



THE NEWSLETTER

**New Zealand Association
of
Psychotherapists Inc
Te Rōpū Whakaora
Hinengaro**

**December
2016**

**New Zealand Association
of
Psychotherapists Inc**

**Te Rōpū Whakaora
Hinengaro**

THE NEWSLETTER

December 2016

Closing Dates for Submissions	Publication Dates
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The Newsletter is published three times annually, following NZAP Council Meetings. All material must be submitted in Word (A5 size) and sent to:

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The opinions expressed in this Newsletter are not necessarily those of the Editor or NZAP.

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Editorial

Jacqueline Hielkema

We are surrounded by upheavals ... of the political shape of our world, of our climate, and even of our Godzone earth. Our own Association echoes this theme of change and shake ups. And my own life shifts are to the fore, as I write my last Editorial, and look towards a reorientation of my activities next year.

I will be handing over the role of Editor to Seán Manning early in 2017. Seán will be well known to most in NZAP as a Past President, and he has also ably assumed the Editorship in the past. I very much look forward to the return of his inimitable style and competence, as he steps once more into the role.

I feel both sad and relieved to relinquish this position. I have learned a great deal in practical, professional and personal ways over the last three years, so I have valued this experience greatly. I have enjoyed developing and evolving new and existing relationships with people, and the expansion of my desktop publishing skills (notwithstanding the heart stopping errors that inevitably snuck through). Seeing the Newsletter come into coherent form on my laptop has become a real pleasure.

I found writing editorials the most difficult challenge. I have struggled to find just the right level of engagement, and sending any of my words out into the void has never been my favourite activity! More Letters to the Editor would have helped, and enlivened and honoured the input of other contributors.

Thank you to all who have so ably assisted me and fed the life of the Newsletter. You have offered up your thoughts, your articles, your art and your poetry. You have regularly provided columns and reports, and you have given valued feedback. Most of all, I thank you, the readers - Merry Christmas to you all.

Jacqueline Hielkema

Editor



President's Column

Sheila Larsen

Tēnā koutou, tēnā koutou, tēnā koutou katoa. Ngā mihi mahana ki a koutou.

These last few months seem to have been exceptionally busy. Much of my time has been taken up with trying to find people to take up the positions of President-Elect, Treasurer, Co-Editor of *Ata*, and Editor of the Newsletter. It was apparent at the AGM that the Newsletter and *Ata* are highly valued, so it has been disappointing that it has been so difficult to find members who are both willing and able to do the work of getting each of them to print.

I have visited several branches, seen MP's, spoken with PBANZ and the Psychological Society, and attended different events, with the aim of raising the profile of NZAP, informing people of our ability and expertise in addressing mental health issues cost-effectively, and thus also addressing some social issues. It was gratifying to experience a sense of a regeneration of energy and enthusiasm amongst the membership for participating more fully in the life of the Association and a keenness to introduce some new ideas and ways of doing things. Overall I sensed a hope and willingness to connect more fully, and in particular with people who are newer to the Association. We are aware of how much we need their new ideas and energy.

The reviews of the Supervision and Professional Development Committee and the Te Tiriti Bicultural Advisory Committee, are progressing. Both review committees would welcome feedback from the membership about what issues they think need to be taken into consideration. Please let us know what you think.

TTBAC continues to have an important role in our Association, even though it is possible that its form may change. It is the connection that hold the two hulls of the waka, the two Treaty partners, Waka Oranga and NZAP, together, and is to ensure that they travel together, side by side. It continues to be a work in progress.

Council met last weekend in Wellington and we dispersed back to our home towns on Sunday afternoon, all of us satisfied with the amount of work we had done and looking forward to our own beds and a good night's sleep. However, as for many others around the country, that was not to be, with the earthquake waking us at midnight. It has renewed anxiety for many in Canterbury, but I imagine that in other places they may be dreading what might be to come - of having a similar experience to that which we had. Kaikoura and Wellington certainly seem to be badly affected.

There is turmoil all around the world for one reason or another, and it is very easy to get bogged down in pessimism. This is where we as psychotherapists can show by example, and in our work with others, how to keep hope alive in the midst of that turmoil, and the importance of a balanced life. Of course, we need to deal with the emergencies, and we may have to work extra hard for a while, but we also need to have some time for pleasure, relaxation and fun – to still have a good life in the midst of chaos.

I wish you all a safe and happy Christmas and peace in the world.

Sheila Larsen

President



From the Council Table

Sue Grace Jones

Honorary Secretary



Council met over the weekend of November 12-13 2016. It was a pleasure to welcome Anna Fleming who took the place of Alayne Hall as a representative from Waka Oranga. Although we missed Alayne Hall, I feel proud of the work she has been asked to undertake at Harvard University as part of her PhD study. We also welcomed Geraldine Lakeland to her first Council meeting.

Most of us had left Wellington prior to the earthquake which struck later that evening.

There was a mixture of feelings experienced by Christchurch residents following the earthquake. I felt relief, shock, and concern, and I was pleased and proud to belong to a community of volunteer workers who immediately responded to the call for assistance. Many of our members will be supporting those drifting to Christchurch requiring more professional help. Our thoughts go out to our neighbours in North Canterbury, Nelson, Marlborough and Wellington, many of whom remain isolated.

As always it is a pleasure to welcome new members to our Association, and it is with mixed feelings we recognise others are moving to 'retired' status. Carol Worthington recently wrote to me expressing her wish to retire. Carol has been in practice since 1977, and a member of NZAP since 1984. Impressive stuff. I honour you Carol.

The following bullet points summarise the main issues that were discussed around the November Council table.

- We remind members that they are welcome to sit in on a Council meeting and we encourage it, especially if you are considering taking up a position at some point. If you are interested let a Council member know in advance. Council will meet in Nelson prior to the Conference in March 2017, and in Wellington in May 2017.
- We are continually updating the website as information concerning NZAP comes to hand. Members are encouraged to regularly check the website, and update their profile. There is a facility to provide a photograph and bio: <http://nzap.org.nz/nzap-register/>.
- We are grateful to Jacqueline Hielkema for the excellent job she has performed in her role as Newsletter Editor. Séan Manning will take over this position from the AGM in 2017. Thank you in anticipation Séan.
- As previously reported, John Farnsworth and Marian Vlaar are involved in setting up our hard-working Critical Review teams. Three are now underway: The Professional Development and Conference Committee, the Supervision Committee and the Te Tiriti Committee.
- Council continues to be committed to forging a dynamic and meaningful relationship with Waka Oranga by investigating the shape of a *'Memorandum of Intent'*. We support Waka Oranga in their work developing the He Ara Māori pathway towards membership of NZAP.
- We are grateful to the ACP Committee and John Farnsworth for their thoughtful work preparing a document in response to PBANZ requesting submissions around accreditation. The document, entitled "PBANZ Proposed Accreditation Requirements: Professional Courses of Study", will be posted on the website.
- Council supports NZAP becoming more proactive in supporting an urgent review of mental health services in NZ. We encourage NZAP members as mental health professionals to continue to make appropriate submissions to the government.

<http://www.scoop.co.nz/stories/GE1611/S00054/psychotherapists-support-call-for-a-mental-health-review.htm>

<http://publicmentalhealthreview.nz/>

<http://www.scoop.co.nz/stories/GE1611/S00090/certainty-needed-on-funding-for-earthquake-trauma-counseling.htm>

- We are reviewing all our current insurance policies. We welcome your concerns, suggestions and any recent unsatisfactory experiences. Please email Geraldine Lakeland: geraldine@glakeland.co.nz.
- Notice is given of our next AGM which will be held during the NZAP Conference in Nelson in March 2017. Any remits or items for the agenda need to be received by the Honorary Secretary at least six weeks prior to that meeting. A reminder will go out in January 2017. Vacancies on Council will be notified and nominations for the positions will be called for early in the New Year 2017. We are grateful that Marian Vlaar has agreed to continue her role as Honorary Treasurer for one additional year. As indicated in other places in the Newsletter the position of Honorary Treasurer is still open. Please give this your urgent attention.
- Planning for the 2017 NZAP Conference in Nelson is proceeding well. Please check the website for details: <http://nzap.org.nz/2017-conference/>.
- It is with pleasure we announce that the Otago Branch of NZAP will host the 2018 Conference.

Thanks again to my hard working, supportive and long-suffering colleagues on Council, and thank you to Nikky (our Executive Officer) for her calm, organised assistance.

Warmly,

Sue Jones

Honorary Secretary



Welcome to New Members

**Congratulations to the following Registered
Psychotherapists who are now Full Members of
NZAP**

Sophia Jensen, Wellington
Allanah Church, Auckland
Patricia Ford, Wellington

**Congratulations and Welcome to the following
Provisional Member, who having completed the ACP,
is now a Full Member of NZAP**

Lillian Brown, Dunedin

**Congratulations and Welcome to the following new
Provisional Members of NZAP**

Jacinda Doogue, Wellington
Ines Ferrer-Bergua, Wellington



ACP Committee

Dates for Submission of Written Work	Notification to the Executive Officer
1 st April 2017	10 th February 2017
1 st August 2017	6 th June 2017

It would be appreciated if Provisional Members would inform the Executive Officer of their intentions as soon as possible, even before the due date.

Provisional Members, wherever possible, will not be assessed in their home town and will be notified by the Executive Officer of the venue and time of their assessment interview as soon as possible.

Dates for Assessment Interviews	Notification to the Executive Officer
31 st March 2017	10 th February 2017
14 th October 2017	18 th August 2017

Also, please note:

A non-refundable administration fee, set at half the marking fee, must be paid to the Executive Officer at the time that notice is given to present written work, with the balance of the fee to be paid at the time of the submission of work for marking.

Notices

The Newsletter - Advertising Rates

	NZAP Members	Non-Members
Half Page (A5 size)	\$45.00 incl GST	\$100.00 incl GST
Full Page (A5 size)	\$70.00 incl GST	\$125.00 incl GST
Insert (A5; one side/b&w)	\$100.00 incl GST	\$180.00 incl GST
Insert (A5; double sided/b&w)	\$150.00 incl GST	\$230.00 incl GST

**The Closing Date for Submissions
to the April/May 2017 issue of The Newsletter is**

Wednesday 29th March 2017

In Appreciation of our Newsletter Editor

On behalf of Council I want to thank Jacqueline Hielkema for the excellent job she has done as Editor of the NZAP Newsletter over the last three years. She has maintained a high standard of content and production in the regular Newsletter which is our main method of communication. Her editorials have been thoughtful and widely read as members mentioned in Napier. As we sought a new Editor, we realised how privileged we had been. We greatly appreciate the job you have done, Jacqui and we wish you joy in a quieter life.

Kirsty Robertson

Immediate Past President

Situation Vacant

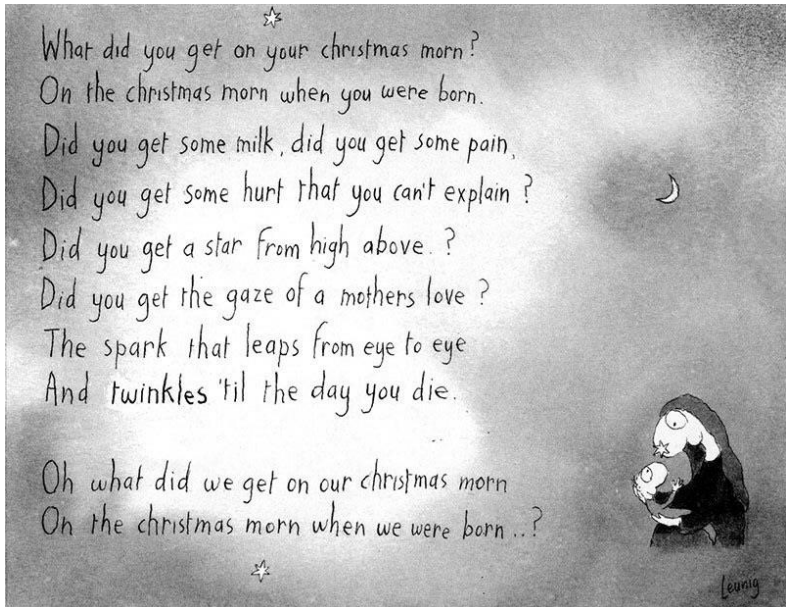
Honorary Treasurer

From March 2017

This position needs to be filled at the next AGM. This is a two-year term, which can be extended up to six years. This position also means that you will be a Member of Council.

If you have a head for figures and feel that you are able to take on this role, or want to know more about what the position entails, please contact Marian Vlaar:

marian.vlaar@ihug.co.nz



Poem

IN MEMORY OF SIGMUND FREUD d. September 1939

When there are so many we shall
have to mourn,
When grief has been made so
public, and exposed
To the critique of a whole epoch
The frailty of our conscience and
anguish,

Of whom shall we speak? For
every day they die
Among us, those who were doing
us some good,
And knew it was never enough but
Hoped to improve a little by living.

Such was this doctor: still at eighty
he wished
To think of our life, from whose
unruliness
So many plausible young futures
With threats or flattery ask
obedience.

But his wish was denied him; he
closed his eyes
Upon that last picture common to
us all,
Of problems like relatives standing
Puzzled and jealous about our
dying,

For about him at the very end
were still
Those he had studied, the nervous
and the nights,

And shades that still waited to
enter
The bright circle of his recognition

Turned elsewhere with their
disappointment as he
Was taken away from his old
interest
To go back to the earth in London,
An important Jew who died in
exile.

Only Hate was happy, hoping to
augment
His practice now, and his shabby
clientele
Who think they can be cured by
killing
And covering the garden with
ashes.

They are still alive but in a world
he changed
Simply by looking back with no
false regrets;
All that he did was to remember
Like the old and be honest like
children.

He wasn't clever at all: he merely
told
The unhappy Present to recite the
Past
Like a poetry lesson till sooner

Or later it faltered at the line
where

Long ago the accusations had
begun
And suddenly knew by whom it
had been judged
How rich life had been and how
silly,
And was life-forgiven and more
humble.

Able to approach the Future as a
friend
Without a wardrobe of excuses,
without
A set mask of rectitude or an
Embarrassing over-familiar
gesture

No wonder the ancient cultures of
conceit
In his technique of unsettlement
foresaw
The fall of princes, the collapse of
Their lucrative patterns of
frustration

If he succeeded, why, the
Generalised Life
Would become impossible, the
monolith
Of State be broken and prevented
The cooperation of avengers

Of course they called on God; but
he went his way,
Down among the Lost People like
Dante, down
To the stinking fosse where the
injured
Lead the ugly life of the rejected.

And showed us what evil is: not,
as we thought,
Deeds that must be punished, but
our lack of faith
Our dishonest mood of denial,
The concupiscence of the
oppressor,

And if something of the autocratic
pose,
The paternal strictness he
distrusted, still
Clung to his utterance and
features,
It was a protective imitation

For one who lives among enemies
so long;
If often he was wrong and at times
absurd,
To us he is no more a person
Now but a whole climate of
opinion,

Under whom we conduct our
differing lives;
Like weather he can only hinder or
help,
The proud can still be proud but
find it
A little harder, and the tyrant tries

To make him do but doesn't care
for him that much.
He quietly surrounds all our habits
of growth;
He extends, till the tired in even
The remotest most miserable
duchy

Have felt the change in their
bones and are cheered,

And the child unlucky in his little
State,
Some hearth where freedom is
excluded,
A hive whose honey is fear and
worry,

Feels calmer now and somehow
assured of escape;
While as they lie in the grass of
our neglect,
So many long-forgotten objects
Revealed by his undiscouraged
shining

Are returned to us and made
precious again;
Games we had thought we must
drop as we grew up,
Little noises we dared not laugh
at,
Faces we made when no one was
looking.

But he wishes us more than this:
to be free
Is often to be lonely; he would
unite
The unequal moieties fractured
By our own well-meaning sense of
justice.

Would restore to the larger wit
and will
The smaller possesses but can
only use
For arid disputes, would give back
to

The son the mother's richness of
feeling.

But he would have us remember
most of all
To be enthusiastic over the night
Not only for the sense of wonder
It alone has to offer, but also
Because it needs our love: for with
sad eyes

Its delectable creatures look up
and beg
Us dumbly to ask them to follow;
They are exiles who long for the
future
That lies in our power. They too
would rejoice

If allowed to serve enlightenment
like him,
Even to bear our cry of 'Judas'
As he did and all who bear must
serve it.

One rational voice is dumb; over a
grave
The household of Impulse mourns
one dearly loved.
Sad is Eros, builder of cities,
And weeping anarchic Aphrodite.

W.H. Auden
Penguin Books (1958)

Contributed by Sandra Buchanan



Te Kāinga te Ūkaipō
Promise of Home

NZAP Conference 2017

Nelson, 9 - 12th March 2017

Whakatū Marae and Founders Heritage Park

Atawhai Drive

Nelson

9th – 12th March 2017

www.nzap.org.nz

**NZAP Conference 2017
Te Kaingā te Ūkaipō
Promise of Home**

**We warmly welcome you
to Nelson for the Conference in March 2017
Registrations are open.**

The Members' early bird rate closes on 15th January.

A stimulating range of papers and workshops has been selected.

The programme begins with a powhiri at Whakatū Marae and this will be followed by a meal in the dining hall.

We will then gather in Ka Kaati, the wharenuī, after dinner for whakawhanaungatanga and a welcome opening.

On Friday morning we gather in the Granary at Founders Heritage Park to listen to Poh Lin Lee.

We hope you will enjoy warm fellowship, good food and stimulating presentations.

Conference Committee

**Registrations are now open for the Conference
and the Post-Conference Workshop.**

**A copy of the Conference programme
will be available on the website.**

The Conference begins with a powhiri at 4.30 pm at Whakatū Marae

Keynote speaker Poh Lin Lee will share her experience of working with refugees and asylum seekers, trying to create a feeling of belonging and safety during whatever time she has with clients. Her talks are entitled *“Making now precious - narrative ideas for responding to torture, trauma and displacement”* and *“Starting with goodbye - conversation with children and young people far from home”*.

John and Hilary Mitchell are researchers who have gathered the oral history of local iwi for Waitangi Tribunal hearings. They have wide experience of hearing stories and have published four volumes of the history of Te Tau Ihu o te Waka a Maui. Their keynote is entitled *“Research in the Māori World”*.

There will be four sessions for papers and workshops. One of the streams will focus on working with children and adolescents. Presenters do not need to be NZAP members.

Registration is now open at www.nzap.org.nz. Please click on the Conference tab. It is possible to register for the post-conference workshop alone.

Further information such as keynote speaker biographies, paper abstracts and the Conference programme will be on the NZAP website www.nzap.org.nz as details are finalised.

Accommodation possibilities are already up.

Please note accommodation will not be available on Whakatū Marae on Sunday night, 12th March.

For further information contact:

Kirsty Robertson

03 546 7966

kirsty@xtra.co.nz

Post-Conference Workshop with Poh Lin Lee

I Roto te Ngākau, Ka Kawea te Kāinga

Carrying Home in the Heart

Monday 13th March 2017

Founders Heritage Park, Atawhai Drive, Nelson



This workshop will take place at Founders Heritage Park on Monday 13th March 2017, 9.00 am until 3.00 pm. Registration opens at 8.15am at the Windmill.

Morning tea will be provided and lunch is available at your own cost from Founders Brewery Café across the path.

Payment of \$120.00 is to be made on the Conference Registration Form.

www.nzap.org.nz

Poh will be sharing some of the adaptations of narrative practice that have been developed in collaboration with people seeking asylum, in particular how remembering practices can support carrying 'home in the heart' in nomadic ways. She is also curious to share about how narrative practices can support ideas of belonging that are relational, collective and in contrast to modern power's ideas of citizenship, ownership and so forth.

You do not have to be a narrative therapist to enjoy this workshop as many of the ideas and concepts discussed are readily adaptable to your own practice, and to ways of working with people who are displaced, and more broadly for people struggling with their landmarks of identity.

Poh Lin Lee is an Australian Social Worker who has worked from a narrative perspective for the past ten years. Poh Lin started out her work in the area of family and domestic violence before continuing the journey in responding to trauma with people affected by state violence, persecution, war and displacement. More recently on Christmas Island Poh Lin was responding to newly arrived asylum seekers who had experienced torture and trauma. Learning side by side with people seeking asylum, Poh Lin has been actively emphasising the social justice/human rights narratives in responding to multiple, ongoing injustices, and is dedicated to a rethinking of pathologising descriptions and practices in relation to trauma by linking individual experience to the wider socio-political context.

A great joy in her work is contributing to conversations that make visible knowledges and skills from family and cultural practices, as a warm and vibrant counter practice to the effects of suffering and hardship.

For further information contact:

Kirsty Robertson

Tel: 03 546 7966

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PSYCHOTHERAPY SALAD

We can make this edible
without utensils
In a strange, menueless kitchen
Well, can you not make a salad?
Take a cucumber of memory
Slice it so thin that none of the recollections hurt
anymore.
Mince some olives so fine
Their oil leaks onto the cucumber like OK.
Add the pulsing flesh of bright red tomatoes
But don't slice them
Just squeeze them with your hand
Until they explode like wet epiphanies
And dare to dice a garlic clove
Without turning your nose away
As invisible olfactory reality
Assaults you with truth so pungent
That ECT would pale in comparison
To that very assault on your boundaries of
understanding
And then toss the whole thing
Watching how it changes color and texture
And just when you both start to get hungry
And you both want to cry
The 50 minutes are over.

Michael Hoffman
Dec 23, 2011

A Warm Invitation:
Come to IARPP Sydney 2017
25th – 28th May 2017

Next year we in New Zealand co-host the IARPP Conference. We warmly welcome you to think about coming and encouraging your colleagues, whatever their professional background to come. The Organising Committee has been privileged to be able to put together a really exciting program which will feature presenters from all around the world and which has as its theme **‘From the Margins to the Centre’**.

Progress and creativity thrive when familiar concepts and ideas are seen from new angles. Those who live, work and think at the margins, at the edges, away from the centre, necessarily have perspectives that differ from those who look from the centre, or from the mainstream. In this Conference, in acknowledgement of the fact that Australia and New Zealand are geographically very far away from the centre – down-under – we would like to encourage presentations that offer new and creative ways of looking at, thinking about, and practicing psychoanalysis and psychotherapy.

The Conference will feature **‘Pre-Conference Workshops’** which will include topics such as: ‘Embodying Psychoanalysis’, ‘Cultural Violence and Othering’, ‘Self Disclosure in Psychoanalysis and Psychotherapy’. They will feature Jessica Benjamin, Phil Ringstrom and Ilene Phillipson.

It will have a series of **‘Plenary Sessions’** which bring us all together to think about ourselves, our work and the contemporary world we and our clients inhabit. These include ‘Culture Hybridity and Selves in Exile’, ‘Perversion Revisited; In Memory of Murial Dimen’ and ‘The Theoretical Context: Centers and Borders in Relational Thought’.

The Plenary sessions will be followed by the opportunity to engage in a facilitated group process so that we begin to experience a relational processing of the Conference.

IARPP also features '**Invited Panels**' which allow for a focus on areas of our work. These will include a panel which features speakers from Asia, one which focuses on 'The Need to Speak Out Against Injustice', a panel 'Failure in Psychoanalysis and Psychotherapy', 'Child and Adolescent Psychotherapy' and 'Working with Extreme States'. The Panels will feature speakers such as Jill Gentile, Lynne Segal and Tessa Phillips.

We received a very large number of submitted papers (more than one hundred and thirty) and these have been grouped together to allow you as participants to select those which interest, intrigue or challenge you. Among the paper groupings are 'Working with Disabled Persons and Chronic Illness', 'Shame and Self Hatred', 'Bringing in the Spiritual', 'Working with Indigenous People', 'Attachment and Alienation', 'Power Dynamics and Privilege', 'Self Disclosure' and 'Destructive Manifestations as Obstacles to reach the Intimate Edge'.

The Conference will include an invited presentation by Waka Oranga as well as other papers from New Zealand presenters.

The Venue

We chose the venue, SMC Conference Centre (SMC centre Sydney), for many reasons: there is a wide range (in cost and type) of accommodation in very close proximity and the same goes for food outlets. The wharf area, the Opera House and the park are all close by, allowing attendees opportunities to enjoy their visit to Sydney.

To keep up to date visit the dedicated web site: www.iarppsydney2017.com



The NZAP Story ... From the Archives

Mary Cockburn

In 1987, just under thirty years ago, there was a change of name for our Association when it was decided to return to a previous name, “The New Zealand Association of Psychotherapists Inc”. Our title at the time was “The New Zealand Association of Psychotherapists and Counsellors Inc”.

Some members were very clear that we needed to concentrate on psychotherapy and have an Association that stood clearly for what it is, some felt the move was elitist and divisive, some felt that we were moving back to a medical status and would lose contact with a part of society who would be unable to source such a service for themselves. There were many different opinions and fears about what would be lost.

This was a big change, not only of title, but one that spoke of a wish to establish a definition of, and a clear identity for, psychotherapy as a specialty service. Already much work had gone in to specifying what we saw as psychotherapy, its uses, its function in society, and what could reasonably be expected of such a profession.

The main driver for the change seemed to be that if such an entity was established, we could lobby for a professional group that may enable access to employment in hospitals, schools etc. and make it more possible to obtain contracts for work from ACC for instance.

The beginnings of our handbook were already in place, as well as changes to membership criteria. Needless to say, there was not only a lot of hard work done by very dedicated people to these ends, but also a lot of concern about what the changes would mean. I had been made an Ordinary Member in 1985 and became Executive Officer in 1986, so did much of the administrative work to enable this process. However, I wasn't sure what would happen to me since

I had been accepted as a member “under the counselling provisions”. As it happened, I was far too busy immersing myself in enacting the changes needed to be too worried!

There had been quite a lot of discussion, the matter was presented at the AGM, and although there was the opportunity to voice an opinion (in those days the whole afternoon was put aside for the AGM) there did not appear to be much sturdy opposition to the plan. I realise with the benefit of time that there were many hurt feelings, and that not everyone spoke. For instance, as Executive Officer, I had sent out the agenda with the information about the proposed change, and few took the invitation to comment by mail if they wouldn't be at the AGM. So, after discussion, the matter was passed.

There was, though, a letter from George Sweet written in December that mourned the change. George sent a table that shows “The Life Cycle of an Institution”, and spoke of the inevitability of this process taking place, leading to disorganisation and irrelevance over time and taking us further and further away from the place we began - serving the client. Language changes, no longer counsellor but psychotherapist, no longer client but patient, further away from the client base the Association intended to serve in the first place. He says the move is a clear indicator we are on the way from client service goals to self - preservation and elitism goals. He ends his sad lament: “is there a Bevan Brown in the house?”. (Bevan Brown being the person at our beginning).

One important process that came from the painful experience was an undertaking to leave ‘laying on the table’ for a year, any proposal that would be so significant as to require a change to the Constitution.

I've chosen to provide this story from the past as I see many familiar ribbons and threads when I think of our move to registration and the consequences of that another thirty years on. We are still in a position where we intend to make changes with the best of intentions, but appear not to think about what the changes may/will bring in their wake, so risking the loss of what is most to be valued in the practice of psychotherapy. This is the challenge for us as we endeavour to evolve into a meaningful organisation that attempts to continue to fulfil its original intention, by listening and being alert and considerate of the opinions of others, and by taking time to understand and think about the possible outcomes of our decisions before acting.

Mary Cockburn
Executive Officer 1986-1990

Retrospective Corner

Dr Robyn Hewland

Introduction of Dr Robyn Hewland

On the Occasion of her Address as President-Elect of NZAP

by Harry Cohen
February 1985

It is my pleasant task to formally introduce Dr Robyn Hewland, President-Elect of our Association. First, some biographical notes.

Robyn obtained her M.B., Ch.B. at Otago University in 1962 and went on to her D.P.M. in London, Membership of the Royal College of Psychiatrists (London), and Membership of the Australian and New Zealand College of Psychiatrists. In 1975, the year she joined this Association, she took the examinations of the ANZCP, and became a Fellow of that College.

Robyn started her medical career as a country GP, in a rural area of New Zealand, had two children, worked as a registrar at Lake Alice and Sunnyside Hospitals, was a postgraduate bursary student at the Maudsley Hospital and Tavistock Clinic, and then a research assistant, Medical Research Council, in the United Kingdom.

She has had wide community experience and has on occasion held office in a number of organisations such as the National Council of Women, Regional Women's Decade Committee, Family Life Education Council; and she has lectured extensively to professional and lay groups.

Robyn has prepared and helped to prepare submissions in various areas to Commissions and Government Departments.

Her activities have been numerous and diverse, but of particular relevance are her experiences as office bearers in professional

organisations: the Royal Australian and NZ College of Psychiatrists, New Zealand Branch; The Medical Women's Association, as a National and Local Executive; IYC, 'The Law and the Needs of the Child, National Committee; The Christchurch Medico-Legal Seminar Group, as Convenor; The Christchurch Family Courts Association, as an Executive.

Perhaps most important, Robyn has been a Member, with a break of one year, of the Council of this Association since 1977, so she knows the sometimes intricate workings of the NZAPC, and one might say is growing with it. She was Regional Convenor in Christchurch for four years and Conference Convenor there in 1981.

So far as her orientation is concerned, Robyn's 1975 paper submitted for admission to the Association was concerned with the integration of biochemical and psycho-therapeutic treatments, especially of depression.

Harry Cohen

Harry Cohen, 87th birthday, Christchurch 10/7/2010



The President-Elect Address: “Future Directions”

Dr Robyn Hewland

February 1985

Thank you, Harry, for that introduction. At this precise moment, I am not so sure whether I am pleased that you (Harry) nominated me for membership here in Wellington in 1974, and I am also reminded of how I felt when I stood before everyone in Dunedin ten years ago to read my membership paper.

Why have I remained such a keen supporter of this Association, and therefore agreed to accept nomination as its President? What do I want to preserve in our future? I have always known it is because of its continued balance between its heart and its head, its arts and its science, between genuine caring and warmth, and high professional standards of ethical practice and effective therapy; between personal, enjoyable experiences and the stimulation and increase of knowledge at every meeting, between the anima and the animus, the feminine and masculine approaches, language and contributions necessary to achieve harmony and effectiveness. It is because I have always left each meeting feeling nurtured and recharged by our members’ empathy, genuineness, warmth, tolerance and obvious interest in their work and others, that supercedes any ‘ego trip’ or hierarchal jockeying, as seen in some other Associations’ meetings.

I have never been surprised that research has shown that it is these therapist qualities that contribute to effective therapy.

I remember from when I presented my paper in Dunedin how much I appreciated the warmth and supportive comments from the Association’s acknowledged ‘wise old men/women’ like Dorothea Wraith. Her comment was such that it recognised in me exactly what I hoped I had presented and gave me the encouragement to continue. There may be some people who can expose themselves in public and simply move on with no need for supportive feedback, but I have never been and never will be one of those. I have also found that expressing my positive responses to others seems to have been equally appreciated. I hope that such mutual support will continue to flourish in our Association.

However, whilst the art of psychotherapy and counselling must involve intuition and be 'caught' via apprenticeship-type training, the science remains important too. It was interesting that in 1938 Freud wrote:

"The future may teach us to exercise a direct influence by means of particular chemical substances, on the amounts of energy and their distribution in the mental apparatus. It may be there are other still undreamed of possibilities of therapy." (Complete Psychological Works, Vol.23, 1964)

We need to find the most effective communication tools to both conceptualise, label and teach how and what we do, why we do it and when we do it. Each meeting has increased my knowledge and there is an ever-increasing need to develop and integrate this aspect of our work, individually and for our Associations' future.

Psychotherapy not only needs to be done, but needs to be seen to be done, and seen to be effective.

Before looking forward I want to record my appreciation of how much I have learnt by working with previous Presidents and Council Members during the last eight years. After many years of deliberation and much hard work, our new Constitution was finally conducted by that maestro, Basil James, at the meeting here in Wellington four years ago. In his two years of Presidency since, Don Fergus has worked extremely hard up and down New Zealand in establishing a list of accredited supervisors. He has been accompanied by Ian McDougall, Chairman of the Accreditation Committee, and with Ian proceeding overseas for a year, Don has been nominated to succeed him in that position. I have also both enjoyed and learnt much from the Council Members over the years and it is good to see so many friends here.

Teamwork has always been vital in our Association. We are all very busy people and none of us able to give as much time as we would like to the Association's programmes. The Accreditation and Examination Committees will be continuing to develop their responsibilities as we move towards having case histories marked and people examined under our new Constitution. Many have already put in a considerable number of hours and creativity into this area and will continue to do so.

Our teamwork will have to extend to regional activity in the future. We need to reduce escalating airfares and more importantly, as we gain more members, we need to maintain personal supportive relationships and take into consideration the varied cultures in different regions.

As I talk about future directions I would therefore like all members from all regions to review our Association's Objects.

- a) Membership: There are nearly two hundred now. Ian McDougall received forty-nine enquiries last year but only two returned their membership forms. Again, regional support is needed to encourage more to train. We need to have had several passing through our Supervision and Examination process before we are in a position to relook at registration.

We also welcome corresponding members who are not training for full membership but who are interested in our activities.

- b) Study and research will be a focus, particularly with regard to accountability and public relations. At the 5th Australian Family Therapy Conference in Canberra last September, Darryl Cross PhD., Lecturer in Psychology at Macquarie University, New South Wales, presented a paper entitled, "Family Therapy and the Notion of Accountability: with reference to trends in individual psychotherapy". He noted that there is a rapidly increasing consumer movement for all mental health treatments and that consumers include mental health administrators, legislators, Government and other policy makers, clients, patients and their families. There has been a rapid growth in community mental health centres in Australia during the past ten years with a corresponding growth in individual and family therapy services. Of the two thousand family therapy articles published between 1967 and 1984, 80% were within the last ten years, and membership of the Family Therapy Association in New South Wales has doubled in the last two years alone, and there has been a rapid growth in the variety of schools and techniques. Darryl Cross could find little research about the factors involved in positive changes, whether the factors involved the client, therapist, treatment, therapy setting or system, and research had not yet answered whether individual or family therapy was superior to the others. He did quote research as indicating a 5-10% negative or worse outcome in both individual and family therapy treatment. He therefore noted the importance of examining, training, education and continuing education programmes. The individual case study, recording symptoms of behaviour before and after treatment, was stressed. He suggested consumer power would soon demand guides for selecting therapists and techniques, written therapist/client contracts as evidence to prove the cost-effectiveness of therapies,

particularly if subsidised by health insurances. Although there were few law suits concerning negligence to date, this was expected to change also.

- c) The diffusing of information to maintain membership standards, has begun in the form of supervision workshops, but will need to be addressed much more at the regional level. Some already meet regularly for the presentation and sharing of academic and clinical material. Many older members may like to consider ways of assuring themselves and their colleagues that they could pass the standards set for newly-qualifying members. For all to be able to meet without feeling threatened, a personal supportive environment must also be addressed regionally. Weekend experiential workshops led by out of town visitors have made a valuable contribution here in the past. Perhaps regional convenors and committees could consider how to gain the support of their members who have not attended such for one reason or another. There is going to be an increasing demand to demonstrate one's peer review procedures, and these could initially be threatening but not if one has built up the supportive relationships first, and if all are facilitated by a respected and enthusiastic convenor.
- d) Conferences and lectures could also be increased at the regional level.
- e) Scholarships and grants will be sought from charitable organisations to enable an increased number of lectures and workshops around New Zealand.
- f) Publications have commenced with George Sweet's newsletter and regional newsletters.

An annual journal would be welcomed, commencing with publishing the proceedings from the Association's annual meetings, but this will require an Editor who is dedicated and has the time. The importance of such contribution could be recognised by ex-officio membership of Council.

- g) A library of scientific works will be seriously considered in the near future and this should address itself to using the modern video technology. With increasing airfares and decreasing conference leaves allowed to many members by their employers, much important knowledge is being denied to individuals. I suspect that there are already many video collections in overseas universities, institutes and departments, and that there are also small collections throughout New

Zealand's clinics and centres. There was extensive use of video therapy material at the Australian Family Therapy Conference and several helpful workshops and papers on how to use video to improve one's trainees' supervision and learning. Confidentiality remains a problem and most centres like to personally know an outsider before they will lend them their videotapes involving clients' sessions or even of staff members revealing themselves during training. Our Association remains sufficiently small in number to build up its own resource library and liaise with other regional members to improve our knowledge. We may also benefit from using funds to purchase videos from overseas and other sources, especially if these are of a high standard for training purposes. Perhaps we should look into videoing selected presentations at our future conferences, with the presenters' prior permission of course. I look forward to hearing from all members concerning this possible future direction.

- h) Correspondence with others could also be important with respect to video resources and visiting speakers from overseas. I have often thought that the time may come when our Association and psychotherapy and counselling associations could join to host a South Pacific Conference in psychotherapy and counselling. I presume this would take about four years' preparation and public relations work. It is important that various schools understand and recognise each other, and also that they present a united front to politicians and consumer movements.
- i) Ethical standards present the immediate direction to be followed. I am sure I will not be the only President who hopes that there will be no complaint of negligence or malpractice. Peter McGeorge has proved his capabilities in tackling this difficult area and will continue to be invaluable on the Ethical Committee. During the preparation of the recent draft we called on outside expertise and may need to consider paid contract work for specific tasks in the future.
- j) The Association's wider interests need continued attention. Public relations and the education of both public and other professionals is vital. Mrs. Margaret Shields, Minister of Consumer Affairs, was reported in a recent issue of Consumer magazine as reinforcing that.

Senator Reed, an ex-Family Court lawyer, who at the Family Therapy Conference at Canberra, suggested that the Association "promote the expectation of the positive outcome of therapy" and also that they

inform the public of their work and its benefits to the extent that no one feels uncomfortable about seeking such help, nor about talking to their friends and relatives about having done so. She noted the high divorce rates and that 42,000 children had been affected in 1982 in Australia. She emphasised that assistance was needed so that the initial negative results of a divorce, such as frenzied flights into sex and many partners could be changed to positive new directions and real relationship. A third of all marriages in Australia are now remarriages and research has shown that children of reconstituted families usually fare less well than do those if their parents do not remarry. Another area in which assistance is sought by many is that concerning families with adolescents who are wanting more independence than they are financially or emotionally ready to handle. In last September an article in the "Press" in Christchurch read: 'Family stress prevalent says welfare report'. It referred to the Department of Social Welfare's Annual Report to Parliament which noted that rapid social change was stressful for many.

Many people continue to consider that anything to do with having one's mind treated is equivalent to the film, "One Flew over the Cuckoo's Nest", or to feel it is an invasion of privacy in that they will be helpless within the therapist's power to almost brainwash them once they let a person start looking into them. Ignorance too often breeds fear. We have to realise it is important for our clients to feel they have done all the hard work involved in their therapy so that we do not create the same mystique and receive the same thanks as does a surgeon. If we create too high an expectation, then we will receive only criticism and the blame resulting from their frustrations. The Health Consumer movements invoke the individual's desire to understand more about any treatment process, to have a say in any aspect, and want to promote persons taking responsibility for their overall health. I think we need to get across to the public that these aims and our Association's aims are very similar, as stated in our Association's By-Law No.1 concerning the definition of psychotherapy and counselling.

The Females' Health Consumer movement is also becoming more active. Kerry James presented a paper at the plenary session at the Canberra Family Therapy Conference entitled, "Breaking the Chains of Gender". She commented that there are two standards of mental health, that men are not normal if they emotional, whilst females are not normal if they are aggressive. She considers that any dominant

group legitimises their dominant view and the subordinate group internalises such dominant view. She observed that female professionals remain dependent upon their male colleagues' approval and therefore do not risk reprisals or loss of a relationship by challenging those male colleagues. Masculine power, traditions and values, are thus perpetuated. I have been made painfully aware that many men find it uncomfortable when presented with a female patient's emotionality and self-disclosures and likewise with female colleagues who talk or react in an emotional way at meetings or in committees. Kerry James stressed that women need other women's support first, and when that has been received, they can then improve their dialogue with men, contributing both their separateness and their differences, and thus working towards the harmony that all would prefer.

I hope we will also have more presentations to educate us all about the differing needs of both male and female clients and of their therapists. I think it sad that in Christchurch apparently, young female medical graduates say they are being over-worked by patients who tell them that they have never been understood or felt helped by male doctors they have previously consulted. I am optimistic though as I have noted that with the equal number of female medical students in today's classes that the male students are becoming more exposed to and comfortable with the females' views and emotional reactions. I have always felt that this Association has been well ahead in this area, but we have yet to demonstrate to and convince the public of this.

Would each member think about how they could personally and regionally promote the benefits of therapy and counselling. This could include a local information booklet about members' qualifications and specialised interests, as suggested by Rosemary Tredgold in Christchurch, local and talkback features and newspaper articles and talks to local clubs, especially the Rotary and Lions type, by members who feel able to promote the Association's aims positively. To maintain consistency local members should discuss with their Regional Convenors or Council members any new media presentations they are considering. You will of course appreciate that only Executive members, as instructed by Council, are entitled to speak on behalf of the Association itself. If anyone has any ideas or contacts to promote a positive TV documentary, we would like to hear about it, bearing in mind that one has to be sure to be able to give the public the

information they need with respect to furthering the aims and objects of our Association as in its Constitution. Council will also be interested in all comments about members advertising in their local newspapers as this has been commenced by some members.

- k) Charitable associations and funds need to be actively pursued and perhaps could provide funds for videos for training and for a private documentary, in addition to visiting lectureships and at workshops.

I hope we will be able to demonstrate that clients will receive from their therapists the ability to trust them, to feel accepted and not judged, to be able to take part in decision-making based on adequate information and to expect the therapist to be able to provide skills and resources otherwise unavailable within the client's current life and which are relevant to a positive outcome from therapy; i.e. that the client will come to feel better and function more as they wish to.

I believe the greatest gift

I can conceive having from anyone is to be seen by them

Heard by them, to be understood, and believed by them.

The greatest gift I can give is to see, hear and understand, touch another.

When this is done, I feel contact has been made.

Virginia Satir

Retiring Past-President's Reflections – Dr Robyn Hewland
NZAP Conference
February, 1988

Reflecting Backwards

In 1975, after presenting a paper at the Annual Conference concerning *"The Art of Psychotherapy in Depression"*, I was elected to membership of the NZ Association of Psychological Therapists (NZAPT).

The Association had four divisions; General, Counselling, Behavioural, Psychoanalytical. Its predecessor was the NZ Association of Psychotherapists, established in 1947, in Christchurch. In 1987, 40 years later, a foundation member, Mrs Pickford, quoted Dr McKenzie's tribute to the founder – Dr Bevan Brown: "To most NZ men, the subject (psychotherapy) was a closed book; never the less it was regarded with great suspicion as having theories and techniques smacking of quackery. The medical student of that day (1940's) got no

glimmering of the vast amount of neurotic illness in the community, most of it misdiagnosed as organic in origin, and demanding prolonged medication, or worse still, drastic surgery.”

I joined a group of persons who seemed to function more as a club. They met annually to support each other personally, establish and renew friendships with people of similar values, interests and knowledge, who shared all their knowledge and techniques that may benefit their clients and the community’s mental health.

I was immediately aware that the Conference atmosphere reflected the known effective qualities of all therapists, namely genuineness, non-possessiveness, warmth, caring, a holistic non-judgmental approach and the enjoyment of discovering new and better ways together.

In 1977 I was elected onto the Association’s Council and became involved during the next four years in the process of the ‘Club’ developing a new constitution as a basis for its movement towards becoming a professional body with professional standards for membership application, admission and organisation, orchestrated by its then president, Dr Basil James.

In 1981, the new constitution was adopted, it was renamed the: NZ Association of Psychotherapists and Counsellors (NZAPC), and the hard work began to turn its goals, objectives and plans into practice, culminating in the recently published 1988 edition of the Association’s handbook.

In 1983 Mr Don Fergus succeeded Dr Basil James as President, and concentrated on initiating the requirements and formation of accredited supervisors for intending members of the Association. Dr Ian McDougall, chairman, and the committee, who received applications for membership, developed a reading list and tackled the evaluation of the new requirements for acceptable training, experience and ability of applicants. Dr Peter McGeorge, chairman, and the committee who recommended acceptance of an applicant as a full member, developed marking sheets for the case histories required.

In 1985, when I began a two-year term as president, Don Fergus and his Applications Committee were developing the supervisor’s report format whilst Peter McGeorge and his Admissions Committee were completing the case history marking, the required knowledge-base and looking at an ethical code. There were 200 members including full members and those along their journey towards admission, in addition to fifty recent inquiries concerning membership.

My policy goals fell into two parts;

- a) To preserve that which the members found valuable and enjoyable, and
- b) To add to the education of both members and the public concerning professional and ethical standards of psychotherapy and the need for safe, effective, and efficient psychotherapeutic services in the community and in institutions to improve the mental health of all involved.

In my presidential report, I quoted Senator Reed of Canberra, who opened the Australian Family Therapy Conference with:

“An Association needs to promote positive expectations of therapy ... inform the public of their and its benefits, to the extent that no one feels uncomfortable about seeking such help and talking about it ... especially post-divorce, adolescence and those with family stress.”

I described the balance I wished to preserve as:

- a) Holistic Therapy – heart/head, art/science, caring/knowledge, communicating/effective outcomes.
- b) Therapist qualities – empathy, warmth, genuineness, acceptance.
- c) Association’s qualities – supportive, caring/non-hierarchal, non-sexist, non-prejudiced; fun, sharing, learning, affirmation of self and of work.

As Virginia Satir wrote:

“I believe the greatest gift I can conceive having from anyone, is to be seen by them, heard by them, to be understood and believed by them; the greatest gift I can give, is to see, hear, understand, to touch another. When this is done, I feel contact has been made.”

Since 1985, membership certificates have been forwarded to existing members, and presented to new members at each annual conference. Newsletters have assisted members to remain in contact with the Association’s conference, reports described progress of the committees, news of individual members, relevant public relations work and individual members papers and news. The 1986 handbook included the characteristics of an effective supervisor, guidelines for supervisory contact, a principal supervisor’s report, guidelines for written case histories, the case history report form and the recently adopted ethical code. The 1988 handbook has added the knowledge

base and a flow chart of the Association's connections. In 1986 the Association's executive officer (part-time) was appointed, overworked voluntary committee chairpersons then felt able to continue contributing to policy and since then a computer has been necessary also, with the Association's current membership standing at 275 and growing rapidly.

At the 1985 conference the motion was accepted, that "the executive of NZAPC now take the necessary legal steps to apply for the registration of the title 'Registered Psychotherapist'".

The Council pursued this with written and oral submissions to Government ministers, but deregulation was already in the minds of one of the ministers seen. The Council wrote to the Accident Compensation Commission of its concern about ACC payments for sex abuse therapy by insufficiently trained and effective therapists and it gained support for professional and ethical standards from the National Council of Women's remit and request to the Minister of Health for a committee to monitor such.

However, in 1986 at the Association's Conference in Christchurch, the Rt Hon Mr Palmer, Deputy Prime Minister, asked in his address:

- a) How to define and describe psychotherapy for the uninitiated public?
- b) How to evaluate its cost effectiveness for politicians and financial administrators?
- c) How to provide effective service to Family Courts, Prisons, and preventive family rehabilitation programs?

The Council explored the promotion of a separate occupational group for psychotherapists under the State Services Commission's Occupational Group classifications. Such could be likely to be resisted by those in current occupational groups already involved in the area, albeit in a general rather than in providing a specific professional specialised service. The Public Sector Bill may lead to deregulation of most occupational groups.

In 1987, our Association spiraled back to the name given by its founder forty years earlier, The NZ Association of Psychotherapists.

Reflecting Forwards

The Association has spent considerable effort, time and money in developing its professional standards of available services. However, such services need consumers and funding, (NZ has produced excellent lamb at cost effective prices but without adequate consumer surveys). In today's world of

management by objectives, performance criteria and cost effectiveness, if you cannot measure something, you probably cannot have it continued. If we are to be able to deliver a professional service, working with whom and in a way that we know to be a practical helping process, we will need to address management and health delivery systems.

The individual's treatment goals, objective and plans can be adapted to a Health Service model, also using the therapist's abilities with respect to analyzing the presenting problem, formulating a change process, motivating and supporting the process and evaluating and labelling the outcome.

Why is NZAP in existence (business)? I will suggest the following formulation for survival:

a) Policy Goals

- (i) To provide members with support, knowledge, professional recognition and a sense of belonging and a purpose in their daily work.
- (ii) To promote the availability and use of affordable, effective, efficient and ethical psychotherapy services throughout New Zealand

b) Management Objectives

- (i) What is our desired product? ie define psychotherapy and standards for the uninitiated public; describe quality control via the Associations requirements for membership, continued education, peer review/supervision.
- (ii) Who are our clients? ie educate individuals, referring colleagues and funding organisations in varying situations as to how quality controlled psychotherapy can be cost effective in the delivery of health services.

c) Management Plans

- (i) How to market and provide the product? Define NZAP'S method of organisation, communication, motivation and co-ordination; SWOC analysis of plans: Strength, Weaknesses, Opportunities, Constraints.
- (ii) By when? Defined time frame for each objective and plan including progress review dates.

- (iii) Who? Responsibility, accountability and resources of which members of NZAP?
- (iv) Review of organisation, process, cost, resources, progress, outcomes, goals.

Systems Approach

Combinations of actions, that, when acting as a whole, cause something to happen.

The NZAP has happened because of a combination of actions by many dedicated persons during the past forty-one years, each Council building on the actions of its predecessors and each member learning from the wisdom and experience shared by others in a supportive manner.

For something to happen in the community now, we need a combination of actions there too, with our psychotherapeutic guidance and energy. If improved community health is also to happen, we need:

- a) A combination of individual high standards of therapy with clients.
- b) Members supporting each other at national and regional meetings.
- c) Members educating their professional colleagues and organisational managers.
- d) The Association's executive supporting its members in educating the providers of relevant resources.

Concluding Reflection

With Dr Peter McGeorge as current President, Mrs Ruth Manchester as President-Elect, Mr Evan Sherrard as Chairman of the Admissions Committee, Mrs Elizabeth Duncan as Chairman of the Applications Committee, Mary Cockburn as Executive Officer, together with the Association's hardworking and able Council, National Regional Committees and Members, their combined actions will cause something more to happen, something very positive for the NZ Association of Psychotherapists, individual members, their clients, their communities and for NZ.

To again quote from Virginia Satir: "The greatest gift (we) can give is to see, hear and understand, touch another."

Dr Robyn Hewland

NZAP Past Presidents Roll Call:

Maurice Bevan-Brown
John Hardwick-Smith
Enid Cook
Ellen Greaney
Jack Ballin
Henry Burrell
Cliff Elliot
Arthur Churton
Jack Ballin
Peter Cook
Harry Cohen
Victor McGeorge
Don Rountree
Tony Taylor
Jack Ballin
Joan Chappell
Basil James

Don Fergus
Robyn Hewland
Peter McGeorge
Ruth Manchester
Jan Currie
Lewis Lowery
Peter Reid
Roy Bowden
Charlotte Daellenbach
Lesley King
Paul Bailey
Roz Broadmore
Eileen Birch
Sean Manning
Grant Dillon
Kirsty Robertson
Sheila Larsen (current)



NZAP Conference 1997: 1947 – 1997 Celebrations

Past Presidents (from right to left): (unidentified); Peter Reid (President at time of photo); (unidentified); Joan Chappell; Harry Cohen; Robyn Hewland; Peter McGeorge; Ruth Manchester; Jan Currie; (unidentified)

After no luck with various consultation efforts; can you help us identify and honour these Past Presidents?

Articles

Building a New NZAP Home for Psychotherapists

Brian Broom¹

The diverse concerns and contrary forces evident amongst us at the 2016 Napier NZAP conference gave me cause to ponder, and then to send a 'dreaming' email to our President, Sheila Larsen, who passed it on to Council, from whence came a suggestion that I write something for the Newsletter, or perhaps present something at Conference in 2017.

The material in this article addresses topics that admittedly appear disparate, but I believe them to be deeply inter-connected. Throughout, I am suggesting consideration of changes in both emphasis and structure, so that NZAP can be a relevant, modern and stimulating 'home' for psychotherapists.

I am very aware that I have not been close to the administrative action of NZAP, and therefore some of my assumptions may be incorrect. I will take that risk and stand to be corrected!

The bicultural focus of NZAP impels us to engage with holism. What would the Association be like if our focus were holistic, and our professional concerns were a bit less focused on 'mind' or psyche?

Western healthcare is dominated by a culture-wide, dualistic splitting of persons. In accord with this, psychotherapy generally keeps itself contained, tidy, or in control of its world and purview by focussing on the 'mind' (more or less) and mostly leaves the body to someone else. Of course, some 'schools' of psychotherapy range more widely, for instance process psychology, various so-called body psychotherapies, gestalt therapy and mindbody psychotherapy.

But why is this question of holism important?

¹ My thanks to Roy Bowden for his interest, discussions, and suggestions regarding the presentation of this material.

It was inevitable that as a result of embracing a bicultural vision we, as an organisation, would have to tussle with our own vision of the ‘whole’. Māori were never going to be content with a split-off mind. How were we ever going to work with this important cultural difference between the Western physico-materialist world view, dominant in professional healthcare, and the more holistic Māori world-view, without all being changed in some way?

More immediately, how are we going to both enjoy community and celebrate our separateness and differences? A good place to work from is to turn from difference, for a moment, and acknowledge the things that bind us together as psychotherapists.

In my view, they include:

- a focus on *subjective* experience (psychic *and* body—in line with our notion of non-dualistic *wholes*)
- an acceptance of the influence of unconscious material and the defence mechanisms to deal with this
- a deep clinician commitment to an exploratory and healing relationship with the suffering other
- a professional understanding of the many vicissitudes of relating
- a wise and developed capacity for mutual (client and therapist) exploration in a framework of boundaried loving
- a profound sense of developmental journey, and a vision for the flourishing of the other
- a *clinician* ability to function as a whole *with* the other
- a recognition that healing has as much (and maybe more) to do with the quality of relating and respectful separateness than it does with deploying smart interpretations or theory (though we do need those)
- a recognition that we deal with persons who exist (and only exist) in bigger and yet bigger systems
- a humility that recognises that all (yes, all) of the ‘schools’ of psychotherapy have invaluable insights about the human condition and none of them have the complete (sic) truth.

For the purposes of being a psychotherapist, I believe these elements trump more parochial ‘requirements’ such as belonging to a particular school of psychotherapy, or being a card-carrying atheist or theist. Moreover, as psychotherapists, do we really know, and could we ever agree on, what is the

‘truth’ of the universe? And I feel we must acknowledge that not only are we all children of culture, but also there is much mystery about life and existence.

None of this discounts the practical issues. How do we co-exist alongside something we regard as completely wrong and even harmful? How do we disagree without fighting? One of the most important things I have experienced on the AUT MindBody Healthcare Post-graduate program is the wonderful learning and development that ‘just happens’ when people feel safe to express their different and very personal views, without threat of attack or urgent remonstrance and correction, and do not feel that they are being imposed upon or have to march to another’s tune. Our students are mature clinicians from very different disciplines and are often attached to very different forms of practice and ideologies, And yet, curiously, listening to and actually ‘hearing’ one another changes us all. Gradually we soften and wonder a bit differently.

An important point relevant to NZAP is that systems and institutions tend to generate a way of belonging that stifles open discussion. People holding difference often fear rejection if they were to reveal themselves. Nevertheless, in my experience, it is possible to steer a group towards openness, difference, discussion, debate, love, kindness, tolerance, rigour, professionalism, belonging, all mixed up together.

Holism and suicide

Concern was expressed at the Conference regarding suicide prevalence amongst our young people. Suicide is a distressing signifier, amongst many, of systemic problems. The health needs of Māori and Pasifika peoples, *as well as the poor of all ethnicities, and not just the poor*, include not only suicide and mental health issues but also much physical disease. A vast amount of this suffering is variably connected to, or rooted in, the historical, psychological, social, economic, cultural, environmental and spiritual ‘stories’ undergirding modern New Zealand life.

I think we need to be actively stimulating and supporting demands for change in healthcare. This means articulating a coherent multidimensional (yes, holistic) conceptual framework for addressing mental and physical suffering. It means legitimising professions to increase their ‘marginal capacities’ (Edmund Husserl), so that they are actually *free* to open themselves to whole persons rather than bits of them. This does not mean that a psychotherapist becomes a doctor or vice versa, but openness to the whole is a major facilitator of healing.

Recently, at the European Society for Person-Centred Healthcare Conference in London, I was quite affected by the speakers representing *patients/clients*, stimulating what has been for me a growing realisation that things tend to change by changing *demand*, that is, when there is some kind of clamour from the populace for a new kind of care. Sadly, things do not change *much* by addressing *supply*, that is, by trying to persuade health managers, professionals, and colleagues. In this evidence-based healthcare environment we might expect that clinicians would change their behaviours when faced with evidence. Maybe that is more true if it is merely a question of a new technology. But when it comes to person-centred care and holism the evidence is that there is too much personally and communally vested in the current models or circumstances to risk change.

I have spent many years influencing the 'supply' side. I work as a psychotherapist and physician with people who have both physical illness and really crucially related 'stories' of the kind that psychotherapists hear every day. We respond to these stories as part of care. We call this 'whole person' healthcare. *Psychotherapy perspectives and skills have made a major contribution to this work, for both psychotherapists and non-psychotherapist clinicians.* We see major improvements in physical health when contextually-attuned psychotherapy is available for patients with physical disorders. We teach experienced clinicians of all kinds (including psychotherapists) this approach at University level in a part-time post-graduate program. And we have a 'mindbody' type of psychotherapy available to our patients in the Immunology Department at Auckland Hospital. (For readers for whom this is news, see www.wholeperson.healthcare for more information.)

Patients, clients, and colleagues appreciate what we provide. This is good. But the reality is that most colleagues are reluctant to expand from their usual way of doing things (the 'natural attitude'; again, Edmund Husserl), whether it be physicians allowing into the consultation more consideration of 'story' or psychosocial factors, or psychotherapists allowing attention to physical illness in a psychotherapy session. These splits in professional focus lead to the splitting of the persons seeking help, and they hold back healing and recovery. While few clinicians would dispute a theoretical need to be attentive to the person as a whole, the truth is that the configuration of professionalism closes off such attention.

When faced with the need to be whole person-oriented, that is, cognisant of and attentive to the historical, psychological, social, economic, cultural, environmental and spiritual 'stories' undergirding the suffering presenting to us, most of us withdraw to postures around 'scopes of practice', 'not what I trained for', 'too hard', 'I will alienate patients/clients', 'I haven't got time' and much more.

How then do we intensify the conversation in this country about health needs actually emerging from *multiple* factors and dimensions? My experience is that the lay public and the non-healthcare social sciences readily resonate with the idea that health is embedded in 'wholes,' and that disease (or suicide) is multi-factorial. There is plenty of public health research. Friendships, social networks, altruism, employment, purpose and meaning, belonging and the like are increasingly recognised as equally (or even more) important than physical factors such as exercise, diet, or smoking in sustaining health and longevity. Psychotherapy, with its capacity to help make sense of all this, could become a very important voice amidst the complexity.

Returning to the bicultural focus, I admire the fact that NZAP and Waka Oranga, over many years, have worked to embrace and address bicultural needs and processes. This has opened NZAP up to many of the issues I have just outlined. Māori culture confronts the embedded dualism, secularisation, fragmentation of personhood, and fragmentation of professional healthcare endemic to Western healthcare. These things constitute a real challenge for having open and tolerant conversations within NZAP, and at the Conference I detected real tensions and unspoken uneasiness. We need to get more used to listening and responding to the inevitable and interesting plurality and start to articulate a holistic vision that accommodates difference. It is a fiction that we could be homogeneous. Spirituality is a pertinent example of this issue.

Spirituality and holism

In Napier, tensions emerged around the place of spirituality in psychotherapy, or more specifically in the Conference discourse. In an earlier and more determinedly positivist age (even as recently as 15-20 years ago) the very mention of spirituality within the psychological professions was bound to brook scorn and hostility. Some will remember that Nelson Conference titled '*The Place of Soul in Psychotherapy*' and the reactions to it. But the stable door has a rusty latch and the horse has bolted. Spirituality is now allowed (kind of!).

Of course, there is disagreement about what spirituality actually means. Epstein (2004) defined it as meaning *“essentially the presence, influence, and priority, of invisibility in our visible world, this latter world we call objective material reality.”* In this view spirituality is positioned as a fundamental invisible dimension.

Pulchalski et al (2014) define it as *“the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.”* In this view spirituality is more of a powerful human inclination and a governor of thought and behaviour.

The two positions overlap in places and one could see them as on a continuum.

My observations suggest that in NZAP we have some people who identify with a variety of positions: atheism, agnosticism, Māori spirituality, reductionism-to-brain, neo-Buddhism, transpersonal spirituality, consciousness models of reality, traditional and modified Christian spiritualities, Eastern esotericism, Wicca spirituality, and more.

I suspect that in the main these belief positions bubble away on the side, quietly. Perhaps some people tacitly accept that to belong peacefully in NZAP one needs to keep such differences more or less out of focus. In that case, it is no wonder that we have trouble starting sensible conversations. By not having them, or not feeling free to have them, we risk unresolved tensions and power struggles, an impoverished authenticity and intimacy, a default towards mediocre surface commonality, a focus on traditional communal habits to maintain identity, and a fear of change in case we explode the structure and belonging we do have.

Are there some practical things we might do to free some of this up?

Changing how we ‘live’ together in NZAP

At Napier, I noticed a preoccupation with NZAP structure and the behaviour of structure. I got to wondering about which aspects of NZAP structure are really relics of a very significant but now largely historical regulatory role. The fact of psychotherapy registration is forcing NZAP to consider what institutional roles and processes are really relevant in this new era. NZAP seems to be in that awkward (but potentially generative) place of re-inventing its reason for being.

Assuming the Psychotherapy Board is a 'given', and that the Board has taken on the roles of accrediting people as psychotherapists and maintaining standards, I believe NZAP should focus more on *vitalising* rather than *regulating*. I sense this is underway. It may be redundant to say so, but it requires looking hard at the Council and Committee roles that reflect the pre-registration era, and diverting scarce energies into things that would make it exciting in a new way for psychotherapists to belong to a lively organisation that offers stimulation relevant to modern life and practice.

For example, maybe each year, at the Conference, innovative 'projects' could be submitted to the Conference, spoken to, and voted on, and those that get a significant popular vote and some membership interest and commitment would be properly supported by the organisation over the next year or two or more. This way we could move to a much more active political and social program and voice. It might be useful for people leading the charge in a certain project to become Council members, automatically, purely for this purpose and to help maintain momentum.

Again, on the theme of holism, we might begin a process of contacting and collaborating with other groups, with similar healthcare concerns, to influence the New Zealand public and politicians. Joint conferences might be a possibility.

We could start pushing for publicly-funded psychotherapy. It was interesting to hear at the UK Conference that the NHS has decided that their nation-wide community counselling resource established in the last few years will now be extended to a wide range of chronic conditions where there is an evidence-base for doing so. What if we as psychotherapists focused on this in New Zealand? We might need to get other groups interested. The UK project knits together both psychotherapy/counselling interests and family medical practice.

What if NZAP, Waka Oranga, and the MindBody Trust focused on a joint venture to grow a whole person approach to health that included (bi)cultural, psychotherapeutic, and medical perspectives?

Whatever we do, there is a manifest need to contest the cultural fragmentation of personhood, and to work in an interdisciplinary way, with 'whole' persons (and wider 'wholes'), and to include historical, psychological, social, economic, cultural, environmental and spiritual elements in our approach to healthcare. I am sure many feel this and that efforts are being made, but I don't see a coherent, really visible, nation-wide voice or grouping carrying the banner for such integration.

The credibility of psychotherapy

At the Conference the *credibility* of New Zealand psychotherapy came up in the context of proposals concerning how to go forward with the publication of *Ata: Journal of Psychotherapy Aotearoa New Zealand*. I admire the excellent work that has gone into the professional and academic development of the journal. The publication of papers and books certainly adds credibility and visibility to individuals and organisations. I publish, and I am very supportive of publishing. But there are complexities to consider, and I trust naming these will promote discussion rather than polarisation.

The discussion about *Ata* raised many questions for me. Psychotherapists in New Zealand are, in the main, dedicated and skilled ‘crafts persons’ or ‘artists’ rather than writers or academics. How sustainable has *Ata* been in the sense of a ready flow of articles? Every day I get emails from on-line journals fishing for articles. We have only a small pool of serial writers. Generally, if we write something unique, we want to publish in the best journals possible, especially if we want to influence the ‘big wide world’. We might turn to our local journal if we want recognition, influence or credibility amongst our New Zealand peers. Do we know how many NZAP members actually read *Ata*? What actually are their reading preferences?

What kind of credibility do we want? The proposal is to have a major European publisher engaged, with the expense essentially carried by the membership rather than the journal or the authors. I do see the need to have the journal managed with a minimum of voluntary labour. But the proposal sounded costly for members. Do we have the writing that will excite the membership to the point they will willingly fund the journal published by an international publisher over the longer term?

I began to wonder whether the proposal could be understood as a traditional Western pathway to credibility. Some of this is showing we can do, *and* do do, what others do, *and* maybe more than others do! There is something to support in this. But given our smallness, the questions of viability and sustainability remain. I am wondering if the dilemmas can stimulate some different ideas.

How can we create some credibility out of our unique circumstances? New Zealand has a cultural history of novel ‘can do’ experiments (occasionally with ill-effects). I noticed, at the very end of the Conference *Ata* discussion, the emergence of a less clearly articulated agenda for *Ata*, which had more of an ‘indigenous peoples’ focus. Expanding this idea, our credibility and contribution

could be conceived around things that are distinctively New Zealand in flavour. One aim (and I can think of others) for NZAP might be to continue to promote, achieve and publicise an 'Aotearoan' healthcare approach in relation to 'indigenous peoples', and 'whole persons' (I finally slip it in!). Such foci are likely to be unique, and hopefully exemplary and pioneering. The way we publicise any 'data' would depend on who we decide our primary audience should be.

Finally, if we want to be influential on the wider stage of the New Zealand healthcare scene, energy needs to be put into stirring up *demand* rather than just establishing credibility with our peers (the *supply*). To do that, we need a range of resources and activities, including serious writers, punchy writers, outspoken extroverts, active websites, bloggers, the politically and socially-minded, and focused projects that are both interesting and give wider and pertinent meaning to New Zealand psychotherapists and psychotherapy practice. To give ourselves room for this we should relinquish structures, processes and projects that are no longer relevant.

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Rainer Maria Rilke

"Be patient toward all that is unsolved in your heart and try to love the questions themselves, like locked rooms and like books that are now written in a very foreign tongue. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is, to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer."





Wānanga: Strengthening Whānau - Te Whānau Whakakahangia

This Wānanga was organised by NZAP Te Tau Ihu o Te Waka a Māui, in conjunction with Te Whakatū Marae and Te Piki Oranga with three main aims:

- Eight years ago, Te Tau Ihu o Te Waka a Māui Branch of NZAP received funding through the Te-Tiriti Bicultural initiative. We co-organised a very successful Wānanga with a local Māori health provider, Te Rapuora, which strengthened working relationships, increasing mutual understanding and respect for those involved. Members of NZAP are committed to a strong working bi-cultural relationship with colleagues who work with Māori and Pasifika and other vulnerable people in our community. Networks in the community have to be nurtured, as, over time, personnel and kaupapa of services change. Relationships between community organisations, agencies and practitioners have to be renewed in order to stay functional.
- We again received funding to co-organise a very successful Wānanga that was recently held at Whakatū Marae, “Strengthening Whānau- Te Whānau Whakakahangi; Strengthening Ourselves in Working with Whānau”. “Ngā mahi pā ana ki ngā whānau, whakakahangia mātou - taking us back to what we know - Ngā mōhiotanga, ka hoki muri.”
- Members of NZAP Te Tau Ihu o Te Waka a Māui are committed to a strong working bi-cultural relationship with colleagues who work with Māori and Pasifika and other vulnerable people in our community.

The aims of this Wānanga:

- We wanted to provide opportunity for greater collegial support and to build resilience for workers, therefore helping to avoid burnout. Clinicians would be provided with resources, by learning models of engagement from Māori and Pasifika perspectives which will enhance

their practice by ensuring that their practice is culturally appropriate. They would be encouraged to work from a perspective of identifying existing strengths in the whānau which can be strengthened and enhanced. We wanted to achieve a rich learning environment with relevant information, delivered in a culturally appropriate way.

- To encourage the best use of resources available within Te Tau Ihu o Te Waka a Māui community, to develop and renew relationships with each other so that referrals for clinical services, advocacy and support can be made and received with confidence, and to foster co-operation in order to make the best use possible of limited resources. By establishing a more effective network, the benefits to the community will be ongoing.
- The Wānanga was originally intended for both workers and whānau to be learning together, in the expectation that they will be able to effectively apply the models taught. Whānau would feel empowered and open to service providers in the knowledge that their best interests will be served. They would be encouraged in their ability to draw on the strengths they have identified in their whānau and to continue to build on these in the future.

We provided six presentations over two days. With it being a noho marae, the evening space provided a more relaxed environment for whakawhānauatanga. Mealtimes were another opportunity for informal connections to be made or renewed. Kaumātua and kuia associated with the marae also attended and contributed their experience and wisdom.

At the end of the Wānanga we asked all attendees to complete evaluation forms to show what they gained in working with greater confidence in the use of culturally appropriate models. The evaluations testify to how positively the presentations were received. Unfortunately, because of illness, Hinewirangi Kohu Morgan could not be with us and Tom Alesana was asked to step in. Tom was a worthy substitute in his own right, with his generous and articulate account of the motivations and inspirations to his writing and performing of his music. He shared with us his process of composing waiata. Tom embodies the best of the younger generation and his very presence was inspiring for many. Alayne Hall shared the development of the research which resulted in her PhD on the Whakapapa of Trauma. The method she used was “purakau” – telling our narratives our way. Russell Waetford began his session with an invitation for us to experience ourselves in the wharenuī with making a connection to our own tupuna. This led to a heightened awareness and emotional connection

among Wānanga participants. He then went on to his presentation on the significance to be found in the tukutuku patterns. It was a profound spiritual reflection with practical application for a model of understanding of whānau wellbeing. Pele Fa’auli presented his model of “The 6 Pou” which describe the essential ingredients for whānau to understand what enables them to function well. These provide a checklist to analyse what strengths and capacity already exist within the whānau and how to build on these: “Tika, pono, aroha kia ora ait e whānau”. Sonny Alesana led a discussion on “Powhiri as a respectful model of working with whānau”. This was in the context of whakawhānaungatanga so its relevance and applicability was clearly demonstrated.

We intend that there will be a follow up Wānanga at some stage next year. This next step will be an initiative from Kaimahi, the workers from Whakatu Marae and Te Piki Oranga. The original intention of this Wānanga was to invite whānau to attend alongside their kaimahi but this did not happen for a number of reasons. This will be the focus of the next Wānanga. It will be specifically for the most vulnerable in our community. We aim to ensure that services provided to them are as effective as possible by helping them to identify what gets in the way of them being able to make best use of resources available. Often workers and agencies can be well-meaning but if their approach is culturally inappropriate, their efforts will be wasted.

The organisers of this Wānanga feel very encouraged by the positive contribution it has made to the strengthening of confidence of those working with whānau and to the renewal of networks. At a time of growing competition for increasingly scarce resources for social services, we need to do what we can to ensure that the resources are used as effectively as possible.

We offer our experience to other regions, regarding what we have done in Te Tau Ihu o Te Waka a Māui to build on our bi-cultural relationships. If other regions would like to communicate with us about our experience in setting this up, we would be happy to discuss it with you.

Susan Hawthorne
Burke Hunter



Discovering Professional and Personal Journeys

Conversations with psychotherapists and
allied health professionals in New Zealand

I am most appreciative of the strong encouragement I received when travelling around the country meeting with colleagues. As at November 2016, seventy-one fascinating conversations have been held with very supportive past, present, and intending members of NZAP and Waka Oranga.

Summaries of each conversation are now being approved by colleagues for publication in the book. The published length of each conversation will average 1500 words. The date and the publication process are both uncertain but my intent is to aim for a release in December 2017.

The purpose of this update is to advise NZAP members I have finished interviewing but there is some limited room to include colleagues who may have missed the original invitation sent to branches over two years ago. Anyone interested would be interviewed for approximately sixty minutes. Members outside the Wellington region would speak with me via Skype or telephone.

There are no set questions to answer. The interview is a conversation between me and those who agree to speak with me.

Four themes guide each conversation: “What led you to become a psychotherapist?”; “What has the journey involved?”; “What has been your experience within NZAP?” and “How do you envisage the future of psychotherapy in Aotearoa New Zealand?”

For more information contact me at: manaconsultancy@paradise.net.nz

Landline: 04 2330610 Mobile: 021 212 0204

With very good wishes for the coming season,

A. Roy Bowden



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Ko koe ki tēnā, ko ahau ki tēnei kīwai o te kete.

Tihei mauriora! Tēnā koutou, tēnā koutou, tēnā rā koutou, katoa

2016 has been a year of increasing growth for Waka Oranga. 2017 marks the ten-year anniversary of Waka Oranga and we look forward to celebrating this milestone throughout the coming year.

Important dates for 2017

Saturday May 20 2017, Whaiora Marae, Otara

Poutama Tahi: Singing the Soul back into Being

Presented by: Hinewirangi Kohu Morgan (Ngāti Kahungunu, Ngāti Ranginui)

Saturday August 26, 2017, Whaiora Marae, Otara

Poutama Rua: Title TBA

Presented by: Waimaania & Ojasvin Davis (Ngaitupoto, Ngātihine, Ngāpuhi)

Saturday November 11 and Sunday November 12 2017

Waka Oranga 10th Anniversary Celebrations and Hui-a-Tau

More information to follow.

Hui-a-Tau 2016

This year's hui-a-tau was held on Sunday 16 October 2016 at Whaiora Marae, Otara. Te Rūnanga o Waka Oranga acknowledges all those who attended and contributed to the kōrero and ongoing progress of the waka.

We would like to acknowledge the attendance of Sheila Larsen, President of NZAP and Susan Horne, Co-Convenor of the Te Tiriti Bicultural Advisory Committee. The relationships with the groups that these women represent are

important in supporting the kaupapa of Waka Oranga. Minutes from the hui-a-tau and other related documents will be circulated to members later on this month.



Rūnanga and Executive

Through a nomination process the following roles were confirmed:

<p>Waka Oranga 2016 Kaumātua: Haare Williams Kuia: Hinewirangi Kohu Morgan</p>	
<p style="text-align: center;">Executive</p> <p>Chair – Wiremu Woodard Treasurer – Cherry Pye Secretary – Anna Fleming</p>	<p style="text-align: center;">Rūnanga Members</p> <p style="text-align: center;">Alayne Hall Russell Waetford</p>

These roles remain the same as in 2016 and allow rūnanga members to continue the mahi that they have been working on throughout this year. Te Rūnanga o Waka Oranga thanks all those who support our kaupapa in developing an indigenous psychotherapy and we look forward to the coming year.

He Ara Māori ACP

Two more practitioners have recently joined the He Ara Māori ACP pathway. Fay Lilian (Auckland) and Keith Tudor (Auckland) have been accepted onto He Ara Māori ACP and are now progressing along the pathway. At October's Hui-a-Tau, Fay and Keith each spoke to their experience so far. They acknowledged the support that they had received within supervision and spoke about what they are noticing as they engage in a process which encompasses both worlds.

Upcoming events in 2017

9 – 12 March 2017, Nelson, Aotearoa New Zealand

NZAP Conference 2017 – Te Kāinga te Ūkaipo – Promise of Home

Waka Oranga looks forward to joining members and colleagues at Whakatū Marae, Nelson for NZAP Conference 2017.

25 – 28 May 2017, Sydney, Australia

IARPP Conference 2017 – From the Margins to the Centre

Members of Waka Oranga will be presenting at this conference as a group. The conference theme “From the Margins to the Centre: Contemporary Relational Perspectives” offers Māori psychotherapy practitioners an appropriate opportunity to speak to the wider community of practitioners on contemporary issues impacting indigenous peoples of Aotearoa within a psychotherapeutic context. The presenters will endeavour to weave and connect their chosen topics so that the audience may gain a more in-depth understanding of Māori wisdom and values.

We look forward to 2017 and the celebrations of our tenth year. For those who wish to gain more information about Waka Oranga please feel free to make contact via email: wakaoranga2007@gmail.com. We wish everyone a safe and happy summer and look forward to the new year.

Mauri Ora

Te Rūnanga o Waka Oranga



Waka Oranga Inc:

National Collective of Māori Psychotherapy Practitioners

Email: wakaoranga2007@gmail.com

Steps to Learning

E ngā waka, e ngā mana, e ngā karangatanga maha huri noa i te motu nei te mihi atu ki a koutou katoa! Tenā koutou, tenā koutou, tenā koutou katoa.

In 2017 Waka Oranga will be delivering two Poutama seminars/hui. Poutama is intended to provide learning opportunities that embrace Māori knowledge, promote Māori Health and create linkages to the growing diversity of experiences and interventions utilised in the counselling, psychotherapy and psychology communities.

Poutama – Saturday 20 May 2017

Singing the Soul back into Being

Presented By:

Hinewirangi Kohu Morgan

(Ngāti Kahungunu, Ngāti Ranginui)

Join Hinewirangi as she shares the beauty and rich history of traditional Māori waiata and tāonga puoro.

You will be guided through traditional waiata māori (song) and its many forms and uses within te aō māori practice. Hinewirangi will also introduce a number of traditional tāonga puoro (māori instruments), demonstrating how these are utilised and played.

Gain insight as Hinewirangi demonstrates the deeper concept of “singing the Soul back into Being” with the use of these traditional forms of māori culture.

Hinewirangi is a kuia who teaches māori tikanga and kawa, an artist, a poet, a carver, a healer and tohunga of māori protocol and practise. She has the unique talent of blending traditional māori concepts into present day practice, highlighting the importance of the gifts left by our tūpuna.

Poutama seminars are suitable for all professionals working with māori whānau.

Registrations close: Monday 15 May

Request your registration form early: wakaoranga2007@gmail.com



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CONTACT: Jules Morgaine: jmorgaine@xtra.co.nz

Margaret Bowater presents her new book

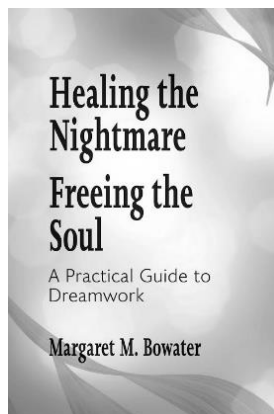
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kathryn.ryan@xtra.co.nz



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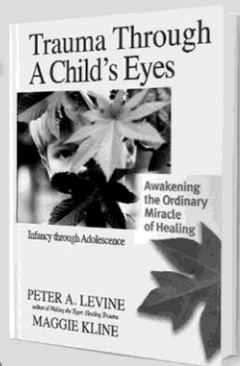
Trauma Through a Child's Eyes Workshop

with Maggie Kline



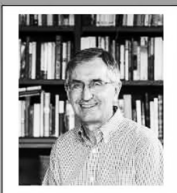
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Presents

Dr Brian Broom MBChB, FRACP
MSc (Immunology), NZ Reg'd Psychotherapist
Consultant Physician (Clinical Immunology)

Meaning-Full Disease, and the call to whole person-centred healthcare

A 2 day workshop for all healthcare professionals

Brian Broom is widely recognised for his whole person approach to illness and disease. He stresses a co-emergence model for understanding how people's stories, life experiences, traumas, and meanings are crucial to the development of many illnesses and diseases, especially those that are chronic. He conducts workshops and lectures nationally and internationally, and has written three books for clinicians (see [Publications](#)). He established the Post-Graduate MindBody Healthcare Diploma and Masters programme in the Department of Psychotherapy at AUT University, Auckland, where he is Adjunct Professor. He is currently a Consultant Physician in Clinical Immunology (Auckland City Hospital, New Zealand) and a New Zealand-registered psychotherapist. Whilst his psychotherapy background is eclectic, his therapeutic focus is strongly interpersonal. Clinicians of all kinds, frustrated with the dualistic, fragmented, depersonalising nature of modern health care have benefited from his training. He will focus on both a non-dualistic understanding of whole persons AND the skills that each healthcare discipline must acquire to translate this into practice.

Date: Friday 31 March – 1 April 2017

Time: 8.30am – 5.00pm

Venue: Cashmere Hills Presbyterian Church Hall, 2 Macmillan Ave, Cashmere, Christchurch 8022

Cost: Early bird rates available. See registration form for cost schedule. Fee includes morning and afternoon tea and lunch across the 2 days

How to register: Please email us for a registration form, at: trainingprofessionalsnz@gmail.com

If you have any questions about this workshop or registering please email Beth, Glenys or Nickei at: trainingprofessionalsnz@gmail.com

Check out the videos of patients and Brian talking and an elaborate ILLNESS EXPLORER self-help pathway.

Find out more about Brian and whole person healthcare at
www.wholeperson.healthcare

NZAP Committees

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**THE NEW ZEALAND
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PSYCHOTHERAPISTS (INC.)**

TE ROOPUU WHAKAORA HINENGARO