



THE NEWSLETTER

**New Zealand Association
of
Psychotherapists Inc**

**Te Rōpū Whakaora
Hinengaro**

**December
2018**

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of
Psychotherapists Inc**

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Closing Date for Next Issue

To be advised via NZAP Inform

The Newsletter is published three times annually, following NZAP Council Meetings. Material for publication (max 2000 words) must be submitted in Word or PAGES and sent to:

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

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President's Column

Gerald McLaurin

Tena Koutou Katoa

As we come to the end of this year, I note how well Council and NZAP seem to be functioning. I find myself buoyed by the recent Council meeting where we all seemed to both work hard and enjoy the coming together, where we got a great deal done. Everyone on Council had been diligently caring for our Association in many different ways in the intervening months since the last meeting.

I say this partly because the recent survey of membership by the Council Review Group showed that many NZAP members are not very aware of what Council does and while many are generally appreciative of different aspects, they are uncertain about the various roles and functions. It obviously speaks to a need for more information on the life of Council and how the different Council members work for our Association. I will be looking to organise an article in the next Newsletter to address this.

Of other things to appreciate, I notice that there is ongoing vibrant debate within the Association on a number of fronts and forums, such as individual branches, the online discussion group Connect, the Newsletter and our journal Ata. Some of the issues are around how people feel about PBANZ,



the functioning of Council, biculturalism and its importance to psychotherapy in Aotearoa, and in the perceived or actual centrality of psychoanalytic thinking in NZAP. This implies to me that there is life in our Association, there is energy and enthusiasm to think and talk together about our differences and our commonalities, and perhaps an increased willingness to take

risks with each other. It is thus important to let you know that because we will not be having a conference this year and will be missing the usual

Forum, Council will be hosting two, hour and a half, online evening Forums on ‘Zoom’ on 27 February and 12 March next year. We can have up to 100 participants and we look forward to a lively discussion. More information on how to participate will be sent to you in the New Year.

There are a number of other developments which are also positive, such as the fact that both Professional Development events next year, supported by the new PD Committee, are either fully or nearly fully subscribed. This is very gratifying and is reflective of the hard work undertaken by the groups organising them, as well as the hunger for our ongoing learning together on what it is to practise psychotherapy. In this regard there is also the fully subscribed upcoming workshop organised by John O’Connor in Auckland. The venue for ‘Reaching Across Worlds’ on Biculturalism and Psychotherapy Practice in Aotearoa needed to be changed because so many people are wanting to attend.

Our new NZAP website is almost up and running; the result of much time and energy invested by Gabriela Mercado and her team. We are very excited about what it will offer membership when it is launched early next year and particularly how this will be maximised by the group that will maintain and develop its functions long after the launch.

Our Code of Ethics has been substantially reviewed by Stephanie Forde and her Ethics and Professional Standards Committee to bring us in line with 21st century conditions and I encourage you to read this on our website.

I am excited to tell you also that Lynne Holdem, currently holding our Public Issues portfolio on Council, has agreed to put herself forward as our President-Elect, and Council will formally vote on this at our next meeting. Her willingness to take on this role was warmly and gratefully received by Council members and I believe we can all be grateful that such an energetic, thoughtful and intelligent person will be heading our organisation in 2019 and 2020.

I will end this address with a comment on a film I recently showed at the Wellington branch on what it is to belong to NZAP, why it is that we need each other in an Association and what it is that we face as psychotherapists. The film, “Ida”, showed the journey of a young woman in early 1960’s Poland about to take her final vows as Catholic nun who discovers that she is Jewish. It is about trauma, dislocation, love and the choices we make or

are made for us. To me it powerfully underscored what we face with our clients around trauma and attachment losses, but it also showed how important it is to find our authentic identity and to belong, even with our profound differences, to our group, our people. With all its difficulties and painful dislocations, historical and current, I believe NZAP is still this professional home for many of us.

I hope you all have a safe and satisfying summer, that you get the rest you need, that you rediscover yourselves outside your identities as psychotherapists, and that you reconnect with whanau, friends, beloveds, and your personal joys, far from work.

Noho ora mai



From the Council Table

Sue Jones, Honorary Secretary

Council met in Wellington over the weekend of November 3-4 2018. Unfortunately, Wiremu was unable to attend, but we were delighted to welcome Verity Armstrong as the representative of Waka Oranga.

Council vacancies

The Chair of the Ethics and Professional Standards Committee will become vacant from March 2019 as Stephanie Forde steps down after 6 years of generous service. Council invites expressions of interest for this position to be directed to Stephanie or Gerald Maclaurin (NZAP President).

In addition, there will be vacancies for 2 ordinary members from March 2019, as Geraldine Lakeland has decided to resign. Gabriela Mercado's first term comes to an end, and fortunately for NZAP Gabriela has agreed to be re-nominated. Vicky Blake agreed to be co-opted onto Council as Treasurer at our last AGM, and we are delighted that Vicky has agreed to be nominated for this position.

Council meeting minutes

As previously mentioned, Council has agreed to post minutes and reports onto the website unless the writer has stated that their report is to be received in committee. The bullet points that follow provide a summary of the main issues discussed.

NZAP's relationship with Waka Oranga

Council values and prioritises our relationship with our Treaty partner, Waka Oranga. We continue to investigate how NZAP can promote and inform our members about Waka Oranga and the HAMACP Committee. Pakeha members across the Association are encouraged to use more Te Reo in their speaking and writing. Branch convenors are encouraged to support members to attend poutama, and subsequently report back at a branch meeting using the bicultural grant from Council/TTBAC to help with their travel costs.

Revised Code of Ethics

Council acknowledged the significant work of Stephanie and her team as Stephanie tabled the revised Code of Ethics. Council approved the revised Code.

2019 AGM

Our 2019 AGM will take place on Saturday March 23 at Te Papa in Wellington after the Wallin Seminar finishes for the day. Four remits are expected to be introduced and discussed, before being voted on in 2019:

- Life membership to be extended from six to eight people.
- Changes to the audit process for NZAP's finances.
- Two remits signalled by TTBAC.

Zoom sessions for Members

A national Forum session will be hosted via Zoom on Wednesday 27 February 2019, 7.30-9pm. Gerald and Lynne will host an AGM warm-up session on Zoom to discuss the remits on Tuesday 12 March 2019, 7.30-9pm.

New NZAP website coming soon

Council gratefully acknowledges the work of Gabriela (nickname Webby) who continues to spend many hours on this project. NZAP is committed to launching the new website by the end of 2018. If it is not finished by the end of the year costs will increase by \$2000. It is hoped that all committees will get their updated information in to Gabriela as soon as possible.

Ata Journal

We were fortunate to have the presence of John O'Connor at our discussion around Ata. Council is grateful for John 's contribution as a Co-Editor of Ata (as from January 2018). Council and John agreed that Ata is an NZAP publication which is produced with support from AUT. Budgetary restraints mean another edition of Ata won't be published until 2019.

Newsletter Editor

Sean Manning steps down as an energetic Newsletter Editor as from December 2018. Thank you for prompting us to think and reflect Sean. You will be missed.

Critical Reviews

Council agreed that the review process be listed as an official NZAP portfolio on the website.

The Project Partnership/TTBAC Review team has been formed and includes John O'Connor (Chair), Margaret Morice, Mihili Alexander, and Kiritapu Murray.

The Project Promotion team is in the process of being formed.

Professional Development and Conference Committee

Marian Vlaar has agreed to chair this new Committee. The Committee has been mandated to create guidelines for event organising groups, conferences and other professional development events. Vicky will liaise with the Committee on behalf of Council.

Branches are encouraged to find creative ways of encouraging Interim Registered Provisional Members and Full Members to become more engaged with the Association.

Next Council meeting

This will be held prior to the David Wallin seminar on March 21-22 2019 in Wellington. Members are asked to submit any letters and other correspondence to the Honorary Secretary three weeks prior to when Council sits, that is, by February 28 2019 please. This is to enable Nikky to collate and send out all items for the agenda prior to the meeting.

I am again indebted to Nikky, our efficient Executive Officer.



The Council of NZAP

Sue Jones, Gabriela Mercador, Victoria Smith, Sheila Larsen, Lynne Holdem, Cherry Pye, Stephanie Forde, Geraldine Lakeland, Gerald McLaurin, Nikky Winchester (Executive Officer), Vicky Blake



Waka Oranga (Inc)

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Ma whero ma pango ka oti ai te mahi

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

At our Hui a Tau and AGM 29-30 September at Whaiora Marae new members were welcomed, ideas for the future were discussed and departing runanga members were acknowledged.

Importantly we were guided by our kuia Hinewirangi to align ourselves more meaningfully to designated roles and responsibilities on traditional waka voyages, which provided the vision, expertise, commitment and leadership to undertake such voyages. Consensus was reached on the following people for leadership roles within Waka Oranga:

Co-Chair, Margaret Poutu Morice and Cherry Pye; Secretary, Anna Fleming; Treasurer, Cherry Pye; other runanga members: Verity Armstrong, Gina O'Neill, Russell Waetford, and co-opted associate, Sheila Larsen.

Important Dates for 2019: Poutama and AGM: Sat-Sun 5-6 October

Mauri Ora
Te Rūnanga o Waka Oranga

Waka Oranga Hui-a-Tau



Left to right: Cherry, Verity, Margaret, Sheila, Hinewirangi, Marie, Gina, Fay, Anna, Rui, Emma, Wiremu

Te Tiriti Bicultural Advisory Committee Annual Hui Report

Friday 31 August – Sunday 2 September 2018

We all gathered on Friday evening at the whare of Donny Riki (Ngāpuhi, Ngāti Paoa), a current Co-Convenor of TTBAC, and her partner Viv Roberts (who presented to the 2015 NZAP Christchurch Conference). Over the years, many individual members of this national kōmiti have hosted the annual weekend long hui in their own homes – motivated initially by containing costs, which it still does. Being hosted in family homes has enriched and deepened connections and conversations, and this was especially true of this year's hui.

Viv opened our hui with a mihi whakatau and then closed with waiata and karakia.

The home-cooked baking and meals that fortify us during these hui are legendary – and the evening meal which followed our welcome, was no exception.

An important part of our hui is whakawhānaungatanga – the process by which we (re)familiarise ourselves with each other, align ourselves to our kaupapa, and seek meaningful connection.

This year we farewelled 2 of our kōmiti whānau – Burke Hunter who has held the Te Tau Ihu o Waka a Maui ‘seat’ for over 10 years, and Daniel Larsen who more recently joined TTBAC in 2015 from the Ōtepōti NZAP Branch. Both of these individuals have given countless hours of volunteer time toward the bicultural development of NZAP. They have promoted opportunities for more direct engagement with Te Ao Māori and have each given exceptional service to their colleagues, the profession and their wider communities.

TTBAC continues to actively support Waka Oranga – as well as provide support for Māori members of NZAP. Sheila Larsen was seconded onto TTBAC to replace Kirsty Robertson and continue our representation on Council. Sheila has recently been asked to join the Waka Oranga rūnanga.

We would also like to acknowledge Ivy Churchill (Tūwharetoa) who has supported the Ōtautahi NZAP Branch over two NZAP Conferences. An associate member of Waka Oranga, she has generously given her time and supported the mauri by holding the tīkanga of this rōpū.

Throughout the weekend we had in depth discussions about our future form and function, with assistance from Roy Bowden. On a branch and national level, we strive to consider ways that we might include a greater awareness of Te Tiriti O Waitangi and how this supports our mahi with tangata whaiora.

We also shared resources to enhance our understanding of Te Ao Māori. Burke Hunter showed a DVD which was a stunning celebration of music by Brian Flintoff – featuring pūoro, pūtātara, putorino and birdsong; accompanied by beautiful artworks from Robin Slow. Donny Riki demonstrated the First Nations “medicine wheel” model of engagement that

could be used to hold bicultural discussions. She has facilitated workshops at NZAP branch meetings in Whānganui A Tara and Ōtautahi with more planned in 2019.

Over the past year, TTBAC has been involved in the following events:

- Waka Oranga’s tenth anniversary celebrations, November 2017
- The organising of the March Ōtepoti NZAP Conference, March 2018
- Attending and catering for Waka Oranga’s Te Whānganui a Tara Poutama, May 2017
- Support and attendance at Waka Oranga’s Hui-a-tau, October 2018
- Support and attendance (as well as one of our members presenting) at the Auckland Branch upcoming one day bicultural event “Reaching Across Worlds – Kānohi ki te kānohi”.

There are a number of events planned for 2019 that TTBAC will be actively participating in, to uphold and facilitate those spaces where explorations of cultural difference between tangata whenua and other are empathically and compassionately embraced.

Whakatauki: “Ēhara taku toa i te toa takitahi, ēngari taku toa I te toa takitini”
“My success is not mine alone as it was not the work of one, but the contribution of the collective”

Margaret Morice, TTBAC



Burke Hunter, Donny Riki, Sheila Larsen, Margaret Morice, Susan Horne, Sarah Tait-Jamieson, Ivy Churchill, Graeme McCartney, Daniel Larsen, Crea Land, Roy Bowden

Sandra Turner In Memoriam

Sandra passed away at about 7.00AM on Thursday 26 July. She had family, friends and colleagues with her in the last days. The previous evening she and her family were presented with a korowai woven for the occasion by a group of Pākehā and Māori friends, associates, trainees and supervisees. The presentation was accompanied by songs in Māori and English. Her funeral, on Wednesday 1 August at Knox Church in Dunedin, was attended by many NZAP members. People came from Auckland, Wellington and Christchurch. The Council of NZAP was represented by the Past President, Sheila Larsen. Her coffin was draped with the korowai. For many years Sandra had survived a terminal illness without ever losing her intensity and involvement in the many communities to which she belonged. She will be missed by a lot of people.



Following here there are two obituaries. The first is contributed by Cinnamon Boreham, Provisional Member in Dunedin, and is part of the address given by members of the psychodrama community at her funeral

Kia ora koutou...

We have been asked to speak on behalf of the Dunedin Psychodrama community which Sandra lead for many years.

“Sandra was
a healer”

Sandra has been many things to us all. She not only held an unwavering commitment to practicing and teaching the psychodrama model in her work, but she has also forged loving relationships across the communities she has touched. She has been a role model a therapist, supervisor, trainer, colleague and a friend to most of us in this room. The breadth of those whose lives she reached will never really be fully known. However, we do know the depth of how she touched our lives while she lived the psychodrama philosophy in

real ways, creating relationships with us all based on reciprocity, vitality and genuine love.

This poem captures the essence of who she was in our world. It reflects Sandra at her best and her challenge to us to be our best, to ourselves and to others.

Sandra was a healer and this is the part of her we want to honour today.

She was willing to meet us in the fire, never wavering. If she was not standing beside you, you could feel her wairua or spirit surrounding you giving permission to be yourself and then to do the next thing.

Her words are embedded in us like echoes, “tell me your thinking, be bold, express yourself, choose something or someone to be the... whatever it was.”

Maybe, this is Sandra’s last group process as she brings us together. We have been reflecting on her willingness to walk alongside us, seeing us and reflecting us back to ourselves. Helping us know the depth of our own capacity fills us with love and gratitude. Grateful for her willingness to walk alongside us. At times, outside of social norms and to do what is required for healing.

This excerpt is from a thesis that describes something of Sandra’s capacity to be with people.

I knew in a few hours after finding Emma dead that my family needed support and a lot of it. Not sentimental support, but strong robust life-giving support. I was in the mortuary waiting for Emma’s body to be returned to me and I asked for Sandra. I knew she would have the capacity to be with me while I faced into Emma’s choice to suicide.

As the Kuia called us back into our house for the first time, our hearts, were achingly overwhelmed. Sandra walked with us. There were mattresses all around the edges of my lounge. We placed Emma in a focal point. Her body was laid on a mattress and later covered with a korowai (cloak) to protect her body, and to put a layer between the living and the dead. I had no points of reference on how to say goodbye to my daughter, Sandra in her vitality and compassion showed me that being connected and in relationship could soften the pain.

Sandra attended every day from morning till night. She didn't follow rules typical of a psycho-therapist, there were no fifty minute hours, she followed her own spontaneity, and did what needed to be done. I recall her directing many groups of teenagers as they came into the house. For some it would be the first time they have come this close to death. They were obviously in shock and full of sadness. Not just at seeing Emma laying there lifeless, but seeing the devastation her choice had made.



We were blessed that Sandra came to support us. Sandra embodied the philosophies of psychodrama that speak to the relationship. She was a good authority to

the kids and would direct them, for example saying, "Go and tell Emma's mum and sister your name and how you know Emma". Kids would come up to us and talk. The process encouraged a relationship in the here and now that made the terror of what had happened more manageable for us all. She directed the teenagers to stick together, "huddle together and hold each other, look after each other". They did so without resistance. This act strengthened them at a time when there was a high risk of fragmentation.

Sandra and I would sit at the end of each day together and talk, I asked her what I needed to do, to korowai my living children. She talked about all the firsts, the first birthday anniversary's, the first mile stones and having a good plan.

Sandra has shown us all, that in order to be good for one another, we all need to have our own people walking with us.

She herself had this until her last breath. She wanted us connected to each other and to her whanau, and for these ties to be strengthened.

Conversely, we want to honour her, to say thank you for all that she has given us.

The korowai sitting on her coffin today was made to concretise and to reciprocate the love, and protection that she surrounded us with, while we grew.

On the lining of the korowai are the words that represent her essence.

COMPANION – COURAGE – PASSION – VISION – SASS –
AUTHENTICITY – STRENGTH – MAURI – WARIUA – TINO
RANGATIRATANGA – MANAAKITANGA
WHAKAWHANAUNGATANGA – TOHUNGA – AROHA

These strengths and values were exhibited in how she lived. Many of you will have stories of how she met you strongly and with courage, some of you will have met her sassiness, and for those of you who have been touched by her, her mauri will live on. Because you are here today, all of you in some way will know she was a Tohunga for us all.

Eye to Eye

If I listen to you and you see me
If you hold my gaze
If I hold yours
If I tell you my inner most thoughts
If you cry and I stay
If I let you see my ugly
If you kindly leave my wound to heal
If you notice me
If I notice you
If I let you into my world and you let me into yours
What does that make us
If I lay you to rest, I tell your story and I remember you
What does that make us.

The following is contributed by Marianne Quinn, a long time friend and colleague of Sandra, and a member, together with the Editor, of her peer supervision group.

Sandra the Powerhouse

In farewelling our dear friend and longstanding colleague, Sandra T, I'm wanting to pay tribute to those things about her that kept her going for so long.

First and foremost was her desire to be around for her two children, Aaron and Kate, for as long as possible. This disease has been around for two thirds of Kate's life. Put it another way, Sandra did all she could to keep going so Kate, her youngest child, could have her mother around through her adolescence and early adult years. If it wasn't for forces that were ultimately too powerful even for Sandra's steely resolve, she'd still be here, doing all she could to support Aaron and Steph as they prepare for their wedding in November.

**Sandra died as she lived.
Knowing her own path and
caring for her family as best
she could in the process**

Sandra's life force was also fanned by her love for Ran, her partner of coming up forty years. As parents and partners, they made a loving team as they created as many happy memories

as they could for their children and wider family. While many of you will know Sandra, not as many of you will know this special man she chose to share her life with: he's supported her choices, challenged her, and together, they've rolled with what came and found the best possible way forward. Choices most of us never hope to face.

As part of this, they graciously accepted one another's differences. Ran had his special time in the Mountains – for Sandra, it was always in community, in connection with others.

Ran, Kate and Aaron shared their mother with her psychotherapy communities – her role as a psychodrama trainer; her time on NZAP Council; her commitment to NZAP locally; and to her many supervisees and clients. These commitments took her away from home at the weekend multiple times a year. This was a big thing for her children to accommodate growing up. As therapists, we can miss the impact of the energy we give to our clients on those we have around us; the people who restore us and stimulate our commitment to the work. I'm grateful to Aaron and Kate especially for sharing their mum in this way.

Clients too often don't want to know that their therapist has another life outside of their sessions; that she has other priorities and commitments; other people who love her.



Where some people might feel diminished by all these demands, Sandra felt energized. She thrived on doing all she could to help grow healthy relationships and healthy communities. Using her personal and professional skills, she has developed the capacities and careers of many people in this room today.

Another powerful influence on Sandra was being her mother's daughter. Growing up on a farm where work had to be done, rain or shine. With a mother like Val who took the jam pan on holiday to Central Otago, the kids helping pick fruit on the way, Sandra was always ready for a new job; she was always looking for a way to make a difference. Her family share this drive in their own ways.

In the holidays, Sandra took a keen role in supporting her many nieces and nephews, always ready to be an ear. She's been a wonderful aunt. She's also been a great support to many friends, especially those facing similarly difficult health conditions.

There are people who felt strongly that Sandra should have stopped work when she was first diagnosed, more than eighteen years ago. That she continued to work and contribute and find new ways to make a difference, even in the past year as her second tumour grew more aggressive and her pain management more and more complex, is just who she was. She didn't find it easy to stop. Some of you may have been bewildered by this; even angry with her. But she knew that she needed some positive things to turn her mind to, especially as her day to day reality grew harder and harder.

Sandra McIntosh Turner is at last at peace. She never liked those death notices that said ‘after a long battle’. My own experience is of her constantly seeking ways around her newest limitations: ‘outfoxing’ the disease as far as she could.



In recent weeks, she was teaching herself to write with her left hand. She wasn’t ready to hand over to Siri.

Sandra died as she lived. Knowing her own path and caring for her family as best she could in the process. She would want us to pick up that task of caring for one another as a way to keep her legacy alive. Accepting that challenge would be our best tribute to her as our colleague.

Farewell Sandra T!

Editorial

Seán Manning

“There is no proof”, writes Harari (2014, p241), “that history is working for the benefit of humans because we lack an objective scale on which to measure such benefit.”

This writer has been at some pains to convince the Council of NZAP and its Committees that their processes should be open and actively shared with the membership. There has been some success. Council has come up with the idea of ratifying their minutes within a couple of weeks, rather than wait four months until the next meeting, and in doing so removing any reference to individuals, so that minutes can be made available without anyone having to fear being quoted. Minutes of meetings held prior to June 2018 remain locked, unless someone can come up with a good reason for seeing them, such as perhaps writing a history. In that case, they can be ‘redacted’ – essentially removing any reference to real people – which would mean someone would have to do a lot of work. The Editor’s request to have them, in order to write, as an outsider, about the workings of Council, does not seem to be a good enough reason.

There is still a considerable body of opinion suggesting that Council’s deliberations should be confidential, so that discussion at the table can be free and frank.

This opinion seems to hold sway also among at least some of our Committees. During the last round of reports leading up to the November Council meeting, Committees were asked whether they would mind their reports being made available to the membership. Several apparently refused, though The Executive Officer assures me that there will be at least some on the website shortly. So that is another welcome move toward transparency.

But is it worth it? I have made myself rather unpopular, to the point where any communication seems to raise anxieties, which is not a good outcome. I



have no way of knowing, as Harari points out, whether the kerfuffle will be beneficial to anyone. Just because this writer thinks that transparency is a good idea does not mean it actually is. However, there are some interesting things going on to which the membership does not have access yet. Several people I have talked to, including the President, have referred to discussions between NZAP and PBANZ which have apparently been somewhat tense. It

Getting information about what goes on in our organisation is quite difficult

seems that the Board is going to change some things, coming to the end of a period known as 'grandparenting', during which, among other things, provisional membership of

NZAP qualified one for Interim Registration, thus allowing one to use the term 'psychotherapist'. This arrangement will come to an end. I am told that Interim Registration will remain, but the qualification for it will be 250 hours of supervised clinical practice and an assessment that leads to a qualification, not provisional membership *per se*. There will, apparently, be a further meeting between PBANZ and NZAP in December.

There is nothing in the minutes of Council about this, though there is an item expressing some concern about members' lack of interest in applying for Interim Registration. I intended to compare the registers of NZAP and PBANZ to substantiate this, as the answer will be in the public domain for someone willing to do a little work, but I never got around to it. It seemed like a lot of work for very little information.

Another agenda that is presumably still making progress is the work to produce a description of He Ara Māori Advanced Clinical Practice pathway (HAMACP). Some years after the first members were admitted under the Māori pathway, we still have no description of how it works though Council minutes suggest an increase in their budget to fund the process of a candidate going through, and for printing a booklet. As an unwavering supporter of biculturalism in NZAP, this writer would wish to support such a route to membership, but that is difficult when I have little idea of what I am supporting. Currently it is a matter of faith, which sits uncomfortably as my atheistic outlook likes evidence.

This is my last Newsletter. I am grateful to Paul Solomon for volunteering for the role. I am going off to put energy into other things, so I am not going to pursue the campaign for openness, and, to be honest, I am not sure it has

been worth it. Getting information about what goes on in our organisation is quite difficult, and I can't help but wonder if it might be better to leave Council and the Committees in their confidential world, working, as I am sure they are, for the benefit of all of us.

Confidentiality, though, does seem like the popular norm (possibly that should be neurosis). I can understand the ACP Committee needing privacy, because they must debate the progress, or lack of it, of specific individuals although I would have thought we could have had some news from them about negotiations with PBANZ.

It goes deeper, though. Recently a request that we share demographic information about ourselves, for the purposes of 'workforce development', at the invitation of Allied Health Aotearoa New Zealand, was rebuffed, or at least postponed, because of anxiety about sharing our whereabouts, ages, training, and so on. It seems to make little sense, as workforce development in other fields means the creation and dissemination of resources, the funding of training, positive publicity and networking, things we claim to want.

The unheard voice is that of those who make the decisions.

The concern with confidentiality has also affected the ACP process. I came into NZAP among stories of an older admission process, a gruelling exposure to the whole organisation, with decisions made by the Council behind closed doors. This was replaced, I think in the late 1980s, by the case study and panel assessment, with an openly agreed methodology. My experience of panels came first from the Transactional Analysis exam process, in which an outward contractual transparency was paramount. The panel discussion and decision making in TA was done with the candidate in the room, a principle born of the humanistic atmosphere in which Eric Berne formulated TA during the 50s. When I suggested at an NZAP panel briefing session that we should invite the candidate to remain during the decision making, it was unanimously agreed and became standard practice for a time.

This kind of transparency turned out to be too difficult in NZAP. How can a person judge another, declare them to be competent, to be in or out, to be one of us? It is a question basic to any society. Rituals of inclusion are as old as humanity. Of course there are problems with the naïve idealism which underlay the inclusiveness developed in the wave of humanistic

psychotherapies. It is a big thing to tell another person they cannot yet come in. The unheard voice is that of those who make the decisions. While panelists and markers can face hostility, there is little room for their own uncertainties, their anxiety about doing the right thing for the right reason. (I am thinking here of a personal experience of being criticised in a large group setting for having required a candidate to re-write several years previously.) So a couple of years ago, to my great disappointment, we returned to making the decision in private and informing the candidate later.

NZAP is not an organisation given to open sharing of views

Gate keepers are often unheard and sometimes unpopular. It is a serious matter sitting on a panel, or on a Committee, or on the Council. Ofttimes seen as withholding and powerful, they do not always agree with each other, and in truth their bias, among people who are universally caring, communicative and inclusive, is always to say yes. Saying no is a fraught business, liable to return, to be answered in the future. Saying yes about something of which you are unsure may ultimately be harder to live with. Perhaps because of some historical bruising, NZAP has gone down a protective pathway, deciding to deal with these anxieties by protecting us from what we fear rather than teaching us not to fear it. Thus we have chosen confidentiality rather than open debate.

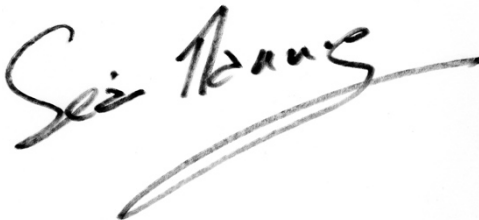
So although I can understand the concern with privacy that increasingly seems to operate throughout NZAP, I find it hard to accept, and I fear its consequences. I have tried, in my own way, to encourage openness, giving everyone a voice. I have tried to do this sitting on panels, on Committees and on Council, and finally in this role as Editor of the Newsletter. Still a lot of what goes on is behind closed doors. NZAP is not an organisation given to open sharing of views, feelings, information. Our only national forum for face-to-face debate has been relegated to a two-yearly event. Only a third of the membership are signed up to the NZAP Connect email list, and most of them are silent. We are an anxious organisation.

Yet Council and Committees often complain that they get scant response from the membership. Read Eileen Birch's piece in this issue, on the Review of Council – the survey got a 22% response, which, as Eileen says, is not bad for NZAP. One is tempted to observe that the blade cuts both ways. While filling out a 10-minute survey questionnaire is too difficult for three-

quarters of us, little communication *to* the centre is paralleled by little *from* the centre.

Finally, I want to offer an apology. Recently on NZAP Connect I commented that I had found Council disdainful. The Honorary Secretary, Sue Jones, took me to task, objecting to the accusation. The result was, at least for me, a very warm and useful exchange of emails. Sue generously went through all the relevant minutes and email communications to try to understand what had happened. She validated my experience of being ignored and also explored why and how that might have accidentally occurred. Though it was another example of intemperate behaviour getting attention where polite requests had failed, I am indebted to Sue for this correspondence. It was an example of an Hon. Sec. doing a great job. I apologise for my use of the term ‘disdain’. I could have done that better.

So good luck and good health to the Council and the Committees and the panels and all those willing to take the decisions and the flak, for it will surely come.

A handwritten signature in black ink that reads "Sei Angus". The signature is written in a cursive, flowing style with a long, sweeping underline that extends to the right.

Harari, Yuval Noah (2014). “Sapiens: A Brief History of Humankind”, Random House. Kindle Edition.

Book Reviews

“Two Homes Ngā Kainga e Rua – Supporting Relationships for Babies and Toddlers with Two Homes in Aotearoa New Zealand”

The book is a collaboration between the New Zealand and Michigan Infant Mental Health Associations. IMHAANZ has adapted, with permission, from the original Michigan Association for Infant Mental Health pamphlet *Supporting Relationships for Infants and Toddlers with Two Homes* (2010).

I'm delighted to draw members' attention to “Two Homes Nga Kainga e Rua”. This Booklet has been written with support from the Executive of The Infant Mental Health Association Aotearoa New Zealand (IMHAANZ). It has just been launched at the IMHAANZ conference by The Children's Commissioner Judge Becroft and is now available in hard copy.

The focus is on what babies and toddlers need after parental separation and is a resource to help parents, practitioners and professionals make sound decisions for their children. It offers guidelines for babies and children 0-6 months, 7-18 months and 19-36 months old. The focus is on the attachment relationships essential to the child's wellbeing, and how to minimise disruption for them.

This is a fantastic resource for NZ and is essential reading for separated parents and all those working in this sector, including Family Dispute Mediators, lawyers and judges within the Family Court. Decisions are often made without reference to the developmental needs of babies and toddlers. Parents can be unsure about what is best for their child's development, or how the separation arrangements might affect them. Hopefully this resource may become the basis for future decisions.

The book talks directly to parents without criticising or blaming. The format is excellent and whilst it is well researched and evidence based, it is set out in such a way that it is very readable for most parents.

It is also very useful reading for anyone with small children, helping parents and caregivers to think about how to optimise relationships, what is age appropriate, how children differ and how to best accommodate their differences. The appendix gives some information about the legal system, family disputes resolution process and resources for parents, practitioners and professionals.

Congratulations to Mary Ferguson who is also a member of NZAP, Dr Denise Guy, who has spoken at a number of NZAP Conferences, and to Kararaina Penchira and Roimata Manaia Haynes for this invaluable resource.

Hard copies may be purchased from Mary Ferguson at secretary@imhaanz.org.nz or via the website www.imhaanz.org.nz. The Conference special price of \$10.00 plus \$4.00 postage and handling applies until 30 November. There will be a digital version available in the near future.

**“Psych-O-Therapy Aotearoa:
New Zealand psychotherapists tell their stories”
A Roy Bowden
Resource Books, Auckland, 2017**

Reviewed by Rhonda Pritchard, a Wellington author and counsellor. She has held several advisory positions within the New Zealand Association of Counsellors and during her time as a member of NZAP Rhonda made significant contributions to ongoing professional development for practitioners.

Let me start with self-disclosure. I was invited to review this book. I am a friend and long-term colleague of the author and a former member of NZAP.

I readily agreed to the invitation; my chance to reacquaint and learn more about old friends and colleagues, to read the stories of people who are new to me and to review my own history and relationship with the psychotherapy community.

The book is in three parts. The first section is a record of conversations that Roy Bowden conducted in person with 79 New Zealand psychotherapists. It

was obviously an immense task involving interviewing, recording, transcribing, writing and gaining approval for the copy from each respondent before publication.

The second part is entitled *The Path to Partnership* covering the various steps that have been taken, or could be taken by psychotherapists, by training organisations and by NZAP to demonstrate a commitment to Te Tiriti o Waitangi. The author's own essay on this topic reveals how much he has been considering this issue over the years. He has interesting propositions to offer.

In each conversation the psychotherapist describes some of their background, their early life

The third part is a series of excerpts and notes extracted from the NZAP Newsletter from 1984 until 2017 and finally a list of papers published by the NZAP journals from 1995 until 2016, each record providing a brief history of NZAP in recent years.

The result is a substantial volume of nearly 400 pages; a reference book, more easily read by sampling than read from beginning to end. It is a unique source of information about a large number and wide cross section of the psychotherapy community. Roy Bowden expresses himself as well as presenting the respondents. When reporting on the conversations though, he is not playing the role of journalist. He did not set out to investigate or question. He invites their stories, their views and their reflections and the psychotherapists can reveal as much as they choose. The conversations are for a public audience. For readers who would like to know about particular psychotherapists, they would learn more from this book than they would learn by googling names and reading websites.

The material is likely to be of interest mainly to readers in the profession, to those hoping to join and to a wider audience of practitioners and commentators in the mental health and social services fields.

When introducing themselves to their clients, I suspect most practitioners do not give much information about their own lives before entering this field. The hesitancy to self-disclose comes from deep in the roots of a European tradition of psychoanalysis. It raises the question about what might be

offered to clients these days in a different storytelling cultural context in order to create a more equal sharing relationship between therapist and client. This book opens the door a little.

The most noticeably persistent theme of this book is the issue of how the very process of individual psychotherapy can be culturally and socially responsive

In each conversation the psychotherapist describes some of their background, their early life, education and careers, their later training and emerging theories, approaches and practices, their experience of becoming a member of NZAP and what this community of professionals has meant to them.

They also give their views on a number of related issues. There are the changing requirements for becoming a member of NZAP, the benefits and problems with the registration of psychotherapists under the Health Practitioners' Competence Assurance Act, relating to other psychotherapists from diverse disciplines, beliefs, cultures and values, the quest for a sense of belonging and what might be the future of the profession in the context of a bicultural and multicultural Aotearoa.

Some themes emerge from reading this book. One theme is the challenge of establishing an agreed, clear, simple, straightforward everyday language description of the scope and limits of psychotherapy. With so many models it's not surprising. Psychodrama practitioners, marae based counsellors and family therapists, for example, work with whole whanau or with individuals meeting in groups.


Another theme is the long winding path that most people take to become psychotherapists. Most came to this field from other professional backgrounds, starting in the Church, social work, teaching, marriage guidance, other counselling settings, prisons or probation, mental and other health professions. Through a number of life and career changes most became practitioners gradually over an extended period, often under the influence of particular and inspirational mentors, teachers or guides. Some of those names recur through many accounts.

The stories also illustrate the increasing level of accountability over the years requiring psychotherapists to meet stricter professional standards, first to become a member of NZAP, and more recently to become eligible to claim the now legally restricted title ‘psychotherapist’. The early history of psychotherapy in New Zealand included some unprofessional behaviours by some practitioners. Establishing and holding safe boundaries has been a focus of psychotherapy training and practice since.

The most noticeably persistent theme of this book is the issue of how the very process of individual psychotherapy can be culturally and socially responsive, how Maori therapists can feel respected and included in this profession, how to create and maintain relationship between both individuals and organisational structures that contribute to equality and partnership between tangata whenua and tau iwi, in accord with the principles of Te Tiriti o Waitangi.

Roy Bowden’s own essay *The Path to Partnership* is an exploration of the paths already taken and the paths that could be taken to make psychotherapy more accessible to many more members of the community, to lower the barriers and build relationships not just between cultures but also between the whole range of psychological, counselling, social work and mental health professional groups; a path to greater integration. This particular contribution is at the core and heart of this book and well worth reading in its own right.

The book is available from Roy Bowden: roybowden1941@gmail.com for \$48.00 plus postage.



Introducing the Professional Development and Conference Committee

Marian Vlaar, Chair PDCC

In March Council decided to form a Professional Development Group, following on from the review process. Nikky Winchester, Victoria Smith, Alayne Hall and myself were part of that. Thank you Nikky and Victoria for your input into the meetings.

Following on from that Council decided that a formal committee would be formed, called the Professional Development and Conference Committee – PDCC for short. After asking for expressions of interest from the membership, we were delighted to have responses.

The current membership of the Committee is: Alayne Hall, Robert Ford, Catriona Cairns, Dinah Cameron and myself.

The tasks ahead of us involve developing Terms of Reference with Council; updating the Conference Guidelines; developing guidelines for Professional Development events; developing policies around which events would qualify for NZAP's financial backing and policies around making subsidies available for members when there is financial hardship.

Our brief will also be to support Conference Committees and organisers of Professional Development events, and encourage members to make suggestions for seminars etc.

We have had an initial meeting by Zoom, and will continue our work in the New Year.

Once policies have been suggested and approved by Council we will publish them in the Newsletter and on the website.

Wishing you all a good and safe festive season.

The Review Process

Gabriela Mercado

The review process: NZAP's new website

Our new website is well underway. Some of you may wonder why is taking so long to be ready. We, the website team (Gavin Stanfield, Anna Fleming, Lynne Holdem, Nikky Winchester and I) are working hard in creating a website that is dynamic and up to date in all its aspects. The feel and look of the new site have been designed to further strengthen how we visually reflect the relationship between NZAP and Waka Oranga. This means a new visual concept that honours and represents the bicultural journey of our Association.

The information in the website also needed to be updated. We found that the content needed much more revision and updating than expected. We worked and continue working with each Committee, portfolio, and Branch. The complexity of our website requires much input from many people in order to make the best function and design of it.

A website is a living document that is expected to provide current and accurate information; it gives an organisation the opportunity to reflect its liveliness and mana. Keeping our website current is an ongoing task in which each Committee, portfolio, and Branch is invited to continuously take part of. Our Executive Officer, Nikky Winchester, is the person in charge to execute further changes; to this end the information has to be provided by the parties involved.

For individuals, the new Members Register will have an enhanced search engine; colleagues and potential clients will be able to find psychotherapists with a more refined search. More on that soon, but for the time being I want to encourage members to prepare a short description about their practice, a link to their own website, and a profile picture. We are making a website that is attractive and can be used as a way to promote your personal brand: to let others know who you are and how you work. Members will always have access to their profile and can update their information whenever suits them.

I want to take the opportunity to thank Lynne, Gavin, Nikky, Seán, and Diane for their fabulous editorial work.

The review process: an update

The NZAP Council review is well underway. The review team chaired by Eileen Birch has asked membership for feedback. More on that can be read elsewhere in this Newsletter.

After further consideration Roy Bowden decided to resign from the Project Partnership/TTBAC review. John O'Connor has graciously accepted to chair the review team, composed of Margaret Poutou-Morice, Kiritapu Murray, and Mihili Alexander. Their work will involve close consultation with Moana Jackson.

Further information on the review process and the website can be found online (remember to log in) under the Members Documents section.

Y la nave va...

NZAP Zoom Account

Zoom offers simplified encrypted HD video conferencing for small and large groups, and is much more effective and user-friendly than Skype.

- Up to 100 people can participate in one meeting.
- It can be used on any device, running Mac, Windows, Android, iOS, Linux or Chromebooks.
- Meetings can be recorded for future reference.
- Normally, one person at a time will be on the main screen, but there is also the option for multiple participants to share their screens simultaneously for a more interactive meeting.
- Documents, photos and video clips can be screenshared.
- Meetings can be automatically put into participants' Outlook, Gmail and iCal calendars.
- For more information on Zoom's functionality, please see <https://zoom.us/meetings>

NZAP has purchased an annual Zoom account as a trial. It has been successfully used by Council and by a couple of other NZAP groups/Committees. We encourage other NZAP groups to consider using it for NZAP business, such as for branch or committee meetings, organising conferences etc. To schedule a meeting, please contact Nikky Winchester, the Executive Officer, on executive-officer@nzap.org.nz

Review of Council

Eileen Birch

The Critical Review Team looking at Council has been slowly but steadily examining the role of Council and it is clear it is a complex body and not always clearly defined. So, asking for a review at this stage of the Association's history is timely, and I think Council need to be commended on taking this step.

Having had responses from some of Council to our questions to them, we came to membership with a SurveyMonkey questionnaire asking for members input. We spent a long time deciding on the questions we thought were relevant, and hope this has been helpful for members to clarify their thoughts.

We have only just closed the access to the questionnaire so don't have a full overall view of your responses. This will take us some time to analyse, and report to Council as well as giving you all an idea of the comments etc. So, look for a more in-depth analysis in the next Newsletter. But we do want to give you some very general first impressions.

The list of questions is attached for those of you who didn't get around to taking part and as a reminder for those who did.

There was a 22.2% response rate. While this is generally deemed to be good for NZAP surveys, it still does mean we haven't heard from 75% of our membership, and can only speculate on why this is. But to those of you who did respond, a big thank you, and an assurance that all responses will be read and taken note of.

The majority of members were satisfied with the work Council does (Q1) and there was a 69% satisfaction rate with Council's work with Te Tiriti responsibilities (Q2). Fewer members felt Council was fulfilling expectations around pastoral care (Q3) but the majority felt that Professional Development and Education (Q4) was being well taken care of by Council.

Questions 5-8 had fewer responses, I guess because they involved contributing some comments. The largest number of responses to these questions came for Q8 with many people agreeing that some financial contribution to Council members was something they would support. Financial recompense for Branch Convenors was also mentioned.

What we have been struck with from the respondents, is the energy and liveliness of members answers and the recognition of the breadth of work Council does, and members' interest in the running of NZAP.



While it seems, at first glance, that many members expressed having no real understanding of the workings of Council, and felt they lacked the knowledge of roles etc., people expressed an interest in knowing more.

What has also come across, initially, is that many of our members feel 'time poor' and this stops them volunteering for a role on Council, as well as not being aware of what each specific role entails.

There were some interesting and helpful suggestions for the future of NZAP and Council, and how we might move forward. But we need to have a much closer look at these to see what themes emerge. So, we are asking for patience for us to analyse this well and correctly, before we give you any further information.

If you missed out on taking part you are welcome to contact any of us with your thoughts, though of course they can't be included in the number of responses to the questionnaire which has closed. But we will listen to you.

We will keep working on all of this and hope that our final report will be both comprehensive and worthwhile.

Welcome to new members

Congratulations and welcome to the following new Full Members

Verity Armstrong, Auckland
Karen Blacklock, Auckland
Emma Green, Auckland
Dianne Brooker, Wellington
Katrina Jacobsen, Wellington
Jacinta Cooney, Christchurch

Welcome to the following new Provisional Members

Rosemary Beever, Auckland
Brodie Morgan, Auckland

Welcome to the following new Student Members

Yulia Von, Auckland
Sheryl Gardyne, Christchurch
Lucie Belton, Wellington
Lenka Rochford, Wellington

ACP Committee

Dates for Assessment Interview	Notify Executive Officer by
30 March 2019	1 February 2019
5 October 2019	9 August 2019

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.

Submission of written work	Notify Executive Officer by
1 April 2019	1 February 2019
2 August 2019	7 June 2019

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.

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

From Lynne Holdem (not from Council)

A young guy consulted with me recently and wants to train as a psychotherapist. He's in his mid thirties, a family man, would be really suitable, has an alive interest in human condition/human growth, a BA and a philosophical bent, prepared to study (but not to live in Auckland whole he does so), has worked with troubled youth for many years.

In previous times I would have felt confident to lay out options for training outside of AUT: Biogenetics, Gestalt, Hakomi, Jungian, Psychoanalysis, Psychodrama, Psychosynthesis, Transactional Analysis. All could be possibilities. Today the future of these smaller training institutes seem somewhat less certain as I hear that PBANZ are



considering removal of the grandparent option. Unless we can now justify to PBANZ the retention of our ACP and He Ara Maori ACP pathways which could then act as a gateway from graduation in one of the above institutes, then certainly the biodiversity of our psychotherapies could be reduced.

I value my initial training with the Institute of Psychosynthesis even though I came though at the time of the ACP route to full membership. I'm also glad that therapists with Masters level qualifications in Psychotherapy can join without some of the sturm und drang that attended my own lengthy and complicated negotiation of the ACP and that has perhaps resulted in the alienation of a number of NZAP candidates.

The dialogue with PBANZ about the grandparenting clause and the need for NZAP to protect the existence of an independent stream of

psychotherapy trainings is very much on my mind as I sit at Council table.

I am interested to hear observations from other members that be useful for Council to bear in mind or to use in conversations with PBANZ which are and will be happening.

Qué ves cuándo me ves? What do you see when you see me?

Entering my own otherness

Gabriela Mercado

A couple of years ago, a good friend of mine said to me:... “but of course, you are a woman of colour”... and, of course, I do not remember anything else of that conversation. It was a ‘before and after’ instant because at that very moment I felt expatriated to a different paradigm, I was now an Other. This was a disconcerting experience that, not without pain, took me to re-explore many of my assumptions about my cultural identity. Up to then, I had always saw myself only through the eyes of my own people.

And it was from that place that I had begun my bicultural explorations almost two decades ago, at the beginning of my migration to New Zealand. I was in my thirties and I had my own constructs around what it meant to be Argentinean. I was not very keen on revising the beliefs I had, because they were helping me to migrate to a new land.

The fear was that shaking them would leave me with nothing to anchor myself to.



The beginning of my quest was tainted by disappointment. The realisation that “the perfect country” I had moved to was far from

The problem with this term is that it encompasses such a wide range of ethnicities that many feel made invisible by it

perfection, that Aotearoa New Zealand was not the happy family where all nations lived in a seamless harmony was disturbing. I see how for many immigrants finding out that

the new country has divisions and conflicts causes great anxiety. Whatever the reasons for migration, there is a loss of roots, of a cultural secure base. The fantasy of a happy land is necessary to counter this loss. In my own experience, I needed to locate myself in the new cultural home but this presented with the problem that there seemed to be only two options: Maori or Pakeha, and I could not fit into any of those. Pakeha generally refers to British. For an Argentinean it feels impossible to identify with British. Not only are we different in our customs, expressions, and worldview but we had been at war in my living memory; I have seen my school friends going to the battlefield over the Islas Malvinas war. To identify with Pakeha for me would be a betrayal to them.

The starting point of my quest for a bicultural home was part of my training, and after that I found the opportunity to continue this journey by joining Nga Ao E Rua, Te Ao Pakeha, Poutamas, camp Pakeha, and our discussions at NZAP Conferences. It was within those conversations that I found in the concept of ‘tauwiwi’ a home where I could rest my cultural wanderings. Tauwiwi refers to ‘all foreign’ not just white ones. The term “was a notion introduced around Treaty of Waitangi politics to distinguish between those who descend from the indigenous signatories and those who have settled here since, either as descendants of British settlers or those who immigrated through the policies of the British Crown/NZ government- the other side of the ‘Treaty partnership’” (Hindmarsh, 2000, p.130). The term tauwiwi has many translations: non-Māori, foreigner, European, colonist, outsider, person coming from afar (maoridictionary.co.nz). The problem with this term is that it encompasses such a wide range of ethnicities that many feel made invisible by it. There are numerous minority groups in Aotearoa New Zealand and each faces their own racisms, which are different from those suffered by Maori. Merging them together under one term shuts down the possibility of these racisms being explored, let alone resolved in any way.

Hindmarsh (2000) poses that meanings and experiences of racism, antiracism, biculturalism, or even multiculturalism cannot be understood as disembodied abstract phenomena. New Zealand has its own history of colonialism, racism, and biculturalism. Each immigrant also brings their own embodied experience of these. It is in the interrelationship of the two experiences where something new can be created. However, this has not been my experience. I was publicly silenced once by a Pakeha for using the term ‘multicultural’. To me, this reflects the anxiety for ‘getting it right’. The need to make no mistakes feels paralyzing at times. I no longer feel at home identifying as tauwi, and my friend made it clear that I could not pass for Pakeha even if I was to try. I sit in the discomfort that this lack of a cultural home produces in me. It is a very different feeling from the one I used to have as a new immigrant. It is the discomfort that enriches my life and keeps me exploring, and makes me appreciate the company I have found in this journey.

Hindmarsh, J.H. (2000) “Biculturalisms (and Antiracisms) in Education in New Zealand. An overview.” In Leicester, M., Modgil, C. & M. (eds), Education, Culture and Values. Volume 1: Systems of Education- Theories, Policies and Implicit Values. London, Routledge, 2000, 126-143
www.maoridictionary.co.nz

Skin in the Game

Tony Coates

This is about registration but it also about the consequences of professional regulation in general.

It is also about the social, political and cultural system in which we as psychotherapists are immersed, as well as business systems.

The enormous social and political changes taking place defy our understanding and prediction.



The rise of the internet, 9/11, the 2007-2008 financial crash, Donald Trump as US president, genetic engineering, and many more that were never predicted by the experts, academics, or political scientists

There are now at least over 650 forms of psychotherapy, perhaps over 1000 as some have asserted globally. Many have their own training universities, credentials, qualifications, codes of ethics, registration

procedures, degrees, conferences and academic journals.

That is say at least 650 different ways folk might legitimately call themselves psychotherapists. And the field is expanding. Yet at the same time it is not the theories and the models that a person uses that is the special ingredient but the relationship with the psychotherapist. This has been shown over and over again.

The “model” is not that important.

Like the Dodo bird, everyone has won and all must have prizes.

But at the same time our theories go from the upper reaches of profound psychoanalytic reflection about the nature of the object ‘self’ and transference, to the significance of the amygdala in the adolescent brain, to the benefits of short term brief therapy as against a long term analytical approach that takes years. As our professional silos of expertise climb higher and the our explanations more refined so we lose touch with each other attempting to explain the emotions of erotic transference with, let us say, dysfunctions caused by infantile trauma originating in the primitive limbic system.

We go from “Everyone has Won and All must have Prizes” to a Tower of Babel situation where we split into sects and fail to understand each other’s language. In scientific medicine distinct domains of inquiry have produced breakthroughs. Haematology might not be on the same wavelength as orthopaedics or genetics but the accomplishments are there. Where is any evidence that all this expertise, the multiplication of models in psychotherapy, the neuroscience, that we are now awash with, has made any difference whatsoever? The tide of mental illness confronts us on every news outlet regardless of the 650 models of therapy.

Are we looking in the wrong place?

Even personal therapy, experience, supervision, and academic credentials have been questioned as being peripheral to the success our discipline. The mounting tide of “mental health” in our society is testament to the failure of what we are doing.

It is likely (but who knows) that the field will expand even more.

Medicine is expanding in a similar way.

When American psychiatry pulled a fast one in 1980 by medicalising the whole field of human suffering it left a trail of fabricated disorders with the citizenry barely keeping their heads from drowning, awash in a sea of medication, and the pharmaceutical industry relying on specious theory to sell their drugs to get every cent of profit.

We are left with what we’ve got. Just listen to the news re mental health.

In NZ the background to the HPCA Act 2003 is worth examining.

There were at least three major public events that shocked the public of New Zealand and drew major public intake of breath.

The first of these was the Cartwright Enquiry in 1987. A senior doctor or group of doctors appears to have deserted their collective responsibilities to the public with disastrous consequences. What is not well known however is that there was also a group of doctors who also had grave concerns about the behaviour of their colleagues. They took their concerns to senior management who refused to do anything about it.

The second event was the Centrepoint debacle in 1991. What is not well known about Centrepoint, however, is that it was a psychotherapist who showed great courage integrity and insight and intelligence who blew the final whistle that brought the whole unsavoury process to a close. He had the qualities I allude to in the vignette below. Skin in the game.

For some years afterwards and even now even the mention of Centrepoint let alone Bert Potter to a psychotherapist would automatically bring about pursed lips, narrowing of the eyes, a look of horror and disgust. It was as if every thing unspeakable the imagination could conjure up would well up and had to be thrust back down along with everything awful and things that go bump in the night. The collective recoil was along the lines of “What can we do to *never ever* let things happen like this again!”

Good and evil stand across from each other each charged with the others care as we slowly make our way towards our humanity.

Evan Sherrard (a former supervisor of mine) chaired a meeting of the Association in which he handled the situation with great clarity, authority, perspicacity and wisdom which I will never forget. Yet it seems PBANZ in their regulatory wisdom refused to approve him as a supervisor. Rumour.

This energy, if you will, is not unconscious. It controls how we act. I have been part of a group of ‘senior’ psychotherapists who have met monthly for many years beginning long before registration. Some of us have

Stop all bad things
happening by making sure
the heath professions had
the ethical wisdom of
Solomon

contributed to the Association substantially. Alas I am not one. We have deliberately not registered for some of the very reasons I allude to here. At the time we thought it would be a good idea if we invited a person who had been a previous member of Centrepoint and who knew a great deal about what happened to one of our meetings to ask pertinent questions to resolve our ignorance. This person in no way supported anything that had gone on there. Just about everyone we asked refused to even be in the same room with this person, let alone attend the meeting. If you hold ignorance that close to your heart it will eventually shrink.

The third event was perhaps the Christchurch Creche episode in 1992 where it seemed wisdom and reason took a back seat. Wisdom and reason not only left the building they left the planet. The police waded in to an area where only angels should tread. That is to say to interview little children many who were (it seems) trying to assuage their parents' anxiety conjured up by the faces of those same nameless fears and demons, with accusations of Satan ritual abuse and Satanic panic. In this respect we have not progressed much further than the witch craze of 200 years go when all sorts of unspeakable cruelties were perpetrated to save us from our own imaginations.

The HPCA Act was initiated to put in place to protect the public from such events but the legislators (including Ron Paterson) really did not know what the consequences would be. I suppose it seems like a good idea at the time.

Stop all bad things happening by making sure the health professions had the ethical wisdom of Solomon, the patience of Job, the charity of Christ, the authority of Allah, the understanding of Einstein. That this could even be accomplished maybe is a lesson we have yet to learn. That it could be accomplished by mandating a string of obsessively documented core "Competencies" a psychotherapist "Will" observe at a cost of \$810.00 or per year or incur legal action is beyond belief.

Yet the medical profession itself has previously swallowed this point of view hook line and sinker in the name of "Professionalism", that everyone else wants to mimic and have a share of. Have a look at the Medical Council website and their micro-management of not only doctors' behaviour but also what they should say. The number of downloads, forms, costs and the sheer time and money involved in producing them, is appalling to my mind. With the steely gaze of the Medical Council upon us at every branch of professional life, the Medical Council attempt to turn doctors into unimpeachable models of ethical and moral probity. It is no wonder the suicide rate of US doctors is the highest of all professions and getting higher. And what to they say is responsible? You've guessed it. Burnout from documenting everything in sight in the fruitless attempt to be squeaky clean, free of all legal threat regardless of family and other lives the person might be living. I have had the privilege of having medical colleagues as clients. They are skeptical of

the whole process but dare not speak out because their livelihood might be put at risk.

With such standards the profession becomes more accountable to the regulatory authority that it does to the public is supposed to serve. This is always a bad thing. In medicine it means the regulatory guidelines are more important than the patient. Your doctor is more interested in the screen that in you. Your psychiatrist is more interested in the diagnosis than your distress and how it arose. What is not been under any question is the client's relationship with the therapist across the room.

PBANZ ... claims to be
the voice of the public,
without the public's
consent

I would like to refer to two comments I wrote on Connect:

1. In any system, when the costs of regulating it exceed the costs of promoting it, the system will eventually suffocate.
2. It is often not obvious that the regulatory authority owes its existence to the system it regulates and from whose obedience it derives its power.

Nassim Nicholas Taleb (essayist, scholar and statistician) in his recent book, "Skin in the Game", gives many examples, and repeatedly points out that to the extent that regulatory governmental and academic authorities, claiming expertise, put a regulatory interface between the provider and the provided, natural feedback, spontaneity and freedom, as well as creativity is lost. Those providers with "skin in the game" tend to be creative, successful in what they provide. It is they themselves that bear the risk of success or failure and do not transfer it to any regulatory authority.

PBANZ is a regulatory authority, and, in that it claims to be the voice of the public, without the public's consent. It has no skin in the game and bears no risk. Just take look at the disclaimer on the PBANZ website.

With no skin in the game he says (and he provides many examples) they ‘rot’.

A clinical vignette to illustrate what I mean by having “skin in the game” for psychotherapists.

You are in your room preparing for your first client of the morning. It may be someone you already know or may be a new client. The referral notes are sparse.

The person comes in and sits down. You can already tell the person is extremely anxious and hesitant but you wait patiently to hear what they have to say.

The story unfolds in an uninterrupted but hesitant stream. As you listen you start to become anxious as well, feeling not only their anxiety but you own as you begin to understand their meaning and why it is they have come to see you and not someone else. The hair on the back of your neck begins to rise as you understand the gravity of what they are saying. They tick all of the risk factors in the book as you begin to understand just how grave the situation is with which you are confronted. (Let us say it is not about abuse and has no connection with politics.)

Just then your receptionist interrupts with a phone call. The receptionist knows that they should never interrupt a session but the receptionist is insistent and looks agitated. Reluctantly you take the call, excusing yourself to your client.

It is the Acute team calling about the client you are seeing. It seems that a relative/“friend” has made application for a committal order. The team is extremely concerned about your client and say they are coming around with a DAO and registrar to complete the order. They ask you not to tell you client about the call for fear they might abscond but to continue until they get there and when you show the client out they will apprehend them. They will be there in around 30-40 minutes.

Your mind is in a whirl. “Thank God for the Acute team” is your first thought and you breath a sigh of relief. They can take over. I just have to make sure my client is ok till they get here and they don’t do anything silly. But as you continue to listen to your client you are impressed by

their overall demeanour, and the veracity and integrity of the story they are telling. You being asking simple questions to clarify this understanding in the time you have left and your relationship deepens. It reveals an extraordinary situation of professional jealousy misunderstanding intrigue envy and depression.

You find that they are a professional with an international standing. Should an order be made not only would they be out of a job but their future reputation would be irrevocably damaged and their family fragmented.

Two opposing forces begin to form in your mind. On the one hand, you could easily bear with the situation of the moment, doing your best to make the client safe until the CAT team arrived who will then take responsibility for any risk. Then if anything untoward occurred you could be seen to have done your best according to all the established guidelines,

Your PBANZ practising certificate ... glowers at you from one wall

if necessary standing up in court without blame and your reputation intact even though you may have betrayed the client in some small way.

On the other hand, from what you have learned from the client your intuition, experience, and knowledge simply cries out to you that the whole situation is unjust and wrong and should never have happened in the first place. You think to yourself you need much more time. Going down this path involves enormous trust and personal professional risk, shouldering responsibilities you have no idea yet whether you can manage.

You sit there listening becoming more and more involved as rapport develops, possibly against your better judgement.

Your PBANZ practising certificate for which you paid so much and all those forms and templates you filled out glowers at you from one wall with the legal reminder that you must protect the public, now absolutely of no help whatsoever. All your academic qualifications and books remain mute staring down at you in silence from the other wall. Your next supervision session is a week away. You have afternoon

appointments. And the clock is ticking. In the next half hour you will begin to learn what it is to truly call yourself a psychotherapist.

We need to stop this relentless self scrutiny of each other in the search for nebulous dangers that do not seem to exist in the name of a dubious grandiose perfection meted out by a “Regulatory Board” that equally does not exist. Least of all should we hand this responsibility over to somebody else.

What we need to do is go back to the relationship with our clients across the room that is the foundation of our profession. Without it there is no profession to be registered. PBANZ and all the scholarly journals, academic credentials, all our ‘models’ and expertise, all the stuff of training courses, neuroscience psychiatry and psychology begin and end in the relationship we have with our clients across the room from us and nowhere else.

**Psychotherapist regulation – A ten-year
snapshot of the Psychotherapists Board of
Aotearoa New Zealand
Compiled by Jacquelyn Manley, Registrar,
on behalf of the current Board**

Psychotherapists, largely the New Zealand Association of Psychotherapists (NZAP), put forward a proposal that regulating psychotherapists was in the public interest; the proposal was successful.

As a result, the Psychotherapists Board of Aotearoa New Zealand (Board) was established and became a Responsible Authority under the Health Practitioners Competence Assurance Act 2003 (HPCAA) by order of the Governor-General, on 15 October 2007.

The HPCAA is the legislation on which all Board functions are based. Its purpose is “to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions”.

Seven people were appointed to the inaugural Board; five psychotherapists and two laypeople.

The first meeting of the Board was held on 30 November 2007, in the Wellington office of a Board member.

During the Board’s second meeting in January 2008, the Board wrote an advert to seek a Registrar. A Registrar was appointed shortly after in March 2008. Once employed, the Registrar was provided a desk within the Occupational Therapy Board of New Zealand’s office. The Registrar’s first order of business was to order a computer and set up a telephone line; this is a reminder that the Board started with nothing but good intentions.

It became immediately apparent that there were financial issues. It is usual for any profession regulated as a Responsible Authority (RA) under the HPCAA to self-fund¹. As this did not occur the inaugural Board members had no choice but to fund their own monthly meetings including travel, transport and accommodation. With no money, Board members did not receive professional fees. In line with this there was no money to pay the newly appointed Registrar; a generous Board member agreed to pay the Registrar personally until the Board received operational money².

It was clear that money was needed urgently to function. A Board member and the Registrar approached thirteen banks; only three agreed to engage with the Board. Only one agreed to offer a small overdraft.

Without any other options the Board approached the psychotherapy associations to seek either a grant or a loan. Associations responded, with loans received from NZAP, NZAP Wellington, New Zealand Association of Child and Adolescent Psychotherapists (NZACAP) and New Zealand Association of Counsellors (NZAC). The Australian New Zealand Society of Jungian Analysts (ANZSJA) provided the Board with a grant.

¹ The Ministry is not responsible for providing seeding money.

² Board members were reimbursed once operational money was received.

Even with these loans the Board was still in a precarious financial position. The Board approached the Ministry of Health (again) to seek assistance; it became clear that without appropriate financing the Board would not be able to continue to operate. Following serious discussions with the Ministry of Health (MoH) the MoH agreed to provide the Board with a small service contract³ for \$60,000.

The Board started registering psychotherapists on 1 October 2008.

Although expenditure was kept to a minimum the Board ended the first financial year with a deficit of -\$118,000.00. This led the auditors to highlight a requirement to increase the APC fee. This was an unpopular decision with psychotherapists and a challenging and difficult decision for the Board to implement.

Over the last ten years a significant amount of work has been undertaken by Board members and employees. This has included but is not limited to:

- Consulting on and developing prescribed scopes of practice and pathways to registration
- Grandparenting qualifications
- Consulting on fee proposals
- Consulting on and developing ethical standards of conduct
- Consulting on and developing clinical competencies
- Consulting on and developing cultural competencies
- Registering psychotherapists and maintaining a public Register
- Issuing Annual Practising Certificates
- Developing and implementing ongoing competence processes (recertification and recertification audit processes)
- Managing health, competence and conduct notifications and concerns
- Developing a database and interactive⁴ website⁵
- Developing and implementing numerous policy decisions and associated processes and procedures

³ The term ‘service contract’ was used as the Ministry is unable to provide grants, loans or donations.

⁴ Practitioners can view and update their own information.

⁵ Now out dated with replacement investigation underway.

- Communicating with and building relationships with multiple stakeholders.

I note that the above list of Board achievements does not portray the enormous amount of work and dedication that has gone into developing policy, processes and reviewing/refining these processes.

The Board's largest project currently is to develop Accreditation Standards for psychotherapy training programmes. The Board has an Accreditation Committee which is made up of six people (four training providers and two Board members, both of who are training providers). Membership for this Committee was sought through expressions of interest.

Since 2008 there have been⁶:

- 17 Board members: 6 laypeople and 11 psychotherapists
- 5 different Chairs
- 5 different Deputy Chairs
- 3 co-opted Committees⁷ (members were sought through expressions of interest)
- 2 Professional Advisors
- 58 meetings of the Board (not including teleconferences)
- 9 Planning days
- 46 Board Newsletters
- 36 plus consultation and consultation response documents
- 16 Psychotherapy Association conferences attended by representatives of the Board
- 15 plus Board Chair and Psychotherapy Association President meetings
- 23 'Meet the Board' opportunities
- 12 Health Regulatory Authorities of New Zealand (HRANZ) meetings attended by the Chair and Registrar (not including operational meetings)

The Board has moved offices four times. Employees have included one Registrar, three Acting Registrars⁸ and two Registration Officers⁹.

⁶ These results are from a quick review.

⁷ Standards of Cultural Competence, Ethical Conduct and Accreditation.

⁸ To cover two parental leave periods of time, 12 months each.

⁹ One of which was also an Acting Registrar.

Psychotherapists Board of Aotearoa New Zealand Board members

Below is the list of people who have helped shape the changing face of psychotherapist regulation.

1. Dr Andrew Duncan 2007-2010 – previous Chair
2. Ms Patricia Hanlen (lay member) 2007-2010
3. Ms Sue Ineson (lay member) 2007-2010
4. Dr Chris Milton 2007-2010
5. Ms Mihiteria King 2007-2013 – previous Chair
6. Dr Gordon Hewitt 2007-2013 – previous Chair and Deputy Chair
7. Mrs Sue Brown (lay member) 2011-2014
8. Mr Paraire Huata (lay member, deceased) 2011-2014
9. Ms Judy Smyth 2011-2014
10. Mrs Carol Shinkfield 2007-2016 – previous Chair and Deputy Chair, current Professional Advisor
11. Ms Miriana Stephens (lay member) 2014-2018 – current and previous Deputy Chair
12. Mr Bill Grant 2011-current
13. Ms Anna Hedley 2013-current
14. Ms Suzanne Johnson 2013-current Chair and previous Deputy Chair
15. Ms Megan Campbell (lay member) 2014-current
16. Mr Simon Hall 2015-current
17. Mr Hamish Brown 2016-current Deputy Chair

Each person who sits on the Board plays an important role but no one Board member alone is responsible for the work of regulating psychotherapists under the HPCAA. This responsibility belongs with a changing Board of seven dedicated people who have understood and understand the importance of light touch regulation.

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Kathy Steele, MN, CS



Christine Forner, MSW, RSW



Michael Salter, PhD



Martin Dorahy, PhD

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- Models of Treatment - Kathy Steele
- Guidelines for Treatment & Mindfulness - Christine Forner
- Constructions of Complex Trauma and Implications on Women's Wellbeing and Safety from Violence - Michael Salter
- Dissociative Identity Disorder: Updates from Empirical Investigations- Martin Dorahy

Plenary Panel

- Dissociation, Psychosis, and Borderline Personality Disorder Interface - Rick Hohfeler, Joan Halburn, David Leonard, Matt Ball, and Warwick Middleton (moderator)

Conference Dinner

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Keith Tudor – An Appreciation

This is a brief note to say good luck from the Newsletter to Keith, who has resigned from NZAP. In his resignation, which he has given me permission to quote, but not to reproduce, he made three criticisms. The first was that NZAP, though it espouses an inclusive policy of embracing both registered and non-registered members, “has not sufficiently represented or protected its members” from the policies of the Board. Second, he noted that since we abandoned the senior practitioner route to membership, there is scant welcome for senior practitioners in NZAP, unless they are prepared to be registered. Third, he suggested that there is a psychodynamic bias throughout NZAP. The following is the edited text of a message I sent to him in response.

- *Editor*

Well my friend, that is a very clear letter. It summarises the concerns you have been for some time expressing, and contains no surprises, except that it is in the form of a resignation.

With the exception of your critique of NZAP’s support for registration, on which we have long differed, I agree with your observations.

NZAP is indeed psychoanalytically inclined (you use the term ‘psychodynamic’ which is too broad for me) – which may not be a bad thing in itself, were it not the basis of a kind of exclusivity evident in the assessment processes of the ACP pathway to membership. This was the subject of a row I had with the then ‘Admissions Committee’ about a decade ago, following which I have been personally excluded from that process. Prior to raising that objection, I had regularly acted as an assessor of written work and a member (and organiser) of panels, but have not been invited since. I endorse the opinion that this orientation makes us unhelpfully parental. However, this bias is balanced these days by accepting members by registration. The organisation cannot help but be changed by an increasing proportion of such members – we don’t have enough of them on Council or in the ACP process yet, but in time I hope they can right the balance of orientations. This will depend on their inclusion as assessors and

panelists, however [and their representation in these activities lags well behind their numbers].

And you are right about the Senior Practitioner Pathway. I supported abandoning it at the time as its administration was problematic, but in retrospect I think we made a mistake and perhaps should have tried to make it work. I was hoping that membership by registration would fill the gap, qualified newcomers becoming registered and coming in that way, but perhaps that has not happened the way it might have done, and it makes us less inclusive than we could, or should be. Implicitly we do not welcome experienced people who do not want to be registered, though we do not admit it openly.

I cannot help but wish you had continued to put these matters before us in a form other than a resignation, but that is personal, as I am very sorry indeed that the Association will lose you. One tangential thing is that I suspect that the proportion of men in the NZAP is continuing to diminish, and it has now gotten smaller by one.

Your work for the Association has been outstanding. You are that precious commodity, a really strong opponent and debater. I am happy that you will remain so for the profession at large.

Best wishes,
Seán

Editor's note:

The Council, presumably in response to Keith's resignation, at their November 2018 meeting debated the psychoanalytic bias in NZAP, resolving to discuss it in the branches, though without a clear plan as to how and when this was to be done, or by whom. There was no mention of the Senior Practitioner Route or of Council's attitude towards non-registered members.

Luminous

Iona Winter

Luminous

This thing lies luminous inside my wairoro.

I watch a man in a car at the lights bash his arms with his fists and my hands seek my flesh to pinch away this ever-present-unexplainable-dullness.

This thing lies luminous.

Rather than present an analysis of concussion, TBI, or head injuries, I've decided to write a personal account – because my brain no longer does analysis. This is based on my experience, after concussion in June 2017, and how life has been since.

It was a simple misjudgement of an archway with 4 x 2 posts underneath the plaster. No give. Solid. I stood up from placing something in my workbag, I can't remember what, and the next thing I knew I was sitting on the floor. Over the following sixteen months, I've gone over and over this event with so many people. "Oh is that all?" they say on repeat. "How long were you out for? Did you cut your head open?" Don't know, no blood, and it's bugged up my life.

This wasn't my first concussion. I've lost count, because I don't remember when it started. Was it the violence during childhood? Was it the car accident when I was ten? Or the next one at eleven, where we had no seatbelts? I remember some of the adult events, like physical assaults, martial arts training, and the last car accident when I ended up in an ambulance. Whānau have reminded me of others, forgotten events have resurfaced, and the list has expanded.

After this concussion, I tried to return to work, with the encouragement of ACC. But I couldn't stand the lights, or the noise. I couldn't remember clients' names, and slurred my words after fifteen minutes of a session. I couldn't focus, or work in a way that was okay both for my clients and me. I staggered all over the show like a drunk, and was exhausted. I couldn't drive to or from work. I wasn't sleeping. It wasn't getting any better, and the list of related symptoms continued to grow.



Three months later I closed my practice, retaining a few supervisees via Skype. There was no way I could keep vulnerable clients waiting, when I didn't know how long it would take to come right. Everything had changed. I had no back up plan. I couldn't even write creatively – the one thing that had kept me sane for decades.

Then, after a while people stopped calling, or asking how I was; it was similar to the tapering off after a death. I left the home I'd rented for three years, and moved into two tiny rented cabins for eight months.

Then I moved into a bigger cabin, but that was a disaster when I slipped over, due to ongoing vestibular issues, and fractured my wrist. Damn hard to manage all of this in a cabin without water, cooking facilities, or a wharepaku.

Frustrated, sad, and fearful, I didn't have a good night's sleep for nine months. I'd wake up after an hour and that was often it for the night. It didn't matter what I tried, because something had overwhelmed my brain and it was unable to switch off. Sleep deprivation became torturous.

Before the TBI, I was accepted to do my PhD in Creative Writing at Massey University. I thought I was ready to start in February 2018, but I was wrong.

The PhD required completion of a Creative and Critical Research paper in the first semester. Piece of cake, done them before, no problem. What I found out, very quickly, was that my brain no longer processed information on a

critical level. I couldn't absorb new concepts, even after re-reading them ten times. I struggled to form the words required, and it was like I was numb in that part of my brain.

While the creative writing had begun to flow again, without the critical side there would be no PhD. These things, previously moderately challenging but achievable, created so much stress that it impacted upon my mental health. So I stopped.

It is invisible to others, this brain injury stuff — but not in my head, where everything has been a shambles. I think a lot of people expected me to get over it, thought I was malingering, making this up. I mean I'd survived worse. Why didn't I just get over it?

This thing I'm dealing with is a complex history of untreated head trauma, since childhood. One seemingly small event has set off a chain reaction in my brain that very few people can understand, including me.

Vital

Infinite time to reflect on vital things.

Sentient and alive the sun carves my skin, and mandarin segments linger on my tongue to the tune of childhood lunch-boxes.

I am like a blackbird hovering at an empty water trough, the promise of being satiated imprinted within me. Once I was a wee girl with silver-buckled shoes, who danced in a swirling emerald cape and safety beckoned.

Now I look inwards. Getting lost as synapses jostle in their reconnection - recollection, with infinite time to reflect on vital things.

It feels important to comment on how concussion, or TBI, might present itself in a therapeutic context.

Before my injury, I was aware of men with histories of concussion, and links to anger issues. I was also aware that women, with histories of family violence, could have head trauma symptoms too.

What I didn't know is that in 2018 medical professionals are still disbelieving of women. Even though we know that women often have unreported histories of trauma. Women are rarely screened for a concussion

history – I was never asked. The research now seems to indicate that recovery times take longer due to our hormonal systems. Most concussions do not involve a loss of consciousness either.

I also didn't know the extent of a cumulative effect, until it happened to me. It has affected my capacity to think. Like really think, about simple things. What is two plus twelve? What's the word for cat? Where does the key go? I can't remember. I've grown so tired of people saying "you'll get better." I feel stupid a great deal of the time, because something inside my brain has switched off.

Don't get me wrong, I'm incredibly grateful that it wasn't worse, that I'm not more incapacitated, and that I can wipe my own bum. Many wonderful things have occurred since the concussion, but the reality is I'm tired of faking it. Tired of the expectations (of myself and others) to get better, and oh so tired of hearing how good I look. Nobody seems to notice the darkness inside my head. I've never been very good at pretending, and these days I'm ace at judging who can hear what, and notice peoples' eyes long before they've glazed over, and the deafening silences when they don't know what to say.

Yes, I worry about my brain, because it's more than once that it's been knocked out, shaken or deprived of oxygen. Very rarely have I spoken about it, because I was never asked. It seems, from a psychotherapeutic context, that with presentations of more obvious issues, head trauma can often be overlooked.

With reduced stress tolerance, my PC filter removed, bumping into objects daily, intense fatigue, and ongoing vestibular issues, I struggle every single day. But that's not what keeps me awake at night. I don't lie in bed with thoughts and anxieties on repeat. There's a dullness, and inability to switch my mind off for sleep. There are no words for it. I can only ride it out – believe me I've tried pretty much everything, from conventional to alternative medicine.

Socialising in loud environments can be a nightmare; even a café with three people in it can tip me over. I don't have the words for what is going on in my head, and because I don't understand it, perhaps that makes it difficult for others too.

Indulge me for a moment. Close your eyes, and think about every kind of stimulation your senses have when you're drinking your cuppa in a public place. Now open them, and notice how much your eyes also process. A tonne.

Head trauma requires compassion, patience and aroha. It doesn't require sitting in a windowless room with a neuropsychologist who runs me through yet another battery of tests to tell me I'm 'impaired'. It requires people doing some research of their own. There's no one size fits all for TBI and concussion, because everybody's brain is different.

I guess it's difficult being around someone with a brain injury, probably because neither of us understands what's happening, and I can only apologise after my umpteenth explosion about the sound of your chewing. But it's not always up to me to hand you the answers, continually explain, justify and apologise.

This woman now sits in the dark, trying to remember a conversation from earlier that day. She knows she must move slowly because she didn't sleep the night before

Sixteen months on I am better, and continue experimenting with new things. But on a day where I've driven to and from town, attended one appointment, and then gone to work for four hours, strange things still happen. I can't remember much at all by the time I get home, including the drive. When I get there I stagger, exhausted to the point of being unable to speak, and then I have another night without any sleep.

I'm still in rehab with concussion specialists, and they're beginning to acknowledge my history of head trauma. But there are very few people who've seen the tears, rage, and anguish – and the shame and grief I've felt is tremendous.

These days I work twelve hours per week in the Waitati Community Library. I am fifty in January, and have accepted that I may never work full time, or even a reasonable part-time. I've also had to accept that with multiple head trauma, my brain needs more time to heal, and as several health professionals have coined it, this might be my 'new normal'. I've done loads of research,

and am endeavouring to understand what's going on, but the thing is that nobody really knows what the brain is capable of.

I don't seem to have much to say any more, when engaging in robust conversation. I don't remember things that mattered to me before, and I relish the quiet. I've had to say to people, "Please don't take it personally if I switch off after thirty minutes of kōrero, or if I become frustrated." Some notice the signs now, and make allowances without me needing to say anything – a blessed relief.

When writing this I grappled with how you, previous colleagues and friends, might read this. How will they see me now? Will they judge me? Will they seek to analyse what's happened to me? Maybe they once saw me as 'a high functioning, intelligent, successful woman' – the phrase my current health professionals have coined. And then I had to let it go.

Because I was once a wahine who worked her arse off for years doing all sorts of ridiculous hours to put kai on the table and pay for my son's guitar lessons – alongside helping others. The kind of woman, who shared some of her pain, wore her heart on her sleeve, and always did her best to be real.

This woman now sits in the dark, trying to remember a conversation from earlier that day. She knows she must move slowly because she didn't sleep the night before, and her balance is even wonkier than usual. Chances are she'll have to prevent herself from falling over multiple times, and there'll be very little conversation. She's great at compensating, being grateful and practicing mindfulness. She meditates and exercises daily, and by god she's looking good. But something is off, something is broken, and something is lost.

Wairoro

Wairoro-eggshell-taonga

how often were you shaken?

I lost count at ten.

Now you halt me completely.

An uneasy witness to a pared back life

of overflowing shoeboxes, screaming 'more odds than ends!'

My fragility poised on silken threads

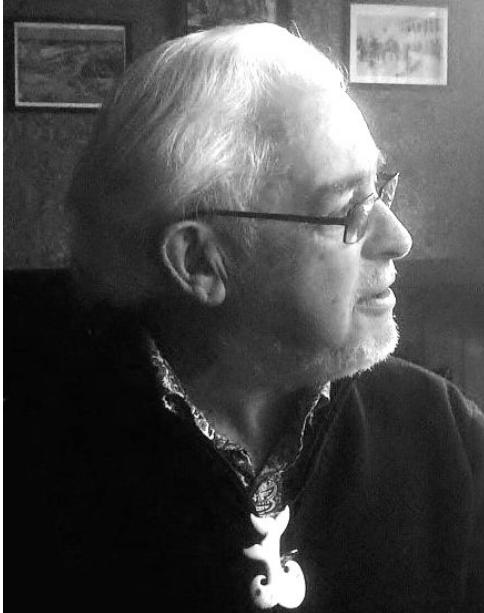
of broken-up highways

that reside in my head

“Human creativity is dependent on the integrated activity of the whole person”

(D.O. Williams)

Roy Bowden



The New Zealand Association of Psychotherapists was established in 1947. The companion therapeutic discipline known as ‘counselling’ first emerged in Aotearoa in the late 1950s. This article recalls the work of the Rev. David Owen Williams MA, Litt.D, FTC, OBE (1908-1986), who introduced the principles of ‘Client-Centred Therapy’ to Aotearoa.

In 1953 Williams spent three months on a Fulbright Scholarship in consultation with Dr Carl Rogers in Chicago. On his return he taught clergy, priests and volunteers in social agencies throughout Aotearoa. He was Principal of Trinity Methodist Theological College in Auckland, the initiator and founder of the Life Line-Samaritan Telephone Counselling Service, Auckland (1965), an innovative trainer for the newly established national ‘Marriage Guidance’ service and lectured in pastoral counselling at the Pacific Theological College, Suva, Fiji, in 1970. Williams accepted invitations to teach students in all Protestant and Catholic theological colleges in New Zealand, encouraging ministers and priests to assist parishioners by being ‘client-centred’. He was convinced there was no point in preaching unless clergy knew how to assist people with their psychological growth. Being client-centred was the pathway to an integrated, creative and committed self by paying attention to every aspect of mind, body and spirit.

Whilst studying with Rogers, Williams began to link his knowledge of human psychological development to Christian theological insights. He had a strong belief people could live creatively only if they were encouraged to be self-perceptive, self-motivating and self-directed. Movement towards an integrated, aspirational life needed to be built around a central organising principle or commitment. I was taught by David Williams (1963 to 1965) and the idea we could replace the role of ‘spiritual priest’ with the role of ‘pastorally-oriented encourager’ was radical. Pastors were encouraged to add pastoral counselling to their spiritual role without separating the two. He referred students to the works of Freud and Jung and drew attention to his focus on the importance of ‘the unconscious’ in his doctoral thesis, but the applied Rogerian approach was preferred as the most effective foundation for pastoral care. Many of William’s insights are still relevant in 2018 and I have drawn from my notes from his teaching and his published book (i), to highlight his ideas.

counsellors should
live a creative and
aspirational life

‘Two people’ rather than ‘therapist and client’

Williams insisted there were ‘*two people*’, rather than ‘*therapist and client*’ present in therapy. His students were challenged to “Give up all notions of being an expert who gives advice or attempts to analyse people’s individual and unique psychological makeup. No one member of your congregation is in any way the same, spiritually or psychologically, as the next person. Jesus did not think in terms of personality typology. The human being’s distinctive characteristic is the ability to deal with the distant future. The therapist who assists people to realise their potential cannot be truly empathic unless the person of the counsellor is driven by a central dedication. Empathy has to get its meaning out of a central dedication. Meaning in life can only be found by establishing a central dedication. On the question of meaning we are in the area of opinion, belief, conviction and faith and it is necessary that this should be so. Meaning is mysterious – it is not to be found in the biologist’s test tube or in any rock the geologist may find. Meaning is something we ascribe to existence and it is part of the deal that this is so.”*

William’s encouragement to approach clients from the highest level first was based on a conviction that counsellors should live a creative and aspirational life. This would enable them to ‘live well’ before encouraging others to do

so. This was not a direction referring to method but a direction to counsellors to approach people with the highest aspirations. His view was akin to that

He drew a blue line through every word in a verbatim that was an intrusion on the other person's feeling and thought process

of Carl Rogers: "One's operational philosophy, one's set of goals, is not a fixed and unchanging thing, but a fluid and developing organisation. Perhaps it would be more accurate to say that the person whose philosophical orientation has tended to move in the direction of greater respect for the individual finds in the client-centred approach a

challenge to, and an implementation of his views."(ii) While problem-solving and emotional issues were important Williams challenged therapists to reach for more than a settling of the psyche in themselves and in 'the client'. The principles being taught were, in essence, spiritually-based. He would have approved of student therapists entering therapy but would not have been satisfied with a framework for self-development that relied completely on psychological insights. For Williams, "The invisible world is where hope, creativity and intentionality are to be discovered. The world has its origin in invisible realities and it is the unseen things that are important to contemplate."*

He was careful to point his students to psychoanalytic literature. His admiration for theorists who laid the foundation for psychoanalysis and psychotherapy remained firm. However, Williams was suitably cautious when it came to developmental theories. "It is not helpful to approach people with personality theory in mind until we recognise that human beings are constantly developing. We grow by addition, not by deletion. Therefore, counselling ought not to be a surgical process, it must be a process that brings things together mentally and emotionally. Counselling should be a relationship of equals. Both counsellor and client are developing persons. Don't try to eradicate 'lower levels' of human growth or attempt to do away with difficult experiences and/or rejection. Behavioural imperatives often fail because they demand a response; love is not like that, it waits patiently until the time is right." Williams noted, "When Sigmund Freud drew attention to the mysteries of our inner life there were ministers of religion who soon realised the vital interest in the field opened up by Freud's theoretical and clinical brilliance."(i) However, "Psychoanalysis is an interpretive approach which is most useful when the counsellor is asked to be more of a teacher. The teaching of people when they seek help should

always enable them to observe and manage their own emotions, not by following the dictums of analysis but by establishing their own insights.”* Williams expected student clergy to “attend without analysing”.* He drew a blue line through every word in a verbatim that was an intrusion on the other person’s feeling and thought process. We were not expected to merely ‘mirror’ people’s words, but our thoughtful responses ought not to deviate from the content offered. Consequently, it took me years to come to terms with theory ‘about’ clients. In 2005 I concluded, “During my tertiary training I took papers in philosophy and discovered that certainty is extremely elusive if it exists at all and we make meaning of the world by naming some phenomena as factual. The result is I have an inner ambivalence toward any process which seeks to define, make certain or propose definitive pathways for people. I now reflect on my work with a conscious (or unconscious) rejection of any temptation to place a template over that which is within a client or that which is within me.”(iii)

Towards creativity

Once two people in ‘therapy’ were connected in what Williams would often name as ‘a Christ-like atmosphere’ he thought it important to notice moments when creative insights would occur.

I recall the day a student asked, “Doesn’t the Holy Spirit give us our creativity?” The student was answered with a new insight. Williams said, “The Holy Spirit represents intentionality.” For me, it was not that a suitable secular word was being substituted for theological terminology, it was that he found a term which embedded the idea clients be encouraged to look forward as well as inward. Williams taught students the kind of creative impetus that ‘changes everything’ for someone is generated in moments of sudden clarity. These are lasting changes and are not the result of insights or designed interventions. Clarity was known to emerge when the time was right. The New Testament Greek word ‘kairōs’ refers to ‘the right moment’. The right moment was the opportune moment. Williams believed there was “nothing to be gained by the therapist searching for this moment and nothing to be gained by encouraging clients ‘to work towards it’.”*

The creative moment would arise when unresolved emotions, thoughts, ideas or issues presented themselves side by side, together in the mind, at the same moment. “Human beings tend to think in either/or terms. There is a

natural inclination to consider one aspect and then consider the other. When a number of possibilities or concerns present themselves concurrently this causes the person to be overwhelmed and enveloped in what is often a frantic attempt to address each issue.”*

He taught that the creative moment moves the individual towards resolution when the focus is on what lies *between* each idea, concern, emotion or thought. The therapist encourages the client to notice powerful links between each thought or emotion keeping them together in the mind’s eye without rejecting any one concern. “We should not just say we have A and we have B, the important thing to say is, ‘There is a crucial, complex and powerfully useful link between A and B.’ Therapists ought to be following clients’ association patterns intently assisting them to sit with meanings inherent in

The creative moment cannot be achieved by limiting therapy to finding solutions or changing behaviour

these patterns. Association patterns, which increase in intensity as counselling proceeds, are the most individual things in the world. The stereotyped patterns of logic are dead in contrast to the flexibility of an individual’s association patterns.”*

Williams underlined that creative ideas often arise when thoughts and emotions are relaxed, and this was indicative of the power of associative process. It was important the counsellor should be on the alert for signs that clients were ‘pausing in momentary contemplation’. It was always possible something seemingly trivial may have been associated with something of great importance bothering the client and it was important to ‘notice’ every word and nuance. He said, “Perception and insight are the outcomes of the ability to notice what *links* associations rather than the associations themselves.”* Williams believed the creative urge to plan ahead, be driven towards the future and use the ability to make links was the key to motivation. Motivation gave rise to commitment and commitment was an essential element in the healing process. He insisted that, “Every part of the person is at the service of the creative moment.”*

The creative moment cannot be achieved by limiting therapy to finding solutions or changing behaviour. It is unlikely to be successful if there is a focus on separate parts of the individual. Williams argued for integration by

assisting clients to “Bring things together rather than separate them out” and said, “Logic will unfold itself out of association” and, “The creative act covers ‘form’ (working out) as well as ‘content’ (ideas).” “All the old ways are taken up into the new ways.”

The process requires therapists and counsellors to “Keep mapping what has gone before, pay attention to detours the client explores and assist them to design their own more detailed map.”* Nothing from the past or the present is rejected, every element is woven into what Williams referred to as “intentional movement towards new life”.

Williams’ holistic approach would have led him to find the varied and divisive practice theory spectrum which came later stimulating, but had he lived in this (2018) era he would have encouraged his students to prefer a wider inclusive vision. Faith in a method would not be sufficient. Faith in focused aspiration was his constant theme. In training schools there is recent acknowledgement of culture and spirituality as belonging within the frame but there is little that addresses the philosophical arena or questions about life itself. The idea that a central organising principle is important is sometimes taught in the current era, but belief systems have mostly been seen as separate from, or additional to, psychologically-based practice methods and approaches.

William’s insistence that counsellor and client ought to be focused on movement towards integration, or commitment, has remained with me. In 2013 I wrote, “When we choose psychologically based formulations as the only basis for counselling practice, we limit our view of clients. Unfortunately, a psychodynamic base often grows into a method that promotes sameness and allegiance to broad based principles. The dance of connection, creativity and difference in counselling and therapy needs reclaiming. While it is important to look into ourselves for the causes of despair, we are more likely to find healing by interacting with wairua and nurture around us.”(iv)

Beyond words

During my 1960s training emotion and thought were central. Physiological symptoms have always been connected to the way people manage their ‘inner world’ but Williams taught trainees to focus on feelings and thoughts without suggesting movement or any noticing of the body. “Start where the

person *is* and keep to their preferred way of expressing themselves because the key to insight lies within them.”* In later years the innovative work of Dr Brian Broom (v) would introduce therapists to powerful links between emotion, thought, physiology and the life story of individuals. Human development is also reflected in, and encouraged by, artistic endeavour. Williams seldom referred to physical movement such as dance, artistry, imagery or theatre even though he appreciated these expressions of creativity within his family life. Modalities highlighting art, movement and more ‘theatrical’ approaches appeared later.

A significant event during my training taught me a client-centred approach could be employed without using words and without

Momentary change is often sufficiently life-enhancing

being ‘therapeutic’. Williams asked me to see an eight-year-old boy in his home. The parents were most distraught at the boy’s regular explosive behaviour. (In 2018 this boy would probably be diagnosed with a psychological label and medicated.) We were led to the boy’s bedroom and I expected Williams to open the door, thinking he and I would talk to the boy. Instead, he pulled the door back and pushed me in. I said, “Hello, I’m Roy”, and then remembered to wait for a response. It came in the form of a violent rage and I collected bruises. I called to Williams suggesting he came into the room. He called out two words: “Unconditional love.” I found a calm within myself that I later realised was familiar from moments when I felt totally loved in childhood. There was no need to ‘join the boy’s rage’, hold him, or ask about his feelings. I didn’t move or speak and managed to stay present by remembering my recently summarised lecture notes. The mantra in William’s teachings, “Who *is* this person with you?”, prevented me from trying to ‘help’ enabling me to wait, and be content with whatever happened. The boy calmed after 40 minutes and, after showing me one of his wood creations, asked for his dad. Months later Williams told me their house had been calm since we left. The parents had always been told to ‘contain’ their child but now they were generating calm in the house every day. Nothing more needs to be written. All kinds of interpretations can be applied to the incident. I don’t believe anyone was ‘healed’. Momentary change is often sufficiently life-enhancing. Client centred is attitudinal and has more to do with openness and readiness rather than preparedness.

Community and cultural belonging

Meaning is also enhanced by living in communities. In the 1960s theory and practice was taught with a focus on the development of individuals. The complexity of interpersonal relationships within social structures would be discovered by Williams' students during the next decade. Cultural formation was mentioned only in passing by Williams and it is symbolic of the 1960s that four students in our cohort who were Maori were not asked to compare mātauranga māori with the way counselling was taught. Clarity emerged later for me; "Psychotherapy is made within the context of cultural moments. If it is pre-designed and pre-formatted, it will ignore the sea of meanings which are always changing. To make psychotherapy in moments when myth and legend are being relived is a process I cannot design and must not surround with theory. Real connection arises out of an appreciation of the moment, permission for the client to discover their own world of meanings and a willingness to work with what both Maori and Greek insight has called 'the nothing and the not nothing'."(vi)

Timeless

William's book title "How Should We Live?" would probably not include the word 'should' in 2018. The book is a theological and psychological treatise and only a few copies remain. However, the work is strangely timeless. In 1986 he wrote, "Love cannot be silent while children are abused, women assaulted and the weak driven to the wall. Love cannot be silent while the earth is ransacked by greed."(i) When reflecting on his own teaching he wrote, "When we answer questions about our faith and love we should be tactful, so our words and manner of speaking do not carry any suggestion of our own superiority or our inferiority. We need to be gentle in that we may not use our apologia to force our fellows into accepting our statements as necessarily relevant to themselves. Its relevance to themselves is their own discovery."(i) After ten years as a clergyperson, I changed direction. What didn't change was the continuous, difficult challenge to be integrated and visionary. When clients joined me on their own creative journeys I thought back to 'Doc' Williams, one of my early teachers whose ideas have stood the test of time.

*Notes from pastoral counselling seminars, D O Williams, 1963-65

1. Williams, D.O. (1986) 'How Should We Live?' – A Christian Answer'. St John's Theological College Communications, Auckland. (Pages 38, 340 and 342 are referred to in this article.)
2. Rogers, Carl. (1951) "Client-Centred Therapy", Houghton Mifflin Co, P21.
3. Bowden, A.R. (2005) 'Captain Cook had a Treatment Plan -Diagnosis and Formulation in Psychotherapy, NZ Assn Psychotherapists Conference, Queenstown.
4. Bowden, A.R. (2013) In, 'Pacific Identities and Well-Being: Cross Cultural Perspectives' Agee, M.N. et al (Eds) Routledge UK & USA, Otago University Press.
5. Broom, Brian (2013) 'Transforming clinical practice using a mindbody approach. A radical integration.' Karnac Books, London.
6. Bowden, A.R. (2003) 'Choosing to Cross by Sea', Keynote, Regional Conference, World Council Psychotherapy, London, Ontario, Canada.

The Dangerous Ideal of Mental Health

The following commentary is provided by Simon Keller, a professor of Philosophy at Victoria University of Wellington, 19 January 2017. A link to it on Victoria University's 'Newsroom' was posted on Connect. It is reproduced here with permission from the author. The photo is taken from the same source.

We are in the midst of a significant change in the way we think about mental health. For most of medical history, mental health has been understood as the absence of mental disorder. Progress in mental health has meant progress in understanding the varieties of mental illness and other forms of mental distress, and how they can be prevented and treated.

Today, however, mental health is increasingly understood as a positive state: as something to aspire to. Led by the new academic field of positive psychology and by popular trends like the mindfulness movement, we are coming to see mental health as an ideal that we can work to achieve. As you might go to the gym or change your diet to get a healthy body, people now will meditate or practice mindfulness or write gratitudes, with the goal of attaining a healthy mind.

This new positive conception of mental health should be treated with suspicion. Beyond our understanding of mental illnesses and other negative

mental conditions, we do not have much of a clue about what mental health is.



We have a decent understanding of bodily health, because we have a decent understanding of the function of the body and its parts. Lungs are for breathing; legs

are for walking; a heart is for pumping blood. Mostly, a body is healthy if its parts perform their functions well. But what is the function of the human mind? What is the true purpose of our thoughts, feelings, emotions and beliefs?

We might find the function of the human mind in its evolutionary history, in a story about what the human mind was selected to do. But it is doubtful that evolution selected us for mental health. We are not designed by evolution to be stress-free, well-adjusted, tranquil and compassionate. Rage, jealousy, self-doubt and cruelty are all equally components of the evolved human mind. What helped us to survive evolutionary selection does not guarantee a healthy life in the modern world.

A different story about the function of the human mind can be found at the beginnings of Western philosophy, in Aristotle. Humans are special, Aristotle says, because humans are rational, and so the function of the human mind is to display excellence in rationality. As Aristotle is aware, however, this story raises as many questions as it answers. To explain what it takes to achieve excellence in rationality, we need an account of good human reasoning, and this is a matter of values. The ideal of mental health quickly becomes a moral ideal.

Many public health bodies see mental health simply as happiness, or as “well-being”. The World Health Organization defines mental health expansively, saying that a mentally healthy person “realizes his or her own

potential”, “can work productively and fruitfully”, and “is able to make a contribution to his or her community”, among other things. That definition sounds benign, but in its way, it is quite judgmental. Most of us probably do not realize our own potential; do we then fall short of full mental health? Why connect the healthy mind so closely with productive work? And if you are unable to contribute to your community, perhaps the problem lies with the community, not with your mind.

No matter how it is understood, a positive conception of mental health always expresses a moral or political ideal, entailing a view about how humans should live and how we should relate to each other. People of different ideologies, religions, and cultures will naturally disagree about what true mental health looks like.

But that is not how the positive conception of mental health is usually presented. The positive conception of mental health is dangerous, because it takes the concept of health, which we usually treat as objective and scientific, and applies it to the questions of how we should think and how we should live. It hides moral and political ideals beneath a veneer of medical inevitability.

It is one thing to understand and treat mental illness and distress. It is another thing to choose a vision of human life and present it as the ideal of mental health.

Before thinking about what it means to achieve mental health, you need to think about what kind of person you would like to be. Mindfulness or meditation might help you become the person you want to be. So might playing bridge, reading novels, hanging out with friends, doing well at your job, helping others, playing computer games or watching cricket. None of these activities has an intrinsically greater claim to be the key to mental health. The question of how to achieve mental health comes down ultimately to an ancient, difficult, personal and thoroughly moral question: the question of how we ought to live. It is not a question that science or medicine can answer.

NZAP Grants Fund

Background information

The Special Education Fund was established in 1992 using the profit made from the Dunedin Conference in that year. The Fund has grown with the addition of successive Conference profits and accruing annual interest. It now stands at more than \$150,000. The total amount of the grants available will vary from year to year and has, in the past, been around \$5000.

A Committee of four to five members appointed by the NZAP Council manages the application process.

Purpose of the Fund

The Fund is available to provide financial assistance to members for educational purposes from which there are personal and collective (NZAP) clinical practice benefits or initiatives that bring general advantages to the promotion of psychotherapy. Projects may include:

- a specific training course, or
- attending appropriate study courses, or
- carrying out an approved research project

Eligibility

- Full members of NZAP.
- Full members of Waka Oranga.
- Retired members.
- Provisional members.
- Group – awarded to one member on behalf of the group, the majority of whom belong to one or other above-mentioned category of NZAP membership.

Please note previous recipients of this fund are not precluded from applying in the future.

Grant amount

The money available each year is from the accrued interest from the fund. Should not all the interest be awarded in one year, the balance will be added to the sum available in the following year.

Application steps

- Study proposal to be sent to the Executive Officer at executive-officer@nzap.org.nz by 1 November with the request for funding assistance for the following year. The Education Fund Committee will make a decision by the end of November, and the funding will only be available in the nominated year which would normally be the year following the application.
- The Committee will notify the applicant(s), whether or not they have been successful, before the end of the year.
- Successful applicant(s) will be announced at the annual NZAP Conference and the grant money distributed at that time.
- The decision of the Committee will be final.

Requirements

The Committee will require the following information:

- A clear, succinct explanation, in one to two pages, of the specific course or research project planned;
- A letter of recommendation from your supervisor;
- A copy of the proposed budget, including other sources of funding;
- Current membership status.

There is an expectation that recipients of an Education Fund Grant will:

- Commit to presenting a paper or workshop following completion of their study at an NZAP Conference, Waka Oranga hui-a-tau (annual gathering) or at their local branch meeting;
- And/or agree to write a paper for the next edition of *Ata: Journal of Psychotherapy Aotearoa* or the quarterly NZAP Newsletter.

N.B.

The Grant is not primarily intended for:

- Accommodation/meal costs; or

- Cost of books.

GRANTS FUND COMMITTEE

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Updated July 2018

Letters to the Editor

The following, from the excellent mind of Sandra Buchanan, refers to an error in the Editor's article in the last issue on the NZAP Council.

I apologise that I am not going to comment on the substance of your article – I have just read it quickly, and need time to digest, but I just wanted to say there is an error in your timeline. Unless Carl Pascoe facilitated more than one planning day it wasn't July 2007, as I was at it and I didn't come on Council till April 2009. Do you remember we met with him in Dunedin, when you were President and I was Hon Sec, so it was either 2010 or 2011? Perhaps it was 2010, as there was another one, facilitated internally when Grant was President, in 2012 (and you were still on Council) then the one you mention in 2015, where Hamish Brown facilitated.

And a message from Jenny de Leon.

Dear Readers of the NZAP Newsletter,

A response to **Is PBANZ killing psychotherapy's soul** by Mark Murphy.

In the world of NZAP and PBANZ I am inconsequential and mostly unnoticed. I am tempted to remain inconsequential and unnoticed – except

that if I do then there will be one voice unheard and for whatever worth the hearing of that voice may be, the worth of it will be unrevealed and unknown.

Ergo my letter to you dear readers. Of course if one is to call oneself a psychotherapist one is required to be joined to PBANZ, pay them \$800.00 so that one can adhere to and demonstrate the institutionalised risk-averse methods and style of practice that will make one safer and qualitatively better for his or her clients.

No matter that *my* psychotherapy training at AUT under Joan Dalloway, Evan Sherrard, Jonathan Fay and others, along with my life through those years of marriages, babies, near-fatal car accident, coma plus the continuous and constant pursuit of my dancing career gave me training which was resonant, nurturing, confronting, experiential, intimate, embodied, suffering, liberating, creative, dreaming, connected, differentiated, beautiful, loving, intuitive, heartwarming, granting me to eventually gain NZAP membership and registration; no matter that my life experience all throughout and since then has included NZAP and international Conferences, academic papers written and published, raising children and death of most of my family and has been undeniably gritty, colourful, idiosyncratic, independent, rigorous, impassioned, warm, fallible, risk-taking – no matter all of this for I am yet ineligible.

I fear that the devotees of PBANZ are demonstrating (a perhaps unwitting) mimesis where their shared desire for the power that comes with being right has reinforced and enflamed their belief in PBANZ's value. Soon (if not already) a war will develop (if it has not already) against them who are in and we who are not. We who do not belong are 'the other'; the scapegoat. PBANZ however grows ever stronger when united against the scapegoat.¹⁰

The advent, growth and monetary value of PBANZ renders this outcome / consequence tragic: for we now become well and truly divided into us and them. My understanding of NZAP and indeed of psychotherapy is that core, *integral* features are to do with embracing the other, with reconciliation, forgiveness, empathy, grace. But now with PBANZ what has arisen is "a kind of purity that wants the world cleansed of the other rather than the heart

¹⁰ Further illumination on this can be gained by reading Rene Girard, perhaps beginning with *Deceit, Desire and the Novel* 1961.


cleansed of the evil that drives people out by calling those who are clean ‘unclean’ and refusing to help make clean those who are unclean.”¹¹

What would be the PBANZ answer if members (registered and able to call themselves psychotherapists) were asked “where is thy brother Abel”?¹² From the registered and *real* psychotherapist, will there be a slinking sideways and the question deflected with “am I my brother’s/other’s keeper”? Or from the registered and *real* psychotherapist might the answer be “I have killed (sued) him because I am right”?

Do we *know* that “Much of the power of evil lies in the perverse truth it tells about the warped well-being it creates”?¹³

There must be another answer... *surely*...?

I respect your thoughts.



¹¹ Volf, Miroslav, *Exclusion and Embrace* 1996 Abingdon Press USA p.7.

¹² Holy Bible, Genesis 4:3.

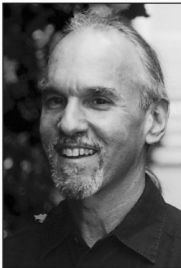
¹³ Volf, Miroslav, *Exclusion and Embrace* 1996 Abingdon Press USA p.26.

SAVE THE DATE
Registration opens September 2018

Attachment in Clinical Practice

Dr David Wallin, Psychologist, author of
acclaimed *Attachment in Psychotherapy*

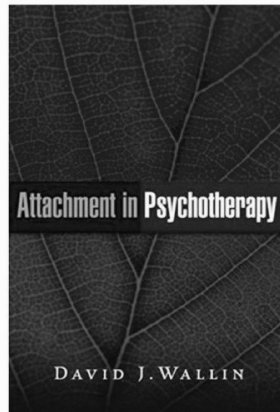
March 23-24, 2019 at Te Papa
Cable Street, Wellington



In this seminar Dr Wallin presents an integration of attachment research and understanding with relational psychoanalysis and mindfulness. The focus is on the explicit and implicit ways that clinicians can facilitate healing, growth, and change. It will be of practical interest and value to psychotherapists, psychologists, counselors, social workers, psychiatrists, and mental

health practitioners. Specific attachment issues in Aotearoa will also be addressed.

For more information contact:
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