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Maori Wellbeing and Being-in-the-World: Challenging Notions for Psychological Research and Practice in New Zealand

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Abstract

Psychological research and practice in New Zealand has a long history of a positivist inspired epistemology and a pragmatic evidence-based approach to therapeutic treatment. There is a growing realization that a more meaningful interface between research and practice is required to accommodate indigenous Maori knowledge of wellbeing and living. The dominant Western psychological view in New Zealand of world, time, illness and wellbeing results in practices that do not make sense in cultural terms. The medicalisation and classification of psychological disorders cannot account for the degree to which cultural and spiritual factors are associated with problems of living. Heidegger's analysis of Being and his phenomenological method of understanding these matters ontologically reflect a persuasion not dissimilar to the worldview of the Maori and their notion of wellbeing. It offers some direction to the question of how to better integrate psychological research and practice in New Zealand.

In examining the relationship between psychological practice and the basic scientific principles of psychology in New Zealand, Evans and Fitzgerald (2007) point out that the dominant mode of practice in New Zealand has always been behavioural therapy and, more recently, cognitive behavioural therapy. Psychodynamic theory has not had a strong influence in the psychology departments at New Zealand universities. According to these authors, psychology in New Zealand has been strongly influenced by the 'Vail model' of practice. This model of practice is characterized by treatment protocols derived from basic laboratory science, commonly known as 'evidence based practice', in which randomized controlled trials are used to attest to the value of a particular form of treatment, most often cognitive behavioural therapy. The behavioural principles of classical conditioning, learning theory and operant conditioning are tested and validated in controlled experiments which result in prescriptive models of treatment (manuals). "The Vail model conceptualized training as preparing professionals to be good consumers of science," say Evans and Fitzgerald (2007, p. 285).

A good example of professionals being good consumers of science can be seen in the study by Perseius, Öjehagen, Ekdahl, Åsberg, and Samuelsson (2003) who set out to determine how dialectical behavioural therapy [DBT] is perceived by borderline personality disorder patients and their DBT therapists. The study concludes that dialectical behavioural therapy results in a significant decline in suicidal attempts and acts of self-harm. The therapist participants attributed the success of the DBT approach to the "theoretical underpinnings and the therapeutic techniques" and regarded the "personality of the therapist [as] of minor importance" (p. 224). The therapists also felt that it was critical to stick to the therapeutic manual and stated that failures occur when therapists "don't stick to the manual" and work "by 'their own heads'" (p. 224). Here the 'Vail

model' of professionals being good consumers of science in the form of prescriptive manuals of treatment is evident. Manuals of treatment, which encourage professionals to follow specific treatment protocols rather than practice and care according to their own experience, observations and appreciation of the person present, abound. Manuals of treatment for mood disorders, for example, include the eight session programme of *Mindfulness-Based Cognitive Therapy for Depression* (Segal, Williams & Teasedale, 2002), *Mind over Mood: Change How You Feel by Changing the Way You Think* (Greenberger & Padesky, 1995) and *Adolescent Volcanoes: Helping Adults and Adolescents Handle Anger* (Carroll & Hancock, 2001), to name but a few.

There are consequences associated with the aforementioned model of psychological research and practice that have to be borne in mind if the aim is to better integrate research and practice, according to Evans and Fitzgerald (2007). With an over-reliance on formal manuals of treatment, practitioners become more like technicians rather than scientist-practitioners, and Evans and Fitzgerald refer to research findings which indicate that highly trained practitioners are now no more effective than lesser qualified 'paraprofessionals'. The study by Perseius et al. (2003) provides evidence of how practitioners come to rely on manuals rather than their own experiences and understandings. Practitioners of psychology seem to no longer have faith in their competence to understand what they learn from their first hand experiences. They have 'learned to forget' that they are sufficiently qualified by virtue of their humanness to allow phenomena to account for themselves, or 'speak to them', without what they encounter first having to be formally interpreted for them. They refrain from re-searching that which they encounter and, instead, reduce what is encountered to the 'tried and tested' of the (apparently) scientifically known. The attitude behind prescriptive therapeutic techniques and manuals of treatment is "that we cannot trust what meets the eye and the ear … we need to devise interpretative means to decipher the phenomena" (Cohn, 2002, p. 115). Yet, there is nothing else to look for other than what meets the eye and the ear; "practice, so to speak, [is the] other side of our beliefs" (p. 116). Practice is the enactment of belief, and technique becomes necessary when there is a gap between belief and enactment. The practitioner whose eyes and ears are attuned to manuals resorts to the mechanized and dehumanizing techniques of therapy so easily recognized in the science of prescriptive psychology in practice. Good 'consumers of science' are by definition, then, not active agents who formulate new research questions according to what they see and hear in consultation. As a consequence, research and practice enter into conversation about matters that do not matter.

The natural scientific attitude of the 'Vail model' is not appropriate if one is interested in understanding phenomena relevant to being human. The reason for this is that scientific investigations are usually founded on a philosophy of mind which decontextualizes the lived world of Dasein. The phenomenon is uprooted from its origins and, from a human experiential point of view, becomes detached from its referential context of meaning and significance. "Scientifically relevant 'facts' are not merely removed from their context of selective seeing; they are theory-laden, i.e., recontextualized in a new projection" (Dreyfus, 1991, p. 81). This is a projection which no longer belongs to Dasein and its existence, but now belongs to the existence of science. The theory of mind informs an epistemology that attends to phenomena in a manner that no longer matters for the experiencing person. It is a methodology which sets in motion an understanding of phenomena that are interpreted as 'theoretical constructs'. These constructs do not do justice to the self-understanding and interpretation of the being that is human. In this manner, science comes to understand itself rather than understand Dasein.

What attitude would do more justice to the self-understanding of being human? According to Crowe (2006), Heidegger's project is to gain a deeper appreciation of life by way of a "phenomenological-critical destruction". It is a process that allows one to reach "moments of sense" which are concealed by contemporary discourse. Contemporary discourse is characterised by the ascription of a certain meaning to a phenomenon which, with repeated use and reference, reduces the phenomenon to something self-evident. Meaning then becomes part of contemporary discourse and gets passed along in "idle talk": the hallmark of inauthenticity. According to Crowe, Heidegger's method of phenomenological critique (destruction) aims to get to the "basis of enactment" which is "factical life-experience". One way to do this is by tracing commonly used terms back to their origins in factical life experience. The aim of destruction is twofold: to strip commonly used concepts and terms of their veneer of self-evidence, and to uncover what is genuine about these expressions. Stripping our understanding of its common sense meaning brings us closer to the genuine "moments of sense" and brings about self-understanding in going about everyday life.

Here is an example of an attempt to strip the 'self-evident' veneer of understanding from the phenomenon of care in a mental health setting. In my

research towards understanding how therapists experience suicidal people in their care, a participant, Marie (a pseudonym), says the following:

> *Whenever I would see him I would run it by one of my colleagues and say "These are the buttons I pushed and this is how he presented and this is what I had done – how does it sound to you?" Then I know I have been using my skills and I have done what I could* [checking for symptoms of psychosis and suicidality]. *That is all I can ask of myself. I feel more confident knowing that I have done a proper assessment and have looked in all the little spaces. Then I would feel more reassured about the decisions I have made with him, knowing how he was going to manage his medication and his life. It means getting them into a place where they can function at the highest level they can. And having the best quality of life they can. For me caring means that I want the best for someone, and I've put myself out there for them and put a package together. Hoping means that they could do this or maybe it will happen but not do much about it. Hoping is lacking the action. So caring is the action. Hoping is just wishing but not doing much about it.*

In discussing how she copes and manages her clients who are suicidal, Marie gives a description of what it means for her to care for someone. Marie has a very clear understanding of what it means to care for a client in a mental health service. To care is to ensure that the client exhibits no signs or symptoms of psychosis or suicidality. She needs to "push the right buttons", which is a mode of caring Marie defines as a thorough assessment. There are distinct advantages to this mode of caring: (1) It demonstrates that she is actively doing something and not "just hoping and wishing". (2) It is a form of care that complies with institutionalized expectations and in doing so she feels confident and believes in herself as doing all that is expected of her. (3) To care is to be able to "put a package" together which will "put the person in a better place" where he can function better and have a better quality of life. 'Packages of care' is an example of professional idle talk, and it has become a common (and an embarrassingly self exposing) expression in mental health services in New Zealand to describe how we care: our care comes packaged. Packages usually consist of a regime of medication which the health professional monitors for compliance and effect, along with other evidence-based therapeutic prescriptions with expectations of compliance attached. Packages of care are neat and handy, and caring in this manner is explicit and unambiguous for all to see and judge. This explicitness removes the mystery of caring for a fellow human being, which is now a science based on rules and definitions. (4) Marie can document her findings of care, which would safeguard her from any possible accusations or recriminations in future. In caring like this, health professionals keep themselves 'safe' and at an objective distance. (5) This mode of caring is perfectly acceptable in mental health settings and, by following the institutionalized expectations regarding suicidal and psychotic clients, Marie can demonstrate that she cares in accordance with the institution's interpretation of care. And that is all that is expected of her.

What else can be said about this mode of caring? The first thing to take account of is that culture and cultural institutions have existence as their way of being, just like human beings have (Dreyfus, 1991). Secondly, as Heidegger (1927/1962) says, that existence is a way of being founded upon self-understanding. Like human beings, institutions base their decisions and actions upon their interpretation of phenomena, and I have attempted to show how a mental health institution understands what it means to care, and how a therapist's sharing of that way of understanding is demonstrated in what she does.

This mode of caring is a deficient mode of care and not the kind of caring Heidegger has in mind when he talks about the ontological phenomenon of care. Care, ontologically speaking, is the fundamental existential structure which makes the concern for other Daseins possible (Waters, 2005). To say "I care for you" or "I care for myself" refers to an attitude, and this is not the care Heidegger has in mind. His conception of care is that Dasein *is* care. It distinguishes Dasein as being in the world; it is a constitutional mode of existing. Care is the foundation of disclosure of world and grounds our knowing of the world. Our concern for other Daseins is made possible in care. How we are concerned is the ontic manifestation of the ontological phenomenon of care. The extent to which the latter phenomenon is veiled is dependent on our motivation and intention in being concerned for another. The nature and intention of our concern from a therapeutic perspective contributes to the extent to which world is disclosed. The way in which we are concerned as therapists may therefore either aid disclosure or perpetuate concealment of our being in the world. In the example given above, the way in which the mental health institution and Marie go about caring perpetuates a concealment of being in the world. It is a deficient mode of caring for another being that is human because: (1) It 'leaps in' and

takes over responsibility instead of 'leaping ahead'. It leaps in with packages of care. This form of care narrows the world of the person down. It is a distortion of the ontological meaning of care, namely, being responsible for understanding oneself, upon which understanding one creates an existence of one's own. Leaping in with "a package of care" conjures up an image of instrumental and mechanistic concern, and in this image there is little room left for the person to constitute a place that is his or hers. (2) The giving of "a package of care" with provisos attached is associated with a contractual arrangement between two independent and self sufficient entities. It is not a relationship associated with care and concern for another human being. (3) The institutionalized mode of care jettisons hope because hope is "just wishing". But when hope becomes "just wishing", it loses its courage to venture forth and find different ways of being. (4) Living well and living without symptoms are not synonymous; one can live well and have symptoms at the same time, according to Mason Durie (in Evans & Fitzgerald, 2007). It is worth noting that the tradition of depth psychology also argues that the possibility of living well becomes a human reality only in the presence of symptoms. When institutions set out to care in this way – *to give a package of care that will get a person into a place where they can function at the highest level and have a better quality of life* – it compounds our misunderstanding of the human condition and achieves the opposite of its intent: humans become entities with properties and functions with buttons that can be pushed to check if they are symptom free and ready for a good life. The question for research in practice now is how to return to what is intended, at a fundamental level, by care, since our understanding of it appears to have strayed from its origins.

A further consequence associated with the positivist model of psychology in New Zealand, according to Evans and Fitzgerald (2007), is that it has not benefited Maori. These indigenous peoples of New Zealand are over-represented in acute mental disorders, and this is reflected in the alarming rise in suicide and attempted suicide among their youth (Durie, 1999). Durie is concerned about the way in which behavioural and psychological phenomena are conceptualized, stating that the medicalisation and classification of disorders according to DSM IV diagnostic categories is not capable of measuring the degree to which cultural and spiritual factors are associated with the problem. Furthermore, a DSM IV diagnosis conjures up the expectation that 'treatment' is possible and that a diagnosis will somehow lead to a resolution. Unfortunately this 'value-free' science of health and wellness, where diagnoses lead to packages of evidence-based treatment protocols, refuses to take into account the value-laden factors of culture and spirituality that are associated with Maori health and wellness. According to Durie (1999), it is precisely this value-free intent of science, which supposedly ensures objectivity, that discredits treatment approaches which make greater sense in cultural terms.

Guinon (2006) is of the view that there are substantive and unavoidable moral questions that form part of any attempt to understand human beings in psychological practice. Guinon asserts that therapists are asked to serve as moral authorities to fill the vacuum left by the rise of modern technological civilization. Before our modern industrial-technological age, people experienced the meaning of their lives in daily discourse with rituals, practices and institutions that hold whole communities together at a religious, cultural, social and occupational level. This view resonates with the Maori concept of wellness and the subsequent splintering of their worldview by a more dominant materialistic-technological concept of life and living. The industrial-technological revolution cut the individual adrift from this context, leaving lone individuals no longer sustained by the cultural resources of their ancestors. This is the root of our psychological problems in modern times, says Guinon (2006). The questions of how to live and what to do have become problematic and central to the issues frequently dealt with in therapy. How to live one's life and how to be at home in the world are clearly moral questions in the broader sense, says Guinon (2006), and as such are not completely addressed by finding solutions to the common everyday morality of right and acceptable actions and conduct.

Dasein is thrown into a cultural-historical context with values and morals and the task to construct an existence that is mostly its own without discarding or rejecting this fate. This implies judgments and decisions about morals and values which cannot be avoided in the process of self-understanding. Authenticity involves encountering one's possibilities as drawn from the wellspring of heritage, and living one's life as part of the destiny of one's historical community, says Heidegger (Guinon, 2006). This requires one to make decisions about matters of value, drawing on the 'heroes' and 'destiny' of the community of mankind, the morals, norms and values of the wider community as a whole. Therapy must therefore involve moral reflection if Heidegger's concept of authenticity is correctly understood, says Guinon (2006). Modern therapy and its assumptions makes it difficult to grasp the moral dimensions of being human and risks perpetuating the problem in the cure. "Heidegger's conception of authenticity, in

contrast, can help us make sense of the moral dimensions of therapeutic practice not fully accounted for in most forms of theorizing" (Guinon, 2006, p. 290).

In considering that Dasein is thrown into a cultural-historical context with values and morals and the task to construct an existence that is mostly its own without discarding or rejecting this fate, one can see how the positivist model of psychology in New Zealand has not benefited Maori. A 'value free' psychology practice will ignore precisely that which is so important for Maori: knowing what to do and knowing how to live by drawing upon exemplars of history and culture. Maori value their ancestry, their physical place in the world, and their cultural stories, rites and rituals. They are of the view that these values define who they collectively are and who they collectively have become. The wider historical context of the Maori, with its morals and values, shapes and guides their sense of wellbeing. They experience dis-ease and feel out of kilter when they are estranged from this way of knowing and understanding, and a 'value free' attitude in treatment compounds the problem. Westerners suffer from the same dis-ease, but have forgotten that they do, and science, to some considerable extent, has helped them along this way.

Guinon (2006) asserts that therapists may feel poorly equipped for the task of serving as moral authorities to fill the vacuum left by the rise of modern technological civilization. As elsewhere, psychology in practice in New Zealand thinks of itself as an 'applied behavioural science' and endeavours to be value-free and objective, trusting as truth only what can be observed and explained by cause and effect reasoning. How to live and what to do at an ontological level – and the moral dilemmas inherent – are consequently not attended to in therapy. To be 'value free' is, in itself, a value-laden attitude. There can be no such thing as being value free in the true sense of the word. Three assumptions drawn from naturalism underlie the conception of humans found in most psychotherapy theories, says Guinon. These assumptions conceal more than they reveal. Firstly, humans are objectified like other physical objects. The traditional image of reality as a value-laden, meaningful cosmos has been replaced by aggregates of objects in causal interactions. Secondly, humans as agents of action are now perceived through the lens of instrumental reason and technological control. An agency of action now implies the capacity for strategic calculations, means-ends procedures and end-product planning. I believe that the preceding example of Marie illustrates this and the following argument very well. With the guidance of experts we can now re-engineer our own lives according to a rational blueprint of the kind so evident in the psychotherapeutic vocabulary of 'strengthening the ego', 'restructuring cognitive strategies', 'learning coping skills' and 'managing stress', says Guinon. The aim of psychotherapy, with this calculative-instrumentalists approach, is levelled down to what is realistic and consistent, or, stated differently, *pragmatic and evidence-based*. With these aims, the modern naturalistic outlook attempts to free itself from a two-tiered view of life: 'merely living' (just functioning and satisfying needs) and 'better living' (a form of existence when the proper aims of life are achieved or aspired to). Thirdly, there is what Guinon refers to as the "ontological individualism" of modernity. This is when human reality is viewed as self-encapsulated individuals who interact in social systems competing for resources towards self-actualization. Relationships become contractual agreements that are sustained as long as the other promotes and makes these resources accessible. Our arrangement will be maintained as long as I 'continue to grow' or 'still feel good about myself'.

Guinon suggests that Heidegger's concept of authenticity has a great deal to offer psychotherapy. It points towards a way in which therapists can equip themselves to accompany those struggling with the moral issues that constitute the good life and being at home in the world. Inauthenticity is characterized by falling and forgetting. Dasein falls into the busyness of everyday affairs and becomes ensnared in these concerns, going along with the taken-for-granted practices of everydayness. Dasein forgets itself in the process, preoccupying itself and becoming self absorbed with checking its performance against public criteria. This first order of forgetting is compounded when Dasein preoccupies itself with concerns that are not generally at stake: the call of conscience and the task of defining an existence that is mostly its own. Our modern techno-scientific milieu has fragmented Dasein's everyday existence into means-ends strategies governed by public attitudes of what constitutes success, acceptability and appropriateness; each of these is shot through with conformism and aggregates. The highs and lows of human existence are levelled out in an average 'they' where its constituent parts are no longer able to differentiate themselves. This inauthentic form of life is the perfect breeding ground for the kinds of demoralizing self disorders found among current candidates for psychotherapy, says Guinon.

According to Evans and Fitzgerald (2007), there appears to be a shift in the social sciences in New Zealand, with greater emphasis placed on more subjective and qualitative models of 'knowing', in

recognition that scientific knowledge is not indisputable and absolutely certain knowledge. Quantitative and qualitative methods of understanding are not similar, and the fact that both have strengths and limitations suggests that using both, rather than one or the other, would best increase understanding. "This ecumenical perspective is not, however, universally shared in New Zealand, or internationally" (Evans & Fitzgerald, 2007, p. 295). One such qualitative method of knowing is that proposed by Heidegger in his phenomenological analysis of Dasein. To "exist as Dasein means to hold open a domain through its capacity to receive-perceive the significance of the things that are given to it [Dasein] and that addresses it [Dasein] by virtue of its own 'clearing'" (Heidegger, 1959-69/2001, p. 4). Heidegger is emphatic that human existence cannot be objectified, because the significance of things received-perceived is such by virtue of human existence itself. There is no subject to be separated from an object. The existence of both is inter-dependent. Without one there is no other, and in therapy there can thus not be an object (therapist) and a subject (patient), nor an 'inside' subject, nor experiences that can be measured or encapsulated by theoretical representations, without forgetting that the world of a therapeutic encounter is the 'clearing' where the significance of what is received-perceived is laid bare for the first time by Being-with one another. It is for this reason that aggregating methods and techniques of therapy are unsuited for the purpose of encountering another person in need of help, because 'method and technique' are born in each unique 'clearing' of Being-with. A therapy designed to treat suicidality, for instance, with an evidence-based method because it correlates with a predetermined factor, violates a basic structure of human existence. What matters only arrives in the space created by two people at the time of encounter; it is the origin of what is significant and consequently determines what occurs in treatment. It is also the space where research questions that really matter become present, as I attempted to illustrate with the example of Marie.

Science and indigenous knowledge are built on distinctive philosophies, methodologies and criteria. Durie (2004) uses examples to illustrate how these differences are used in a constructive manner towards a more comprehensive understanding of health and illness. Durie is thus one of those New Zealanders who adopts a more ecumenical perspective towards understanding health and illness and resists the temptation to be drawn into debate where differences are used to divide. This attitude is in keeping with most indigenous knowledge, and the Maori in particular, which "places a greater emphasis on the construction of models where multiple strands can be accommodated to make up an interacting whole" (Durie, 2004, p. 1140). This inductive form of reasoning contrasts with the reductive reason of science.

Indigenous knowledge is distinctive in its conceptualization of 'world'. Indigenous people have a tradition of unity with the environment, and this tradition is reflected in song, custom, subsistence, approaches to healing, birthing, and the rituals associated with death. Indigeneity represents a state of fusion between indigenous peoples and their accustomed environments. "'People are the land and the land is the people.' … 'We are the river, the river is us'" (Durie, 2004, p. 1139). Maori's concept of the world is something more than a scientifically observable structure; it is not something that can be reduced into smaller and smaller components in a standard scientific method. This worldview resonates with that of Heidegger (1927/1962). Whether Dasein exists authentically or inauthentically, the character of this existence must be understood *a priori* as grounded in a state of Being that Heidegger refers to as Being-in-the-world. This compound expression indicates a unitary phenomenon. We are inclined, says Heidegger, to think of being-in as being in something. This kind of being is a spatial relationship between things – like water in a glass – but this is not the being-in he is referring to. He is referring to Being-in as an existential structure and as such as belonging only to Dasein (Cavalier, 2006). Dasein is in the world, active and dwelling among entities of the world. This implies that Dasein is involved with concern, is touched and affected in this related existence. Human existence is grounded in our always already finding ourselves in the world. Traditional thought posits a 'mind' which exists without a world. The mind can have thoughts and feelings regardless of the world – I think therefore I am. Whilst this is one mode of Being (as a categorical structure of existence), it is not the Being of Dasein. What does 'world' mean in the expression Being-in-the-world? World is something Dasein has. Without Dasein there will be no world (Waters, 2005). It is an existential structure bound together with Dasein and represents the undifferentiated surroundings of Dasein. If one "fails to see Being-in-the-world as a state of Dasein, the phenomenon of worldhood likewise gets *passed over*" (Heidegger, 1927/1962, p. 93). Our everyday understanding of things of our world frequently conceals the true functioning of nature. The rules of nature were scientifically established only once scientists undertook to disregard the world as it makes sense to us, as it appears in our everyday dealings with things. For example, the everyday understanding of the sun rising in the East and setting in the West is

proven false by science. There is no rising or setting of the sun – the earth revolves around the sun. For science the world is 'Nature', but this is not the world of Dasein (Heidegger, 1927/1962). The danger, says Wrathall (2005), is that our reverence for physical science makes us dismiss as unreal anything that cannot be proven by scientific method, and we then run the risk of overlooking the world. This, in turn, makes it impossible to understand ourselves. Durie (2004) echoes this when he asserts that the worldview of indigenous people has been seriously fractured by the now dominant western scientific view of 'world' and is closely linked to a host of health problems that beset indigenous peoples. Our world conceived of as a revolving planet says very little about the nature of the world of human existence. But, with a sun rising and setting, we can get closer to an understanding of human existence through the activities and objectives dictated by this everyday understanding of our world. "Nature is a limiting case of the Being of possible entities within-the-world … as a categorical aggregate of structures of Being … (it) can never make *worldhood intelligible*" (Heidegger, 1927/1962, p. 94).

Heidegger's conception of the 'fourfold' clarifies his latter thoughts on the being that is human and 'world', according to Young (2006), and in my view resonates with Maori's worldview of being at one with their accustomed environment where the "people are the land and the land is the people". What does it mean to be at one with your accustomed environment? It is where you dwell with familiarity, where you feel at home. It is on the earth and under the sky you are accustomed to, alongside mortals and before gods you are familiar with (Young, 2006). In this dwelling, space divine and human destinies are in dialogue. In Young's view, the divinities are more or less mythological figures preserved in the collective memory of a culture and represent 'life' models. They are ageless exemplars of a virtuous and good life, a possible destiny for the mortals that we are. Young also argues that the fourfold in which you dwell is a local fourfold. It is the where I am familiar with and beyond which things are foreign to me. The land of my fathers, the soil which bore my crops and the sky which governs the seasons is a very specific location. Beyond that, the fourfold of others and the fourfold of the universe becomes foreign. The fourfold is one. Each aspect mirrors the other and forms a unity. For example, one's mortality is reflected in the divine, and the divine is reflected in the earthly mortal. The being that I am, the existence of my being, is a reflection of the interaction of the elements of this fourfold, of my place where I dwell. It then follows why the fourfold of another causes one to feel out of kilter; for example, the new immigrant's initial sense of 'not being at home' in the new country. The inter-connectivity of earth, sky, mortals and gods opens up the horizon of possibilities that differ from culture to culture. It identifies things, rituals and a life of significance that differ from people to people. Heidegger's phenomenological critique aims to get to these "moments of sense" within the "factical life-experience" of the person in his or her familiar dwelling place. It is a method which attempts to explicate that which makes sense and is meaningful within a cultural context, without attempting to recontextualize what is revealed into a new projection that is foreign. The people of the land and the land of the people – their sky and their gods – are appreciated as a unity in a hermeneutic phenomenological mode of understanding.

Indigenous knowledge is also distinctive in its conceptualization of 'time'. Durie (2004, p. 1139) makes reference to indigenous people's definition of health: health and survival constitute a "collective and an intergenerational continuum encompassing a holistic perspective incorporating four distinct shared dimensions of life". These dimensions are the spiritual, the intellectual, the physical and the emotional. Linking these four fundamental dimensions, health and survival are manifested on multiple levels where the past, present and future coexist simultaneously. This view of 'time' resonates with that of Heidegger (1959-69/2001). Without the unfolding essence of being human, there will be no time. Time and being human belong together. We talk about time as something sensed, being conscious of and experienced. The clock says it is ten o'clock 'now', but we do not need a clock to tell us when now is. We already have a now, without a clock. In two hours it will be twelve o'clock, but we already have a 'then' even before it is measured by the clock. Measured time does not tell us about our relationship with time. It does not tell us what time is. Measured time does not determine time. We already have a today, yesterday and a tomorrow. Time is always holding sway over us, says Heidegger (1927/1962).

The phenomenon of the givenness of time, what it in itself is, can be understood in our everyday relationship to time. Our relationship to time is characterized by significance, says Heidegger. The significance is that it is always *for something*. This characteristic of significance is also essential to time itself. Significance belongs to time itself and not to a subject's intention. It has nothing to do with intentionality. Intentionality adds something to time whereby it is subsequently related to something else. 'I have time to talk to you'; the intention to talk does not illuminate time itself. Another characteristic of time is its datability. Datability does not mean a date

on the calendar. The 'now' of time is not datable in the sense of a calendar date, but refers to a certain temporal extendedness (past, present, future). "The disturbed relationship to time accompanying some forms of mental illness can only be understood from the human background of original, significant, and datable time" (Heidegger, 1959-69/2001, p. 44). Phenomenological investigations have shown that the most disturbing experience of time in, for instance, depressive conditions is an arrest of time – a flowing back of the stream of time (Ellenberger, 1958).

Being-in-time refers to an existence characterized by continuity, significance and datability. Time in this compound expression refers to continuity. The authentic character of time (our relationship with 'having time') is expecting, making present and retaining. It is in this fluid relationship that we understand ourselves by way of interpreting what we receive and perceive. This relationship is definitive of an existence. Our relationship to time sustains our being in the world. What we do with time joins past, present and future. It temporalizes our existence (Heidegger, 1959-69/2001). How we find ourselves is always at the junctions of past, present and future. It is fluid and cannot be captured and fixed in calibrated 'now' moments.

The aforementioned philosophical distinctions lead to methods of research that embrace an inductive way of knowing. This method of knowing is central to qualitative methods of research where "understanding comes not so much from an appreciation of component parts as from synthesis into a wider context" (Durie, 2004, p. 1140). This method cannot be verified by scientific criteria, nor does it wish to be. This does not make it a less valid way of knowing, but, instead, presents arguments which may lead to a more comprehensive understanding of health and illness.

Maori have a distinct way of conceptualizing illness and wellbeing. Durie (2004) asserts that the Western scientific model of disease focuses on signs and symptoms of a disorder rather than the individual's capacity to function in a dignified and meaningful manner. For Maori, the meaning of wellness does not mean the removal of symptoms; being well means living a meaningful life with or without symptoms. This view accords with Heidegger's (1959-69/2001) concept of privation. Privation implies that the essential belonging to something is lacking. Privation is the negation of a phenomenon. We are tempted to define something by what it is not. Illness is a phenomenon of privation. Illness is not in need of health, but rather health is in need of something. Being dead refers to what can die, and only what lives can die. Thus, being ill or dying is a form of living. Suicidality, for instance, does not mean that there is no longer hope, but rather that hope has been deprived of what it is. In privation, hope no longer is – or seems to no longer be – yet always is. Privation is an ontological phenomenon, in that it refers to a possibility of being. The nature of a privation cannot be understood until that which it is a privation of is understood. Suicide, or illness, both of which are privations, cannot be understood unless the existence of that which suicide or illness is a privation of is understood. The being that exists is more than the privations of that existence.

The correspondence between Heidegger's philosophy and indigenous views of wellbeing shows that what is unique to Maori and other indigenous people's way of knowing also resonates with a rich Eurocentric philosophic tradition which aims to explore and understand the meaning of being human in one's experience in a given cultural and historical context. I want to suggest that living a meaningful life and living well be understood as our self-understanding projected towards the ideal of an authentic existence. What is authenticity? Crowe (2006) argues that Heidegger's philosophy is motivated by the ideal of an authentic existence and that this ideal is difficult to realize, due mainly to tradition. In tradition, the individual encounters a life that is already made meaningful; it has already been interpreted and given expression in discourse prior to the arrival of the individual. It is Crowe's view that the individual finds it easier to join in this discourse and to pass off ideas and interpretations of phenomena as self-evident, as the collective is prone to do. It is easier to allow one's identity be shaped alongside this reality of the 'one' because the alternative is a daunting and anxiety-provoking quest. The quest is to reinterpret that which is apparently so self-evident, but it is exactly through this task that a person begins to create a more authentic existence. Hermeneutic phenomenology is a method oriented towards the ideal of authenticity. The starting point is the re-interpretation of that which has become so self-evident by rediscovering the original meaning of phenomena in the context of lived experience.

Whilst Heidegger's concept of authenticity is supposed to point to a way of life that is higher than that of average everydayness, it does not imply a detachment of Dasein from its world, and nor is it envisioned as a replacement for it. Dasein's history is the wellspring from which possibilities are drawn and presents Dasein with exemplars to guide it in constituting a world that is mostly its own. The resolve to own and direct one's existence comes about when Dasein faces its own death and

recognizes its finitude. It is this anxious experience of an existential given which spurs a more authentic attunement and understanding. It usually occurs in those moments when Dasein realizes that, from the outset, its possible future always runs ahead into the past; Dasein hears the call of conscience inviting it to reinterpret what is understood of its existence.

Heidegger's description of authenticity does point to certain character ideals and moral commitments. An authentic focus requires traits such as resolve, steadiness, courage and honest recognition of one's finitude. We are what we do, the structure of our lives is determined by our actions, and we are ultimately answerable. We cannot avoid this. The aforementioned matters are steeped in values and morals woven into the fabric of life and living. Resolve, steadiness, courage and so forth are matters of value. Moral reflection plays a crucial role in our self-understanding and in the practice of psychology.

Conclusion

If the aim is to better integrate psychology research and practice in New Zealand, the psychology profession needs to reconsider how it goes about gaining knowledge and putting it into practice in a manner that says more than a 'value-free' DSM IV diagnosis and the associated manuals of treatment. This method and practice is truncated in eschewing the value-laden meaning of culture and history from which a person attempts to construct a life that is also his or her own. It is at this complex juncture where a sense of wellbeing finds its origins, and not in a particular thought or specific behaviour. It is said that there is a growing recognition of this in New Zealand psychology. If this is the case, then there will also be a growing realization that the positivist model in psychology is based on a philosophy which is not commensurate with its intent in practice for all New Zealanders and Maori in particular. A Heideggerian philosophy in practice recognizes that humans are not objects like other physical objects in the world, but that world exists by virtue of being human. It recognizes that humans do not 'merely live' by acquiring practical and expedient living skills in order to cope and conform, but that human beings also strive for a better and meaningful life. It recognizes that we are always first with-others before we are encapsulated egos competing and cooperating in contractual relationships for resources towards self-actualization and better lifestyle options.

The philosophy supporting indigenous knowledge in New Zealand appears to find an echo in Heidegger's philosophy. Both are philosophical traditions in which the meaning of world, time, illness and well-being is more comprehensively understood. They are philosophical traditions that lend themselves to qualitative methods of knowing such as phenomenology. Heidegger's analysis of Being is a philosophical perspective which offers an orientation for research in New Zealand psychology in which practitioners are not 'consumers' but research practitioners. They are active and thinking agents who identify research questions in practice; practitioners who re-search phenomena for what they may reveal during consultation. Practitioners in a phenomeno-logical research orientated discipline trust their eyes and ears. They really believe in what they do and they do what they believe with conviction. People in need of help can sense this attitude. It is the essence of therapy itself. Phenomenologically oriented therapists recognize that technique and models of treatment fail to make the human world intelligible. They are interested in how the pre-scientific sun rises and sets for the person they face in consultation.

This kind of research orientation recognizes that, in its practice, the questions of how to live and what to do cannot be contemplated without considering the value-laden context of human life. It will develop treatments that make greater sense in cultural and human terms. It presents an ecumenical perspective which places "greater emphasis in the construction of models where multiple strands can be accommodated to make up an interacting whole" (Durie, 2004, p. 1140). This kind of research orientation recognizes that practitioners are not passive consumers of science, but that they actively and spontaneously participate with those they encounter in practice, wrestling with the moral dimensions of living well and meaningfully.

By way of argument and example, I have suggested here that a hermeneutic phenomenological approach is one way in which to explore and understand what Maori may experience in terms of their need to live well and meaningfully when they consult mental health services about their concerns. It is a method that promises a more meaningful interface between psychological research and practice in New Zealand. It takes account of the cultural and spiritual factors which inform indigenous views of wellbeing and living. It encourages practitioners to take note of 'moments of sense' in our everyday lives, moments that matter and are worthy of re-search.

About the Author

Gabriel Rossouw holds two Master's degrees, the first being in Counselling Psychology from Rhodes University in South Africa and the second in Analytical Psychology from the University of Western Sydney in Australia. In 1994, he and his family immigrated to New Zealand, where he is employed as a psychologist in a public mental health unit.

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