you present could name. And, of course, today, we name the quiet seven men and women who sit before you on the stage here at the World Congress of Psychotherapy.

Aranke, kurunpa, mapanpa and connecting lines

As I have understood it from Patrick Hookey, the Pitjanjatajara translator for us at this event, the term *aranke* means “in the line of”. This is a term that acknowledges a lineage. So we

might say that many of you here are in the line of Sigmund Freud, that is *aranke* Sigmund Freud or *aranke* Carl Jung, or *aranke* William James. These lineage signifiers might represent some grand narrative lines of the practice going back, in fact, to the Greeks and the Egyptians, just as the Ngangkari might acknowledge themselves as belonging in a “big story” line (Ngangkari Tjukurrpa) and, at the same time, acknowledge particular teachers, initiating practitioners, and perhaps grandparents, in whose line they follow. Each of us will be able to name the specific seminal and incubative persons in whose lines we may follow. These lines require respect, for they are lines of intimate human relationship.

In the course of listening to the Ngangkari at this gathering you may have heard some key terms, two of which are essential to appreciate what is taking place here.

You will have heard frequent reference to *kurunpa*, a term often translated as “spirit”, but which I prefer to link to the embodied sense of a person’s vitality, coherence, and/or continuity. As used by Ngangkari, *kurunpa* may be synonymous with “psyche or psychic energy” as we have come to understand it from the Greeks and perhaps from Anglo/German as “soul” or “seele”, or, from Sanskrit, “atman” – words and metaphors used tentatively as we have come to understand individualised, specific, personal vitality and self. In this sense Ngangkari attend to the psyche/body/soul continuum and to a therapy which takes embodied psyche seriously. As I understand it and as we have heard it described [in their Workshop at the Congress], the task the Ngangkari take on themselves is to restore, revitalise, and reconnect a person to *kurunpa* when it is depleted, lost or blocked from being in the right place in the body system.

The second Pitjantjatjara term to grasp is *mapanpa*. Ngangkari describe that they do their work and act with a specific “power”, a specialised capacity which you hear them refer to as *mapanpa*. This is the “power” carried by Ngangkari; it is spoken of in the *Ngangkari Inma* song cycle which some of you will have heard sung at this congress. *Mapanpa* is spoken of as a specific embodied “thing”: an internalised therapeutic capacity which is given, bestowed, managed, and used for healing use. This capacity can also, perhaps, be lost. Toby, Andy and Rupert have described this gaining, receiving, losing and regaining *mapanpa* as a process, one that may resonate with the sensibilities of some Western-trained psychotherapists of subtle mind. The capacity to be an effective therapist can be dissipated or lost by inattention, exhaustion or other factors. This the Ngangkari specify in the song cycle with great humour and wry acceptance. The *Ngangkari Inma*, as song, accompanied by clapping and dance movements characteristic of local culture, recites a cultural story of how a specific healer gained *mapanpa*, then mislaid or lost it, and finally regained and restored it. This *inma* is sung with drama, gravity and humour.

Why did we come here?

And now I come to the guts of this speech. I address this sideways to the Ngankari present for they will appreciate my humour. I ask the question: “Why did Captain Cook come here, to Australia and the Pacific?” Yes, I say, “Why did the British ships come to Australia?” Of course the correct answer is: “So that the Europeans could hear the Pitjantjatjara language”! Naturally, other tribal language groups will say that Captain Cook came so he could hear their beautiful language – and this is also true. Yes. The next part of the answer is: Captain Cook came to Australia so that we here today can hear the *Ngangkari Inma*, the traditional healer’s song. And the third part of the answer is: Captain Cook came here so that we *all* can hear, remember, and recover our place in the healer’s line: in the *aranke*, the lineage. No, not just the Freud or

Jung or James lineage, no, because the lineage of healing goes much further back than that. Ngangkari have held this line for us in an unbroken thread right down from the beginning of human time.

Let us pause for a second to contemplate. Over how many millennia have the people represented before you on this stage held to this line? Perhaps for 2000 generations. Does this experiential transmission count for nothing in your search for the evidence-base of psychotherapy? Is this not time enough to establish an experiential evidence-base, time enough to make mistakes and recover. Is this not time enough to learn how to help and heal body/mind? Might this be time enough to maintain cohesion of self/soul family/country through all the ups and downs of civilisation? Now, in our era of cultural breakdown, the answer may be yes or it may be no, but we may at least and at last acknowledge that the Ngangkari have been working to heal and hold the integrity of kin and *kurunpa* since before Mohammed, before Jesus, before Gautama Buddha, Radha/Krishna, Abraham, Zoroaster, Ram/Sita, and before the maternal nurturant cultures of the Black Sea and Old Europe which, perhaps, formed the cradle of our European Caucasian cultures. Before then, Ngangkari held a thread, running alongside, perhaps, the shamanic lines of Northern Europe and Russia, of mountain Tibet, Taoist China, Japan, the Americas, Pacific Polynesia, reaching back to the first peoples, the first homo sapiens who walked out of Africa, a long time ago, holding the genetic line which we all share, the genetic line that also carries the vulnerable human power and internal fire of self-healing.

Surely this is something worth recognising? Surely it is this that the Sigmund Freud Award, given today, acknowledges? These seven people sitting before you carry in their bloodline the healing experience of the civilised world, and the experience of maintaining a civilised world, no matter what the violence and the devastation. They inherit and carry, without grandiosity, and lightly, a coherent line of exuberant fertile life, kept alive in the face of those successive devastations which we repetitively, traumatically, and chronologically rain upon ourselves.

The Ngangkari and those standing before you have seen devastation, and yet carry that line of healing still, even unto and during these worried times of civilisations in transition. This line, then, of which I speak, is the line of the *therapeia* that runs through all of us here today. It is our line and we hold it together – but the Ngangkari were there before all. So be it. And so it is no surprise that here, in Australia, the nesting place of *mapana*, it is no surprise that this award, passing through Vienna and the line of Sigmund Freud, should be returned today to its origins; returned in acknowledgment and with little fuss to the hands of these seven representative men and women: diplomats of Southern Therapies. An Award returned in acknowledgment of the presence of mind of Professor Helen Milroy and, by implication, to the presence of her grandmother/mother's line; an Award returned in acknowledgment of the recovery of peace of mind which Lorraine Peeters and kin have transmitted to her generation.

And so we come to the subtle power and flexibility of mind of Ngangkari and, specifically, to the sharp lightness of being, the sense of humour, the gravity of Tjilari, of Mr Peter, of Toby (Ginger) Baker, of Naomi Kantjurinyi, and Iluwanti Ken and their sisters of the Ngaanyatjarra, Pitjantjatjara Yankunytjatjara Women's Council.

Ladies and gentlemen, please be upstanding and thank these, our fellow countrymen, countrywomen, and colleagues. Thank them for holding the line.

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