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Creating a groundswell for change: Integrating religion, spirituality and Indigenous responses in psychotherapy

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Abstract

Since the founder of psychoanalysis, Sigmund Freud, declared religion to be an illusion, deciding what belongs, and therefore what does not belong, in psychotherapy is highly determined by the dominant school of thought in psychoanalysis and psychotherapy and the training institutions. These foundations pose a barrier in the therapeutic encounter when considering the importance of religion and spirituality in the lives of people and the development of pathways to healing for Indigenous Māori. There has been no enquiry into how psychotherapists are working with religion and/or spirituality (RS) within psychotherapy in the bicultural context of Aotearoa New Zealand, which presents as both a knowledge gap and the rationale for further exploration. The relationship between religion, spirituality, psychotherapy and biculturalism has been an uneasy one. This article, from grounded theory research conducted by the first author in Aotearoa New Zealand, delineates the process that psychotherapists engage in when they encounter a therapeutic challenge relating to RS considered beyond the scope of practice. It also discusses indigenous Māori spiritual perspectives and professional responsibilities.

KEYWORDS

bicultural, grounded dimensional analysis, indigenous Māori, religion, spirituality

Sigmund Freud's assertion that religion was an illusory refuge from the harsh realities of life (Freud, 1927/2010), has led to a difficult relationship between religion and/or spirituality (RS) and psychotherapy (Sorenson, 2004); it has been named by some as the last taboo (Kung, 1979; Noam & Wolf, 1993). Although later evolutions from a number of theorists have offered a range of positions regarding the functions of RS in human existence (Bion, 1970, 2008; Eigen, 1998; Erikson, 1965; Grof & Grof, 1989; Jung, 1916/1969; Kohut, 1971; Meissner, 1984; and Rizzuto, 1979, to name but a few), Freud's legacy has been an enduring one (Sorenson, 2004). In Aotearoa New Zealand, the historical context is shaped by first encounters between Indigenous Māori and British colonial settlers. Interactions between early missionaries representing the Catholic, Anglican and Methodist denominations in the early nineteenth century were followed by abrupt and dramatic changes with destructive consequences for Māori. Early missionaries were keen to convert Māori to Christianity, but this was met with initial refusals by Māori to relinquish their own existing organising principles and spiritual values (Anderson, Binney, & Harris, 2015). According to Jones (2019), "None of the missionary churches found the task of evangelising the Māori easy" (p. 114). Ideas expressed about Māori were largely miscellaneous and influenced by the viewpoints missionaries were wanting to establish (Binney, 1970). Behaviours toward Māori by early missionaries varied and convictions of superiority had to be tempered with a dependency on Māori hospitality and a recognition of their own political powerlessness. Prior to 1840 Christian churches were established as places of reverence for Māori and experienced as non-threatening. Māori who accepted Christianity did not relinquish their own beliefs and for the most part were comfortable holding both sets of beliefs (Healy, 2019). Equally, psychotherapists are challenged to hold their own personal beliefs and not take for granted the assumptions of orthodox religion as an adequate response to the tikanga (customs/lore) embedded in the social realities of Māori lives. Continued British dominance and the increasing immigration of the 1840s led to Christian clergymen responding to the demands of Pākehā settlers and eventually a sustained attack on Māori livelihood and traditions (Healy, 2019). The issue of religion and spirituality is a contested space in the practice of psychotherapy. Dalal (2012) considered psychotherapy to be an ethical practice:

> the practice of psychotherapy is actually a work in ethics. I do not just mean that morality features in the content of the work, rather the activity of psychotherapy is in itself a profound moral endeavour, a practice in ethics … it goes against the grain of the ruling paradigm: this being that psychotherapy is a scientific treatment, and as such is concerned with matters of fact rather than of value. When matters of value enter the clinical arena – politics and morals say – then in the main we have been trained to think of them as expressions and symptoms of internal dramas, and for them to be reductively interpreted as such. (p. 407)

A groundswell for change to better integrate the significance of religion and/or spirituality as it relates to the client, therapist and treatment methods is receiving growing attention (Post & Wade, 2009). Healy (2019) stated, "By taking heed of how Indigenous, rather than outsiders, explain their realities we get a more accurate picture of the indigenous world and, at the same time, helpful insight into our own" (p. 10). Māori spirituality is founded upon numinous and existential phenomenon and a relationship to Atua (God) or Io (Supreme being) and land. It is belittled by Christian and Western assumptions, viewed as less advanced and scorned by secular materialists and yet, despite all disapprovals, remains as a heart- and soul-felt remedy for Māori (Mikahere-Hall, Morice, & Woodard, 2019).

1 | TE TIRITI O WAITANGI: THE BICULTURAL IMPERATIVE

Te Tiriti o Waitangi (The Treaty of Waitangi) was signed in 1840 by representatives of the British Crown and Māori chiefs and is regarded as the founding document of Aotearoa New Zealand (Durie, 2003), forming the basis of a bicultural relationship between Māori and Pākehā (New Zealanders of European descent) (Morice & Woodard, 2011).

There have been efforts in the health sciences to develop interventions and treatment approaches from a bicultural perspective (Manna, 2002); initiatives have also been made in early childhood education (Ritchie, 2003). Although Te Tiriti guaranteed Māori *tino rangatiratanga* (authority and sovereignty) over their people, lands, language and customs, including religious freedom and customary law (Orange, 2013), historically Māori have had to battle to have Te Tiriti honoured, including the right to be Māori (Durie, 2003). Māori are acknowledged as *tangata whenua* (the indigenous people of the land) but Pākehā obligations have been ignored and often not recognised, resulting in Pākehā privileging, with Māori experiencing negative impacts which have led to health, social, economic and educational inequities and injustices (Hall, Morice, & Wilson, 2012; Mikahere-Hall, 2017; Woodard, 2014). Historical issues concerning Te Tiriti o Waitangi and the embedded bicultural imperatives are ever-present. A growing consciousness within the membership of the New Zealand Association of Psychotherapists' (NZAP) led to changes in the Association's constitution in 1995 as follows;

> That the following be adopted at the 1995 AGM 'That the Constitution be amended to include in the objects the clause: "to ensure that psychotherapy in Aotearoa New Zealand is conducted in accordance with the articles contained in the Treaty of Waitangi".' moved Merv Hancock, seconded Charles Waldegrave. (NZAP, n.d., para. 2)

2 | THE DEVELOPMENT OF BICULTURAL PARTNERSHIP

Despite the fact that the bicultural nature of Aotearoa New Zealand is acknowledged in the NZAP *Code of Ethics* (NZAP, 2008) where the principles of Te Tiriti o Waitangi are enshrined; there was no cohesive commitment to develop bicultural relationships within the structure of the organisation. In 2006, Māori psychotherapists argued for a Māori pathway to membership that recognised a place for indigenous knowledge in psychotherapy. Through continued Māori advocacy and determination, it became apparent to the NZAP Council that bicultural development was not possible without the recognition and participation of Māori psychotherapy practitioners. In 2007, Waka Oranga was established as a collective of indigenous practitioners, the majority of whom have psychotherapy qualifications and are members of NZAP as individuals. The name "Waka Oranga" is derived from the Māori word for canoe, "waka", while "oranga" is linked to the word "ora", which, "in essence, describes state of health and well-being. Oranga is about survival, livelihood, welfare and all the necessary determinants required to achieve 'ora'." (Hall, Morice, & Wilson, 2012, p. 8). The establishment of Waka Oranga is a Māori initiative that has gained support from Māori and Pākehā psychotherapists. A growing awareness within the NZAP membership by both Māori and Pākehā led to collegial partnerships and a greater willingness to work much more effectively as bicultural practitioners. Further to this, a group has emerged within the membership of the NZAP and organised themselves as Ngā Ao E Rua (a bicultural group of Māori and Pākehā psychotherapists, the term literally meaning the two worlds) (Green & Tudor et al., 2014), under the guidance of respected elder Haare Williams. A growing momentum coupled with negotiations between Waka Oranga, NZAP and their respective members led to the formal recognition of each other as Treaty based partners (Hall, 2009). In response, the NZAP made two seats available on its governing body exclusively for Waka Oranga (Woodard, 2014). A further acknowledgment of the principles of Te Tiriti o Waitangi occurred with the acceptance, in 2007, of He Ara Māori (a Māori pathway), as a way of recognising and legitimising the cultural practice of Māori practitioners for full membership of the NZAP. This was a significant milestone in the history of psychotherapy in Aotearoa New Zealand, since prior to this time no formal recognition of Māori philosophy and practice existed within the Association. He Ara Māori was created by members of Waka Oranga's Advanced Clinical Practice (ACP) committee members (Mikahere-Hall et al., 2019), and supported by advisory committee members of the NZAP. This initiative was met with scepticism from some members of the NZAP, while strongly supported by Ngā Ao E Rua (Green & Tudor et al., 2014).

3 | TE TIRITI O WAITANGI: A TREATY OF BROKEN PROMISES

Contrary to Te Tiriti's promise to protect Māori custom, in 1907 the *Tohunga Suppression Act*, 1907 was passed, outlawing traditional Māori healers, thus opposing the legitimacy of Māori cultural knowledge (Durie, 2004). For a full discussion of the implications of the Act, see Woodard (2014). Although this Act was repealed in 1962, the suspicion of Māori cultural practices has endured, as has the fear of indigenous practitioners practising outside accepted norms (Florence, 2015; Woodard, 2014). Woodard (2014) noted that, although tohunga (indigenous healers) were invited to practise at the NZAP conferences in 2012 and 2013, "some NZAP members at the Conference voiced concern that the presence of the tohunga was effectively an endorsement (by NZAP) of unregulated healing practice" (p. 44); this despite the reality of biculturalism. The NZAP 2013 conference intended to honour the bicultural reality of psychotherapy in Aotearoa New Zealand by engaging with mana whenua, the occupational and traditional custodians of land, and utilising premises of the Ngāti Whātua people at Ōrākei Marae (grounds and complexes) as the conference venue. Māori rituals of engagement steeped in spiritual ethos and karakia (prayer) are integral to this Indigenous space. Attempts by the organising committee to acknowledge and amalgamate by bringing together Māori, non-Māori and Pākehā ideologies served to incite strong views and opinions that denigrated the use of karakia in favour of the scientific virtues of psychotherapy tradition. Indeed, Hall (2012, 2013) a descendant of the Ngāti Whatua people and invited speaker at the 2012 and 2013 conferences, argued the need for greater action by NZAP and their members to respond to the mental health difficulties experienced by Māori. The challenge for greater responsiveness included the recognition of Indigenous knowledge, spirituality as a key consideration, and a proactive integration of Māori healing approaches (Hall, 2012, 2013).

Woodard (2014), among others, detailed the mechanisms of power by which this imposition occurs and is perpetuated. Citing Fanon, Arnond, Nicolson, McCreanor and Nairn, Read, Mosher and Bental, Woodard asserted:

> psychotherapy and psychotherapists as symbolic workers have actively contributed to the reproduction of European power, for instance, in the uncritical promotion of dominant psychotherapeutic theories and modalities, in Aotearoa New Zealand and the resulting subjugation and continued oppression of Indigenous peoples and our wisdom traditions. As a consequence of these processes, psychotherapy in Aotearoa New Zealand has flourished, protected by a raft of overt policy and political ideologies, while Indigenous healers and healing systems have been suffocated and subjugated. (p. 41)

The bicultural partnership in Aotearoa New Zealand does not afford equal opportunity. It is structurally loaded with bias and discrimination, reflected in the disciplines and institutions that determine what does and what does not belong. The rejection of Māori assertions in the psychotherapy discourse is justified by bureaucratic procedures that were designed by the most dominant in the power relationships and upheld and argued in the interest of public safety (Kuhlmann, 2006). Moves towards the statutory regulation of psychotherapy and the state registration of psychotherapists in Aotearoa New Zealand have done little to consider how culture, spirituality and religion can be influences for change (Schofield, 2007). The issue of biculturalism remains a contested space within the psychotherapy profession in Aotearoa New Zealand despite best efforts to ensure the appropriateness of partnered relationships (Fay, 2013). Ultimately conversations must focus on upholding Te Tiriti and the discontinuation of broken promises.

4 | RESEARCH METHODOLOGY

In view of the number of factors which could have a part to play in this topic, it was important that the first author utilised a methodology which looked at processes, spoke to complexity, considered perspectives, and was useful in a field where little was known. For these reasons, grounded theory (Bowers & Schatzman, 2009), with its focus on "What is happening here?" (Giddings & Wood, 2000, p. 6) was chosen. Grounded theory also builds theory as knowledge accrues (Charmaz, 2008), so is well suited to a field that has had little exploration.

Grounded theory has many variants. The dimensional analysis variant of grounded theory, pioneered by Leonard Schatzman (1991), was chosen, since its more comprehensive enquiry, "What *all* is involved here?" (p. 310) allows for greater complexity. Further details of this research methodology and its application can be found in Florence (2015).

4.1 | Research Participants

The Treaty of Waitangi and the bicultural context of Aotearoa New Zealand meant that partnering with Māori in this endeavour was fundamental although not a "given" since Māori have unfortunately been the recipients of "research" by the colonisers that has frequently been disadvantageous (Smith, 2012). Relational responsibilities embedded within the Treaty of Waitangi seek to achieve beneficial and equitable health outcomes for all. Therefore, engagement with Māori was an important consideration from the first stages of the research planning where the academic supervisors for this research study included both Pākehā and Māori. Dr Alayne Mikahere-Hall supervised the study to ensure Māori had the opportunity to take part in the research and give voice to the complex intersections of *wairuatanga* (spirituality) and religion. Culturally relevant guidance and proper *tikanga* (correct procedure) were provided during the research process which helped to strengthen the relational and reciprocal engagements with the research participants. In discussions with the supervisors, the first author met with members of Waka Oranga *kanohi ki te kanohi* (face to face) to invite participation in this research. After the first author outlined her research aims and methodology, members agreed to participate.

In all, 28 psychotherapist participants were interviewed over 33 interviews throughout Aotearoa New Zealand. Fifteen participants identified as Pākehā, three as New Zealander, three Māori, three European, one Celtic, one Caucasian, one Tongan/English and one preferred not to state. The initial four interviews were conducted by what is known as either purposive or selective sampling since it is guided by the research purpose, convenience and researcher interest (Bowers, 1988; Strauss, 1987) since there is no data at this stage to guide selection. Later interviews were conducted following the grounded dimensional analysis process of theoretical sampling (Strauss, 1987), that is, data was sought to fill in the gaps or elaborate data already gathered. This process continued until the field was fully covered. Participant excerpts have been included in the paragraphs that follow and pseudonyms have replaced the names of research participants.

4.2 | Ethics Approval

Approval for this research was confirmed on 19 March 2012 by the Auckland University of Technology Ethics Committee (AUTEC). The purpose of having an ethics approval process is to assess the relative risks and benefits to both researcher and participants, to consider the role of the researcher, and to ensure that the design and practice of the research implements the three principles of Te Tiriti o Waitangi (identified as partnership, protection and participation; Royal Commission on Social Policy, 1988).

5 | INTRODUCTION TO THE TERMS RELIGION AND SPIRITUALITY

The etymological roots of the word "religion" are found in the Latin *religio*, meaning "obligation, bond, reverence", and possibly in the Latin *religare*, "to bind". Thus, religion involves having a bond, if not being bound or at least connected to a particular tradition that offers a specific worldview, which usually involves the worship of a deity of some kind. Religion represents a particular cultural expression of beliefs, seen in rituals, social practices and a form of community which provides the "how to" of attaining spirituality within a prescribed religion (Bartoli, 2003; Griffith & Griffith, 2002).

Whereas religion is often associated with outward adherence to prescribed ritual and practices and is therefore more concrete, spirituality is often seen as concerned with an individual's subjective experience of transcendence,

as James, 1902/2008 sought to convey. The etymological root of the word "spirit", from which spirituality is derived, is found in the Latin *spirare* meaning "breathe" and *spiritus* denoting "breath". Both the Hebrew and Greek words for spirit, *ruach* and *pneuma* respectively, are variously translated as "breath", "wind" and "spirit". Ingersoll (1994) commented that the use of metaphor to denote spirituality captures the inexplicable.

In his seminal work, *The Varieties of Religious Experience*, William James (1842–1910) chose to "ignore the institutional branch [of religion] ... to say nothing of the ecclesiastical organization" (James, 1902/2008, p. 28), and to consider that "religion ... shall mean for us the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine" (p. 29). James differentiated between what he called "personal religion" (p. 29) and the institutional or ecclesiastical expression. James's separation of personal expression from institutional adherence reflects what may be considered spirituality today.

Zinnbauer, Pargament, and Scott (1999) concluded that there was a significant overlap between the two terms, and, therefore, advocated an integrative approach to using these terms in writing. I have therefore chosen to use the phrase "religion and/or spirituality", represented by the acronym RS, in this work, except where one or the other is specifically excluded by a participant.

6 | INTRODUCTION TO WAIRUA

Wairua is pivotal to a Māori philosophical view of the world and is imperative to all Māori models of health (Durie, 1985). Wairua is often referred to as spirituality; however, there is no equivalent word in the English language. Wairua literally means "two waters" and represents the spirit (Pere, 1997). For Māori, wairua is immersed in every domain of existence and is intrinsic to being Māori; "Māori is wairua and wairua is Māori" (Margaret Morice, personal communication, August 4, 2011). Whilst belief in God is one reflection of wairua, also incorporated in the concept is a relationship with the environment since, in *te ao Māori* (the Māori world), the land has spiritual significance (Durie, 2003).

The centrality of wairua in Māori health is demonstrated in its incorporation in the two most well-known Māori models of health: Te Whare Tapa Whā (the four-sided house), developed by Professor Mason Durie (1985), and Te Wheke (the octopus), presented by Dr Rangimarie Rose Pere (1997). Te Whare Tapa Whā comprises four dimensions: *whānau* (family), *tinana* (body), *hinengaro* (mind) and *wairua* (spirit). The metaphor of the octopus used in Pere's (1997) model illustrates the interrelatedness of the whole. The eight tentacles include the body, mind and spirit dimensions of Te Whare Tapa Whā, with the addition of: "whanaungatanga (extended family), whatumanawa (emotional), mauri (life principle in people and objects), mana ake (unique identity), hā a koro mā a hui mā (inherited strengths)" (Mark & Lyons, 2010, p. 1757). More recently, following research interviews with six *tohunga* (indigenous healers), Mark and Lyons (2010) proposed a model called "Te Whetu (The Star), with five interconnected aspects; namely, mind, body, spirit, family, and land" (p. 1756). Wairua knowledge is related to being Māori and there are many Māori elders, leaders within the health and education professions who are repositories of this knowledge. This section provides an introduction to wairua as a cultural knowledge system for psychotherapy in Aotearoa New Zealand which has the potential to inform practitioners from diverse disciplines.

7 | FINDINGS

Broadly speaking the research uncovered a process that psychotherapists followed in their attention to RS. Influencing all their decisions was one of three perspectives on RS in psychotherapy, namely: psychotherapy is secular and focuses on the psychological meaning of a client's RS; psychotherapy and RS touch episodically; and psychotherapy and RS are inextricably connected. This latter perspective holds that psychotherapy must address the whole person and was evidenced in the response of Māori participants (although not limited to them). As Hannah said:

> *How could you have a meaningful conversation that didn't include an aspect of that person's spirituality or their spirit or their soul or how they think about themselves in the greater experience of being alive and of this existence? All of that is a spirit conversation, all of that is wairua.*

7.1 | Māori not Considered Within the "Scope" of Psychotherapy Practice

One of the challenges that Māori participants encountered when working with RS was when they met something that they perceived to be beyond the scope of psychotherapy practice. "Scope" denoted the activities that participants believed were permitted—determined by the influence of their education, work context, and the context of colonisation regarding Māori health. In this regard, Mia cited the influence the *Tohunga Suppression Act*, 1907 had on her work in a public context:

> *It is a colonising institution so there is a way of being an indigenous practitioner that I am very wary of, I think because the structures and the construction of the system is limiting ... in terms of spirituality, in terms of culture, in terms of anything that is outside that biomedical mainstream paradigm and I think there is a history around indigenous people being persecuted for not being rigorously clinical. I am thinking about the Tohunga Suppression Act, 1907 saying well actually, Māori spirituality and ways of healing are illegitimate.*

Participants experienced conflict between adhering to what they had been taught was good psychotherapy practice and responding to the needs of their Māori clients using Māori knowledge such as acting on promptings received from ancestors. Mia again observed:

> *Working in a wairua way, you have to be willing to step outside the psychotherapy room and square and that can be, with the advent of complaints and things like that, quite scary, because I guess there's a safety in terms of the frame, the therapeutic framework, so when we go outside of that there's a whole lot of possibilities that open up for healing and also for complaint or dissatisfaction, I get a really strong feeling ... my tīpuna (ancestors) saying "come on, you need to kind of move with this".*

7.2 | Taking Risks

Needless to say, these predicaments meant that Māori psychotherapists took risks in working in ways that addressed the needs of their Māori clients. Hannah spoke of the fight for bicultural responsiveness within the profession. The risk was to their own wellbeing and reputation as their fight was often not supported. There was a risk in advocating from a marginalised position when it was professionally and personally challenging. Hannah expressed her difficulty:

> *I am compelled to seek ways that would be more useful, meaningful, effective in response to that degree of suffering for Māori ... I don't have a choice about that. And it stretches me to limits that I never expected I would ever be stretched. I have suffered this development probably as much as anybody, but mostly with myself because I have felt that I have had to really expand my own ways of thinking and being and they have been incredibly challenging. They've been a challenge every step of the way so while I say publicly it's a noble cause ... it's difficult because you're all the time having to uphold something and defend it against what turns out to be a mass of ignorance and challenge.*

The limitations of psychotherapy generally, in being able to adequately incorporate the concept of wairua and other indigenous concepts were articulated by Mia:

> *In terms of psychotherapy if we look at it in an English way, it is within a room, in the now, with you and me. But if we are looking at it from an indigenous or a spiritual concept we are not only in this room, but*

we are connected to everything right here and everything through time and space, so anything is possible when you talk about wairua. ... that's enormous, that's the potentiality of everything, that's the mauri or the life essence of everything affecting everything else and the ecological systems. Why history is so important is that again, some First Nations brothers and sisters talk about that we actually have embedded in our souls' colonisation, and so we have to go back there in that time and space to heal it, in the here and now. So, I don't think those concepts are within psychotherapy, I don't even think we have those conversations, but they are spiritual conversations and they are essential to healing our people, I think.

Because of these limitations, Mia was mindful of not having educational back-up to justify her interventions when working with Māori clients.

So if ... I think there's an issue of wairua here and somebody takes offence to that and if I end up with a complaint, how do I justify that conversation because I can't kind of go back to my clinical training and say "well ... this module about spirituality, religion and wairua?"

Taking risks came with considerable costs both personally and professionally. These participants expressed the conflict they experienced as they sought to respond therapeutically to the needs of Māori, whilst being aware of the demand to be professionally accountable.

7.3 | Finding a way Through

Repeatedly meeting challenges and taking risks meant that something needed to change. Important in this was that Māori practitioners created "kindred space", where knowledge could be developed. Waka Oranga became that space. Hannah referred to the importance of kindred space as a place for creating a groundswell for change:

You get to what is referred to as a "critical mass" in terms of numbers, so you have enough of you, that is, Māori in the profession of psychotherapy, to bring themselves together in a way that allows them to share their ideas and their experiences of being Māori practitioners in the work of psychotherapy.

Achieving a critical mass and having a groundswell were actions which fostered the creating of a Māori pathway to NZAP membership, since as has been noted no formal recognition of Māori philosophy and practice existed within the NZAP. Important in this creation were the kindred spaces of Ngā Ao E Rua to support this initiative, and the gathering of a Māori collective. Hannah reported, "We were able to grow over the years in what I have called a uniquely Māori practice or a uniquely Māori way of understanding ourselves in this work". Mia reflected on the process of the creation of a Māori pathway:

So, for them [Ngā Ao E Rua] to say ... "We support a Māori Pathway". I don't think that we would have gone through that process otherwise. If we hadn't had that groundswell of support from Ngā Ao E Rua saying, "This is a good idea, we can help you, we can bridge some processes, we have people on Council who can take that and talk [to it]", it wouldn't have happened.

The reflection provided by Mia speaks to existing power imbalances, issues of inequity and responsibilities. For indigenous initiatives to succeed within the psychotherapy profession in Aotearoa New Zealand it has needed the support of non-indigenous practitioners despite lengthy lobbying by Māori leaders in health for transformation and change (Durie, 1985, 2003; Kingi et al., 2018; Ramsden, 2002, 2005; Robson & Reid, 2001).

8 | DISCUSSION

The challenges encountered by Māori psychotherapists have reinforced their desires to champion a way forward with initiatives such as He Ara Māori pathway to NZAP membership. The pathway tangibly recognises the bicultural relationship between Māori and Pākehā within the Association, by acknowledging the right of Māori psychotherapists to

a culturally appropriate practice of psychotherapy to translate into Māori health gains (Durie, 2003). Woodard (2008) considered the therapy room to be an intersecting cultural and political space established on Western ideals of individual, independent, singular and separate as represented by the clinical dyad. Rigby (2017) stated "It is made clear by Māori psychotherapy – and in different ways by Dalal – that far from helping Māori the very form of Pākehā therapy may have the inevitable effect of re-colonising them" (p. 129). Encounters offered by Māori investigating how psychotherapists in Aotearoa New Zealand attend to RS in the therapeutic process have been articulated as wairua and hindered by scientific, political and professional dissonance. What presents as progress for Māori in the therapeutic space is all too frequently dependent on Pākehā approval, willingness to engage and respond to the challenges rather than Treaty based and ethical health responsibilities.

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